

**SPR** SOCIETY FOR PSYCHOTHERAPY RESEARCH  
an international, multidisciplinary, scientific organization

## Book of Abstracts

40<sup>th</sup> International Meeting  
June 24-27, 2009  
Santiago de Chile

## **Society for Psychotherapy Research**

<b>President</b>	Bernhard Strauss
<b>Past President</b>	Jacques P. Barber
<b>President-Elect</b>	Louis G. Castonguay
<b>General Vice-President</b>	Lynne Angus
<b>Executive Officer</b>	Tracy D. Eells
<b>Vice-Presidents</b>	
North America	Jeffrey A. Hayes
Latin America	Luis Tapia
Europe	Wolfgang Tschacher
UK	Thomas Schroder
<b>Program Council</b>	Louis Castonguay (President-Elect & Program Council chair) Guillermo de la Parra (Local host), William West (Culture and Psychotherapy section chair), Lynne Angus (General Vice-President), Michael Barkham, Gary Burlingame, Isabel Caro, Laurie Heatherington, Beatriz Gomez, Gary Diamond, Heidi Levitt, Robert Russel, Bernhard Strauss
<b>Local Organising Committee</b>	Steering Committee Guillermo de la Parra, Luis Tapia, Claudio Martínez, Marta del Río, Patricio Olivos, Laura Moncada  Committee-at-large Alejandra von Bergen, Valentina Plaza, Oriana Vilches, Iván Armijo, William Aylwin, Paula Dagnino, Guillermo de la Parra, Luis Tapia, Claudio Martínez, Marta del Río, Patricio Olivos, Laura Moncada, Walter Kühne
<b>Local Organizing Institutions</b>	Departamento de Psiquiatría, Pontificia Universidad Católica de Chile  Grupo de Trabajo de Psicoterapia Sociedad de Neurología y Psiquiatría (SONEPSYN)
<b>Software - Online Submission and Conference Planner</b>	Stefan Heim, Sven Schneider University of Ulm, Germany
<b>Design &amp; Artwork</b>	Boris Mergenthaler Samy Benmayor

All rights reserved. No parts of this publication may be reproduced in any form or by any means without the prior written permission of the publisher.

Copyright © 2009  
Ulmer Textbank  
Am Hochsträß 8, 89081 Ulm, Germany

**ISBN 978-3926002303**

## Preface

Dear colleagues,

It is with great pleasure that we welcome you to the 40<sup>th</sup> annual meeting of the Society for Psychotherapy Research in Santiago de Chile!

This meeting is, above all, about diversity and connections. The broad richness of the conference is first reflected by the international representation of the participants -- you, presenters and attendees, have come from all over the world: Asia, Australia, Europe, North America and, of course, South America. The diversity of the meeting is also enhanced by the remarkable variety of issues covered in the program, which provides an exciting snapshot of research, theory, and practice at the forefront of contemporary psychotherapy. Topics including the process of change, therapy outcome, treatment approaches and modalities, specific client populations and clinical problems, psychopathology, client and therapist characteristics, assessment, measures, methodology and statistics, qualitative analysis, training, culture, spirituality, and many others are all represented within and across more than 400 presentations! We also believe that the meeting will foster various pathways of rapprochement and connections. As in previous SPR conferences, it will no doubt provide an optimal forum for exchanges and discussions among old friends and new colleagues. In this respect, it is particularly exciting to see that a large number of presenters and attendees are new SPR members and/or students. We are convinced that you will enjoy and contribute to the climate of open-mindedness and collaboration that has been prevalent in our meetings, and that has allowed all of us to be exposed to and generate new insights about how to better understand, investigate, and practice psychotherapy. We are also certain that the costume party/banquet, which you should not miss, will inject the meeting with an additional (if not exponential) dose of fun and togetherness!

As is frequently the case at SPR meetings, many presentations will also highlight links between different theoretical approaches, domains of research, and aspects of psychotherapy -- while breaking new grounds of knowledge and application in doing so. Another important pathway of connection is also captured by the theme of this conference, which is "Building bridges between clinical practice and research." In addition to being at the core of several presentations taking place throughout the program, this theme has guided the creation of two special plenary sessions (Thursday and Friday early evenings) that will each feature a dialogue between a respected clinician and an influential researcher. These dialogues will no doubt bring to life what is at the heart of SPR: the connection between science and practice, as well as theory and training. A deep sense of personal and professional connection will also be fostered by the closing plenary of the conference, during which David Orlinsky (a co-founder of SPR) will help us celebrate the 40<sup>th</sup> anniversary of SPR by sharing his memories and views about the past, present and future of psychotherapy research.

Reflecting its essence, the preparation of this meeting has required a strong diversity of support. In addition to being grateful to the organizations and institutions that have sponsored the conference, we wish to acknowledge a few individuals who we have been able to rely on in preparing this meeting. We thank David Kraus (Behavioral Health Laboratories), Isabel Margarita Cortes (Eventotal), Jacques Barber and Luis Tapia for their help and support. We are also thankful to the members of the program and local committees, as well as to a great team of graduate students who have refined many aspects of the program: James Boswell, Dana Nelson, and Sam Nordberg. Finally, we want to extend our warmest gratitude to Andrew McAleavey and Sven Schneider, without whom we would simply not have been able to organize this meeting.

We hope that you will enjoy the 40<sup>th</sup> SPR conference, as well as the richness (cultural, historical, architectural) and warmth (even in winter!) of Santiago.

Welcome to all!

Louis Castonguay  
Program Chair

Guillermo de la Parra  
Local Host

## Content

Preface	3
Abstracts	5
Pre-Conference Workshops	5
Structured Discussions	9
Panels	14
Brief Communications	93
Posters	131
Topic Index	194
First Author Index	195
Chronology: SPR Annual Conferences	199

**Pre-  
Conference  
Workshop**  
Therapist

**Multidimensional Classification of Psychotherapeutic Interventions (MCPI) for researchers and clinicians**

*Ignacio Etchebarne - Universidad de Buenos Aires, Argentina, Vanina Waizmann, Adela Leibovich de Duarte, Santiago Juan, Cecilia García Rizzo, Andrés Roussos*

This workshop will offer training and instruction for the implementation of the Multidimensional Classification of Psychotherapeutic Interventions (MCPI) for researchers and clinicians. This schema provides a standard procedure to classify the interventions presented by therapists during psychotherapeutic sessions from different theoretical frames (cognitive-behavioral, psychoanalytic and interpersonal). The MCPI allows the classification of interventions in four levels of analysis: strategic, descriptive, content and space temporal. The goal of the workshop is to provide researchers and clinicians, a thorough introduction to the process of classifying interventions in a clinical setting. The workshop will offer a) an overview of previous classification methodologies for the analysis of interventions, b) a brief presentation of the MCPI's classification criteria, c) a summary of the results obtained in different studies using the MCPI, d) "hands-on" application of the MCPI to classify the interventions presented in a transcribed fragment of a clinical session, and e) a review of the potential uses of the MCPI in research and clinical settings. The MCPI, as well as the clinical session's fragment, will be handed out to the workshop participants, both in Spanish and English printed versions.

**Pre-  
Conference  
Workshop**  
Prevention

**Voices of Suicide: Learning from those who lived**

*Lisa Firestone - The Glendon Association, Santa Barbara, CA, USA*

Despite the difficulties inherent in dealing with suicidal clients, only 40% of all graduate programs in clinical psychology offer formal training in the study of suicide. The workshop (1) provides the latest findings on the risk factors and demographics of suicide; (2) offers a conceptual model and a developmental perspective on the dynamics underlying suicide; (3) addresses the topics of assessment, management, and treatment of suicidal patients. Excerpts from videotape interviews with three suicide attempt survivors and with experts in the field of cognitive therapy and suicidology will be shown to enhance participants' understanding of: the developmental factors contributing to suicidality, to illustrate the negative thought processes that drive suicidal behavior, and to give personal accounts of what treatment approaches were effective for them. The presenter will further explore the issues raised in the film integrating findings of attachment theory research, brain development research and Separation theory and illustrating the role these findings play in understanding, assessing and treating suicidal individuals. The presenter will introduce two objective assessment instruments: (a) The Firestone Assessment of Self-Destructive Thoughts (FAST); and (b) the Firestone Assessment of Suicide Intent (FASI). These instruments ask the client to endorse how frequently he or she is experiencing self-critical thoughts in the form of an internal dialogue, the FASI specifically screening for thoughts shown to be most associated with suicide intent. Utilizing the information obtained from these assessments, the clinician can form an appropriate treatment plan to focus on reducing the level or degree of the client's self-destructive behavior.

**Pre-  
Conference  
Workshop**  
Practice

**To Disclose or Not to Disclose: That is the Therapists Question. Therapist Self-disclosure of Personal Information to Clients.**

*Alfred Hurst - Hackney Social Services, London, UK*

This workshop aims to fulfill the criteria of the conference title - Building Bridges between Practice and Research by presenting doctorate research and considering the practice implications. It will be an experiential workshop aiming to examine the role of therapist self-disclosure in psychotherapy. It will

show how the research results, in the form of the 'self-disclosure framework', can theoretically help the therapist to understand and develop their practice interventions – whether this is to use or not (much) use self-disclosure. The workshop will largely have an emphasis on experiential exercise work and the resulting discussion. The research was successfully submitted for the degree of Doctor of Systemic Psychotherapy (D.Sys.Psych) at the Tavistock Clinic London and University of East London and used grounded theory as its methodology. Perhaps not surprisingly the research found that the therapists researched represented a wide spectrum of usage. A range of variables contributed to whether self-disclosure is appropriate to be used as an intervention in the therapeutic relationship. Researched from a systemic perspective the presenter has run workshops and presented at conferences for researchers, professional practitioners and therapists for professionals in disciplines including HIV prevention, substances misuse and children & families mental health work. The presenter currently is a clinical supervisor in a Social Services Department and the London-wide Westminster Drugs Project. He is also the family therapist at the drugs treatment agency the Core Trust and the LGBT organization PACE and as well as running therapeutic groups for gay and HIV+ men in UK & US.

**Pre-  
Conference  
Workshop**  
Attachment

**Clinical case discussion: How could clinicians and researchers really work together?**

*Juan Pablo Jiménez - Universidad de Chile, Santiago, Luis Alvarado, Hernan Silva, Grisel Orellana*

An ongoing psychotherapeutic process is presented and discussed. Also neurobiological LAB test data as well as psychometric findings, including Philipson's ROT, Rorschach. Treatment-relevant issues both psychological as well neurobiological grounded will be referred in its reciprocal intertwinings. Special emphasis will be put in mentalization abilities and failures, affective dysfunctions as well failures in executive functions and impulse regulation. Structure-centered psychotherapy, mentalizing based interventions and a multilevel, interdisciplinary treatment approach will be reviewed from psychodynamic and neurobiological point of view. Time required: 2,5 hours plus written case material Workshop Structure: Introduction and Case Resume: Luis Alvarado Psychotherapy-relevant issues: Juan Pablo Jimenez (mentalization development and failures) Neurobiological-related issues: Hernan Silva (Affective regulation failures), Grisel Orellana (Executive functioning failures) Discussion: Juan Pablo Jiménez, Member of Panel and assistants Affiliations: Juan Pablo Jimenez (Department of Psychiatry), Hernán Silva (Department of Psychiatry), Luis Alvarado (Department of Psychiatry), Grisel Orellana (Department of Psychiatry Universidad de Chile)

**Pre-  
Conference  
Workshop**  
Emotion

**Experiential Alba emoting Introduction: Working with anger and fear**

*Sergio Lara - Universidad del Desarrollo, Santiago de Chile, Chile*

The Alba emoting is a method developed by Susana Bloch from a discovery made by Bloch, Orthous y Santibáñez (B.O.S.) in the '70's, at the University of Chile. This is an emotional induction method through breathing, gesture and posture. It is defined like a bottom-up system, that is, from the periphery to the nerve centers by way of the effectors. This one is an Experiential Alba emoting workshop for introducing and knowing the method. We want to show how it works in therapy: helping to be more in touch with the emotional state, without losing the control of the experience. So it is not a cathartic way but an experiential. The process continues with a symbolization work. There will be an initial body training, then emotion experience with Alba emoting. After that, felt sensing symbolization and sharing. We will finish with a little theoretical approach. My integration, called Experiential Alba emoting or Focusing oriented Alba emoting, has developed psychotherapy and has applications in many different therapeutic fields. In the last years, since 1997, we have had experiences of the method researching with different

types of patients in different situations. This allows us to make a Systematization and use of Experiential Alba emoting in the therapeutic context: \* Catastrophic illness application (cancer, VIH) \* Group and individual work \* Work with post child-birth depression \* Work with children \* Work with children with cancer \* Work with children that have Asperger's syndrome \* Work with adolescents with violent conduct \* Work with patients that do not show progress in psychotherapy. In this particular workshop one raises the problematic with the anger and the fear. We are researching with patients who have problems with these type of emotional state and can not go forward with their process (We are working since 2002).

**Pre-  
Conference  
Workshop**  
Cognitive

**Translating Neuropsychological Research into Treatment for Anorexia Nervosa: The Case of Cognitive Remediation Therapy (CRT)**

*Carolina Lopez - Institute of Psychiatry, King's College London, UK, Kate Tchanturia*

Cognitive research has identified a key role for information processing deficits and biases in the development and maintenance of mental disorders. Research into the neuropsychological functioning of people with anorexia nervosa (AN) has shown persistent cognitive anomalies such as cognitive rigidity and a bias towards detail that might interfere with the optimal process of psychotherapy. CRT has emerged as a new cognitive therapy which aims to improve cognitive skills in this group. We envisage CRT as a preceding treatment to more conventional psychotherapies. Aim: a) To update the audience on the key aspects of cognitive functioning in AN b) To demonstrate the assessment used to target the above mentioned cognitive features c) To demonstrate how the CRT module targets these cognitive features in AN d) To demonstrate how CRT has been used to date with inpatients as part of their patient plan. The methodology will be interactive with theoretical and practical demonstrations involving brief presentation, videos and role-playing. Our results from a pilot study involving 23 patients with AN admitted to an inpatient unit for eating disorders in London, UK, will be shown. The workshop will follow with a discussion on how CRT can be integrated into more conventional psychotherapeutic interventions for AN and how the study on the effectiveness of this treatment module may be improved. Participants will benefit from the knowledge of this novel intervention and acquire skills to enhance their research and clinical practice with severely ill patients with AN.

**Pre-  
Conference  
Workshop**  
Emotion

**Affect Phobia Treatment and Research: Engaging the power of emotion for change**

*Leigh McCullough - Modum Bad Psychiatric Ctr, Vikersund, Norway, Pal Ulvenes, Per Oyvind Fosse, Morten Tvett, Mia Bergquist*

This workshop will teach an evidence-based and integrative model of short-term therapy in which psychodynamic conflict integrated with learning theory is conceptualized as an "Affect Phobia" (fear about feelings). Principles of desensitization (exposure and response prevention) can be used to 'desensitize conflicted feelings and shorten the therapy process. The concepts of activating and inhibiting affects will be taught to help understand the mechanisms of change. Research will be presented that show similar patterns of change in both Short Term Dynamic Psychotherapy as well as cognitive therapy. Powerful videotapes segments of sessions will demonstrate how desensitization comes about, and how to help patients in this model/Participants will learn how to; 1) identify an affect conflict, 2) to understand activating versus inhibiting forms of feeling, 3) to desensitize an affect phobia. Participants will practice interventions during the workshop that they will be able to take back and use in their private practices. This workshop is based on the book Changing Character, Basic Books, 1997, as well as the treatment manual, Treating Affect Phobias, published by Guilford, 2003. More information as well as forms for rating therapy progress can be found on [www.affectphobia.com](http://www.affectphobia.com).

**Pre-  
Conference  
Workshop**  
Measures

**Reconsidering 'outcome' assessment concepts and measures**

*David Orlinsky - University of Chicago, IL, USA, Len Horowitz*

More than a decade has passed since the last major review in our field of concepts and measures relevant to the assessment of therapeutic outcome (Strupp, Horowitz & Lambert, 1996). The rise of political and economic pressure to certify empirically supported treatments in the meantime has focused psychotherapy researchers ever more on primarily practical or 'applied research' questions, to the relative neglect of basic studies of the ways that participation in psychotherapy impact human personality and relationships. This workshop aims to explore the current thinking of SPR members regarding conceptual and measurement issues related to 'outcome' research, and test whether it may again be time for SPR to make a concerted effort to update and/or rethink these issues. Reference: Strupp, H. H., Horowitz, L. M., & Lambert, M. J. (Eds.) (1996). *Measuring Changes in Patients Following Psychological and Pharmacological Interventions*: American Psychological Association Publication Office: Washington, DC.

## **Structured Discussion**

Change

### **Moderator**

Carolina Altimir -  
Psychology  
Department -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## **Dyadic regulation in the therapeutic relationship: Definitions, approaches and therapeutic change**

*Discussants: Doris Peham - Innsbruck University, Austria and Eva Bänninger-Huber - Innsbruck University, Austria, Marina Altmann, George Silberschatz*

There is agreement that the quality of the therapeutic relationship is an important factor of psychotherapeutic change (Horvath, 2005; Orlinsky et al., 2004; Rice & Greenberg, 1984). This has led to an increased interest in examining patient and therapist contributions to the therapeutic exchange and the processes involved in the establishment and maintenance of the therapeutic relationship. Within this context, our specific aim is to discuss the study of affective dyadic regulation between patient and therapist. Three questions organize the proposed discussion: (1) What do we mean when we speak of regulation in the therapeutic context? This includes the discussion of self and mutual regulation, of regulation as an ongoing process or a specific state of the relationship, of coordination and miscoordination, synchrony, balance, and the verbal and non verbal expressions of this phenomenon; (2) What is being regulated during the therapeutic interaction and in that sense, what changes through this process? Notions of affective regulation, self and other states, and relational offers are included in this discussion; and (3) What are the advantages and limitations of the methodological approaches to the study of regulation? Approaches such as micro-analysis of verbal and non-verbal behavior, case studies vs. group studies and qualitative vs. quantitative methods are discussed. Based on these questions, Doris Peham and Eva Bänninger-Huber from Austria, Carolina Altimir from Chile, Marina Altmann from Uruguay, and George Silberschatz from the United States will briefly expose their points of view and promote a discussion that intends to reflect on such a complex issue for psychotherapy process research.

## **Structured Discussion**

Training

### **Moderator**

Jan Carlsson -  
Psykieterapiinstitut  
et/Karolinska  
Institutet,  
Stockholm,  
Sweden

## **The education and training of psychotherapists – an area in need of a SPR special interest group?**

The training of a psychotherapist is just one experience in the process of becoming a psychotherapist, often thought to be the most important one. Even if recent research indicates that the impact of the therapist on therapy outcome is greater than the effect of specific treatments (Wampold, 2001) the study of psychotherapies long has been favoured over the study of psychotherapists, as if therapists, when properly trained, are more or less interchangeable (Orlinsky, 2005). Psychotherapy has thus been regarded mainly as a set of methods, techniques, or procedures that are efficacious in themselves, regardless of the therapist who is using them. There are more studies of special techniques and methods than on the people who shall deliver them and make them work. How, and is it actually possible, can the training create a wise psychotherapist that knows when and how to use the methods? This structured discussion will explore the importance of training and highlight a call for a special interest group on research on education and training. The panel includes clinicians, supervisors, senior researchers and graduate students interested in the issues at hand and address questions such as: What are the important elements of effective graduate training, and in the training of supervisors? What are the elements in different training settings? What is and how could evidence based psychotherapy training be conceptualized? How to facilitate the integration of research and practice in graduate training? What are the most important research directions for understanding and improving training? Discussants: Hector Alvarez, Marcelo R. Cárcamo Q, Jan Carlsson, Franz Caspar, Louis Castonguay, Clara Hill, Nicholas Ladany, Joakim Norberg, Sam Nordberg, and Bernhard Strauss

## **Structured Discussion**

Model

### **Moderator**

Kim de Jong - GGZ Noord-Holland-Noord/Leiden University, Heiloo/Leiden, Netherlands

## **Methodological Issues in Hierarchical Linear Modeling for Psychotherapy Researchers**

*Discussants: Bruce Wampold - University of Wisconsin, Madison, WI, USA and Robert Lueger - Creighton University, Omaha, NE, USA, Jeff Hayes, David Kraus*

Hierarchical linear modelling (HLM) or multilevel modeling has become a very popular statistical technique in psychotherapy research. It has proven to be a useful tool for identifying multi-level models of expected treatment response (ETR). With large data bases of aggregated cases, it is possible to develop multi-level models of likely patient response to treatment in the context of these clinical characteristics. The renewed discussion about therapist effects has also contributed to the popularity of HLM techniques, since it can be used to analyze nested data - in the case of therapist effects patients are nested within therapists. The models can become very complex quickly and there are a lot of methodological issues on which there is still discussion. In this discussion group some of these issues and their implications for psychotherapy research will be addresses. Topics will include the use of repeated measures versus gain scores (Wampold), the limitations of using ERT responses as outcome expectancies (Lueger) and power in higher level models (de Jong). David Kraus and Jeff Hayes will discuss the interpretation of the models from a practical researchers perspective.

## **Structured Discussion**

Measures

### **Moderator**

Kim de Jong - GGZ Noord-Holland-Noord/Leiden University, Heiloo/Leiden, Netherlands

## **Outcome Research using the OQ: From Validation to Feedback**

*Discussants: Michael Lambert - Brigham Young University, Provo, UT, USA and Leigh McCullough - Modum Bad Psychiatric Center, Vikersund, Norway, Paulo Machado, Mariana Maristany, Paula Dagnino, Peter Wennberg*

Over the last decade, the Outcome Questionnaire (OQ; Lambert et al, 2004) has become a popular instrument. Translations now exist in many languages, and research has been done to validate, norm and use the OQ for feedback on patient progress. In this discussion, the various methods of conducting studies on patient outcome will be discussed, as well as results from different countries. Data and research designs from Chili, Argentina, Portugal, Sweden, Norway, China and the Netherlands will be presented. Some have just started with the collection of normative data, whereas others have started to use the OQ in feedback studies and will have some results on that. Discussants are part of the OQ researchers international collaborative.

## **Structured Discussion**

Researcher

### **Moderator**

Denise Defey - University of Uruguay , Montevideo

## **The researcher as a person**

*Discussant: David Orlinsky - University of Chicago, Chicago, IL, USA*

In order to stimulate discussion, there will be presented a brief report of two pieces of research which show (a) the effect of the researchers' action on the object of research to the limit that research outcomes may be utterly modified (Hawthorne Effect), and (b) the effect of the research process itself on the researchers' ability to empathize with others, assessed with a simple instrument. After that, participants will be invited to disclose and share their subjective experiences of conducting research, emphasizing both stressful and protective factors. It is expected that some recommendations both for young researchers and institutions may arise from the discussion.

## **Structured Discussion**

Measures

### **Moderator**

Omar Gelo -  
Università del  
Salento/ Sigmund  
Freud University,  
Lecce/ Vienna,  
Italy

## **Longitudinal and time-dependant data-analysis in psychotherapy research**

*Discussants: Wolfgang Tschacher - University of Bern, Switzerland and Sergio Salvatore - University of Salento, Lecce, Italy, Sam Nordberg, Regina Szprachman*

Psychotherapy is a dynamic process which unfolds over time. This means that, in order to study psychotherapy change processes, we need data-analytic procedures which take the temporal dimension into account. Traditional pre-post designs allow the estimation of the amount of change between two or more time points, but they are not appropriate for the investigation of the course, shape and rate of change (Greenberg, 1986; Stiles, 1994). As stated by Orlinsky and colleagues “psychotherapy change process research must promote the advance from a temporally decontextualized synchronic representation of therapeutic process – arrived at by averaging across randomly selected process segments – to a representation of process as patterns of change and trajectories across sequential time points (Orlinsky et al., 2004). In the last years several different longitudinal data-analytic procedures have been applied within the field of psychotherapy research. Aim of this structured discussion is to stimulate a dialogue and a reflection concerning these issues, with particular attention to the distinction between continuous and discontinuous change.

## **Structured Discussion**

Training

### **Moderator**

Louis Castonguay  
(1) & Guillermo de  
la Parra (2) - (1)  
The Pennsylvania  
State University,  
University Park,  
USA, (2) Pontificia  
Universidad  
Católica de Chile,  
Santiago, Chile

## **Hallmarks of Psychotherapy Research: A dialogue between two generations of scholars and researchers**

*Discussant: Berenice Carneiro - Pontificia Universidade Catolica Campinas, Brazil, Claudia Castañeiras, Adela Duarte, Luis Tapia, Ramón Florenzano, Pablo Herrera*

Young and senior scholars from South America will present and contrast what they perceive as some of the most influential studies and research programs in psychotherapy, in terms of their conceptual elegance, methodological sophistication and/or clinical impact. This discussion is aimed at celebrating many of the distinctive contributions that have marked SPR's forty years of history. It also aims to foster young scholars' engagement in keeping past traditions alive, as well as shaping current and future developments in psychotherapy research.

## **Structured Discussion**

Alliance

### **Moderator**

Adam Horvath -  
Simon Fraser  
University,  
Vancouver,  
Canada

## **The relationship in therapy: Components, role and development over time**

*Discussant: Robert Elliott - University of Strathclyde, Glasgow, UK, William B Stiles, Jeff Hayes*

Various aspects of the relationship in therapy have received a great deal of attention from the research community over the last fifty years. Concepts such as Transference, Countertransference, Empathy, Congruence, Alliance, Genuineness -among many others- have been studied within a variety of contexts. Looking back over the accumulated literature, the results appear like a multi dimensional jigsaw puzzle, an aggregate of concepts all targeting a phenomenon we are all intimately familiar with clinically, but viewed from different theoretical lenses as researchers. The theoretically diverse group initiating this discussion would like to engage the participants in an exploration of how some of these concepts may be related, overlap or sequenced over time in a variety of therapy situations. Can we stitch some of our accumulated empirical and clinical findings into a coherent canvas representing the “Relationship in Therapy”? To start the process, each discussant will briefly address the following issues: 1) Which constructs/conceptualizations of the therapeutic relationship are the most relevant/useful? 2) How are these concepts related and/or overlap? 3) Is the role/function of the therapy

relationship similar in different treatments, or should researchers look for the differences? 4) Is the role/function of the relationship different over phases of therapy? Is this question worth investigating?

## **Structured Discussion**

Training

### **Moderator**

Juan Pablo Jiménez -  
Universidad de Chile, Santiago

## **How to train psychotherapy researchers**

*Discussants: David Orlinsky - University Chicago, USA and Carola Altimir - Pontificia Universidad Católica de Chile, Ulm, Germany, Mariane Krause*

We are proposing an open discussion group on the issue "how to train psychotherapy researcher". Since 2006, a group of Chilean SPR members from the University of Chile, and Catholic University of Chile, jointly with the Heidelberg University (Germany), are running a PhD on Psychotherapy Research. Some of our students are presenting papers in this meeting. We have had a lot of help from seniors SPR members that came to Chile as visiting professors to work with our students, graduate psychologists and psychiatrists. There is practically no research on this topic (how to train psychotherapy researchers), but we are sure that a lot of experience could be share especially by many of senior university professors. In order to stimulate discussion, a set of questions that our program raises will be posed at the beginning. Participants are invited to react to these questions out of their experience working with students and young researchers. David Orlinsky and Horst Kächele, two of the founders of our South-American chapter, and visiting professors in our program have already agreed to participate in the discussion

## **Structured Discussion**

Psychodynamic

### **Moderator**

Marie Rudden -  
Weill-Cornell Medical College,  
New York City, USA

## **Symptom-Specific Reflective Functioning: Concept, Measure and Potential Usefulness**

*Discussants: Barbara Milrod - Weill Cornell Medical College, New York City, USA and John Markowitz - New York State Psychiatric Institute, USA, Fredrik Falkenström*

This structured discussion group 1) will present the conceptualization of Symptom-Specific Reflective Functioning (SSRF) measures and interviews, focusing on utility and limitations, 2) will briefly reprise results from the pilot study in which it was first tested, and 3) will describe five ongoing studies that are testing SSRF as either a potential moderator, a potential mediator, or a measure of psychodynamic change. These studies test SSRF in randomized controlled trials (RCT's) for panic disorder, PTSD, major depression and borderline personality disorder. The discussion will focus on two questions: 1) What is the conceptual relationship between Reflective Functioning (RF) and SSRF? 2) What potential uses does this measure have in psychotherapy research? Currently, SSRF is being studied not only in RCT's of psychodynamic psychotherapy, but also in a randomized trial of treatments for PTSD using Interpersonal Psychotherapy. In 2 of these studies, changes in SSRF will also be measured for CBT-based therapies. We shall consider the rationale for using RF and SSRF in appraising models of psychotherapy other than psychodynamic psychotherapy.

## **Structured Discussion**

Child

### **Moderator**

Robert L. Russell -  
Pacific Graduate School of Psychology,  
Redwood City, Canada

## **Special Interest Group for Child and Adolescent Psychopathology and Treatment**

This structured discussion is a followup of discussion at the 2008 SPR meeting held in Barcelona, Spain. At that discussion, the intent to initiate a special interest group in child and adolescent psychopathology and treatment was considered by about 15 SPR attendees. Since that time, a mailing list of approximately 40 members interested in the special interest group has been compiled and communication between researchers and clinicians interested in child and adolescent issues has begun. In the current discussion, plans will be drawn up to pursue the initiation of the special interest group. Discussion will center on recruiting interested members, compilation of names of those interested in joining, and assignment of tasks to be completed to make a formal application to the SPR Executive

Committee. Tasks include drawing up bylaws, electing officials, drafting a mission statement, and planning for future meetings. All those with clinical and research interests in child and adolescent psychopathology and treatment are encouraged to attend.

## **Structured Discussion**

Practice

### **Moderator**

Elena Scherb -  
Faculty at U.A.D.E.  
University, Buenos  
Aires, Argentina

## **Treating and assessing treatment outcomes with difficult patients and beyond**

*Discussant: Carla Crempien Robles - Universidad de Chile*

In Barcelona – SPR we ran a Structured Discussion Group related to the current conceptualization of difficult patients and its relationship with current trends in psychotherapy research. It elicited great interest in the audience and we therefore would like to go on with the discussion in Santiago SPR Conference, and maybe start an interest group in this particular subject. It has been largely stated that research findings can inform clinicians in everyday clinical work. Not only by the EST treatment lists, but also by Clinical Guidelines like the STSS program (Beutler et al) and specific research programs devoted to identify the effective treatment for the specific kind of problem, in the context of an adequate therapeutic relationship. But how does research inform our practice in the real world in real patient - therapy difficult situations? After defining ‘ Difficult therapy scenarios ’, we will present a case - series ( N: 10) involving difficult patient - therapy situations ( case conceptualization, therapeutic rationales applied), describing the research informed interventions performed and the outcomes elicited. Cases belong to different natural contexts and theoretical technical backgrounds. We will encourage the audience to discuss alternatives in the case scenarios presented and/or share similar difficulties.

## **Structured Discussion**

Culture

### **Moderator**

William West -  
University of  
Manchester,  
Lecce, Italy

## **Culture Interest Group meeting**

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

Psychotherapy is a dynamic process which unfolds over time. This means that, in order to study psychotherapy change processes, we need data-analytic procedures which take the temporal dimension into account. Traditional pre-post designs allow the estimation of the amount of change between two or more time points, but they are not appropriate for the investigation of the course, shape and rate of change (Greenberg, 1986; Stiles, 1994). As stated by Orlinsky and colleagues “psychotherapy change process research must promote the advance from a temporally decontextualized synchronic representation of therapeutic process – arrived at by averaging across randomly selected process segments – to a representation of process as patterns of change and trajectories across sequential time points (Orlinsky et al., 2004). In the last years several different longitudinal data-analytic procedures have been applied within the field of psychotherapy research. Aim of this structured discussion is to stimulate a dialogue and a reflection concerning these issues, with particular attention to the distinction between continuous and discontinuous change.

## Panel

Training

### Moderator

Sue Bae -  
American School  
of Professional  
Psychology,  
Argosy University  
Chicago, USA

## Self-Efficacy and Diversity in the Training of Psychologists

A primary task of graduate training programs is to help students not only develop academic competencies, but also to help students develop competence and confidence as future psychologists. Research demonstrates that the development of clinical competence and confidence is typically best supported through hands-on experiences as well interactions with role models. However, a gap seems to exist between our understanding of best practices regarding training and mentoring and implementation of research-based recommendations, especially with students from marginalized groups (e.g. students of color, international students). In addition, little attention has been paid in the literature to the type of role model relationships that best foster students' development and the degree to which students' confidence reflects their actual competence as clinicians. To address these issues, this panel will present qualitative and quantitative research regarding students' perceptions of themselves and their mentors as well as the interaction of these two constructs. The first study examines student therapists' self-perceptions of their multicultural competence in a cross-cultural dyad and compares these perceptions with those of the clients with whom they are working. The second study investigates the impact that student therapists' perceptions of mentor characteristics has on their developing self-efficacy as clinicians. The third study examines the experience of support, self-efficacy, and satisfaction of advising and mentoring relationships of first-year graduate students of color and international students in a psychology program. Implications for training and practice will be discussed.

### Counselor and Client Perceptions of Counselor Multicultural Competence

*Penelope Asay - American School of Professional Psychology, Argosy University Chicago, USA*

Although a substantial amount has been written about the importance of multicultural counseling competence (MCC) and the need to train future therapists to be multiculturally competent, empirical work in this area is still needed (Worthington, Soth-McNett & Moreno, 2007). Much has been written about efforts to train graduate students to be more multiculturally competent, but it is unclear if student self-report of MCC reflects actual competence or self-efficacy (Constantine & Ladany, 2001). To address this issue, researchers have called for more inclusion of client perceptions of therapists (Fuertes, 2001; Pope-Davis, Liu., Torproek, & Britten-Powell, 2001). The current study addresses this need using an analogue design. Sixteen white graduate student trainees conducted single counseling sessions with volunteer clients of color. Each trainee completed 3-4 individual sessions for a total of 62 counselor-client dyads. The study investigated the experience of both therapist and client of working alliance, session quality (depth and breadth), the therapist's general competence, and the therapist's multicultural competence. Data are currently being analyzed. Preliminary analyses indicate that, consistent with previous work (Fuertes et al, 2006) students generally rate themselves as multiculturally competent and there appears to be little relationship between client perceptions and student therapist perceptions. It is hoped that the results will contribute to our understanding of graduate students' perceptions of their multicultural competence and how their perceptions may or may not be shared by those they are attempting to serve. This understanding may help the field better prepare students to be culturally competent and thus more effective.

### Mentor characteristics and counseling self-efficacy in a doctoral graduate student sample: A prospective study

*Mirjam Quinn - American School of Professional Psychology, Argosy University Chicago, USA, Ngonzi Truth Crushshon, Laura VanderPloeg*

Self-efficacy, defined by Bandura (1997) as the "propositional belief that an individual is able to effect a desired outcome," has been linked to numerous positive outcomes including motivation, persistence,

interest, and achievement (e.g. Bandura, 1993). These positive correlates of self-efficacy have been replicated in the literature for a number of populations including mental health service providers (Larson, 1998). However, students' self-efficacy may not always be rooted in realistic self-appraisal (Constantine & Ladany, 2001). Clearly, fostering a strong, accurate sense of counseling self-efficacy (i.e., self-efficacy for providing therapy) in clinical psychology graduate students could be beneficial for students' professional development. Research on the relationship between mentoring and self-efficacy has typically demonstrated a strong relationship between mentoring and health service providers' self-efficacy (e.g. Cashwell & Dooley, 2001). One pathway by which mentors may bolster a sense of self-efficacy in proteges is by providing positive yet realistic feedback (e.g. Bandura, 1997). However, recent studies (e.g. Goh et al., 2007) suggest that simply having a mentor may not necessarily benefit the protege, and that mentors' personal characteristics may moderate the impact of mentoring relationships on mentees' self-perceptions. This study will investigate the impact that mentors' personal characteristics have on students' counseling self-efficacy. One hundred psychology graduate students will be asked to complete a demographic information sheet, the Counseling Self-Estimate Inventory (COSI; Larson et al., 1992) and the Mentor Relationship Questionnaire (MRQ; Quinn, unpublished). The COSI assesses clinicians' counseling self-efficacy; the MRQ evaluates a number of mentor characteristics including instrumental, psychosocial, and demographic factors.

### A Qualitative Examination of Mentoring Relationship: Minority Students' Perspective

*Sue Bae - American School of Professional Psychology, Argosy University Chicago, USA*

This study examines the experience of support, self-efficacy, and satisfaction of advising and mentoring relationships of students of color and international students in a graduate psychology program. This qualitative study is used to identify potential barriers and obstacles of minority students in their academic environment who may be at risk and to begin to consider as an academic community how to bridge the gap between the minority and majority students. This study also highlights the importance of the mentoring relationship between students of color and international students and their faculty. We used Consensual Qualitative Research (CQR) method (Hill et al., 1997). We recruited 16 students of color and international students at a large midwestern graduate psychology program. Participants were asked to describe their advising and mentoring experience in terms of social support (i.e., feelings of connection and alliance with their advisors, advisors' sensitivity to cultural needs), self-efficacy (i.e. the way they feel about their ability to succeed in the program and in the profession), and satisfaction (i.e. with faculty and their ability to mentor, foster growth in their advisees). Results indicate that minority graduates students believe that their relationship with their advisors is an important component of their graduate student experience including professional development and personal growth. However, most of the students that we interviewed were not satisfied with their mentoring relationship with their advisor. They experienced a lack of connection with and support from their advisors and perceived their relationships with their advisors as "superficial" or "less than empowering." Most students we interviewed did not consider their advisors to be their mentors and had difficulty sharing their personal and professional issues that needed guidance and support from their advisors. Furthermore, many felt that their advisors were not culturally sensitive toward their needs, but they did not feel safe or skillful enough to discuss this issue with their advisors for fear of conflict or retaliation.

## Panel

Alliance

### Moderator

Jacques Barber -  
University of  
Pennsylvania  
School of  
Medicine,  
Philadelphia, PA,  
USA

## Patients and Therapists Contribution to Outcome and Process Research

Although both patients and therapists contribute to process and outcome psychotherapy research, much of the research has not attempted to disentangle these different contributions. Wampold et al will describe their research on the patients and therapists contribution to how alliance predicts outcome whereas the patient's contribution and will present data to show how the relationship between adherence and outcome is different from that of the alliance. Zuroff students Barber and Gallop will describe how patients and therapists contribute to complex therapeutic processes involving the interaction of therapists' adherence and therapeutic alliance and how these are associated with treatment outcome of drug dependent patients

Alliance and Adherence: Sorting out therapist and patient contributions

*Bruce Wampold - University of Wisconsin, Madison, WI, USA, Zac E. Imel & Scott A. Baldwin*

The importance of process variables has been established most prominently by correlating a measure of the process with outcome. This strategy ignores the fact that both the patient and therapist contribute to the process and assumes that these contributions are equally related to outcome. However, recent research suggests that there are profound differences between the therapist and patient contributions. For example, it appears that the therapist's contribution to the alliance predicts outcome whereas the patient's contribution does not (i.e., there is a between therapist alliance correlation with outcome but not a within therapist alliance correlation with outcome). In this presentation, the concepts of between and within correlations will be discussed as it relates to process and outcome. Moreover, differential hypotheses will be offered for alliance and adherence in this context. Finally, preliminary data will be presented to show how the relationship between adherence and outcome is different from that of the alliance.

Between- and Within-Therapists Variability in the Therapeutic Relationship: Independent Predictors of Change in Adjustment and Vulnerability.

*Allison Kelly - Department of Psychology, McGill University, Montreal, Canada, Michelle J. Leybman, David C. Zuroff, Sidney J. Blatt, & Bruce E. Wampold*

The therapeutic relationship is a consistent predictor of therapeutic outcome, but only recently have researchers examined the independent contributions of between- and within-therapists variance (Baldwin, Wampold, & Imel, 2007). We sought to investigate their contributions to changes in adjustment and perfectionism among the TDCRP's depressed outpatients in the CBT, IPT, or clinical management + placebo conditions. Partitioning the two levels of variance in the therapeutic relationship allowed us to examine whether the therapist's mean tendency to form high-quality relationships with their patients (between/therapist contribution) and/or the patient's relationship with their therapist relative to that of other patients (within/patient contribution) predicted outcomes. Findings revealed that both components predicted improved adjustment, and that the between-level slope was approximately twice as large as the within-level. In addition, only the between-therapist component predicted a decrease in perfectionism. Therefore, patients whose therapists tended to form high-quality relationships with patients showed faster drops in symptoms and vulnerability, and the patients' capacity to form a strong relationship with their therapist also facilitated symptom reduction. Findings highlight the importance of differentiating the independent influence of patient and therapist contributions to the therapeutic relationship, and understanding their relation to symptom and vulnerability change. Clinical implications for patients and therapists are discussed.

Disentangling the contribution of the therapists and the patients in therapeutic processes predictive of outcome

*Jacques Barber - Center for Psychotherapy Research, University of Pennsylvania School of Medicine, Philadelphia, USA, Robert Gallop*

A long standing issue in psychotherapy research is the extent to which patient and therapist variables explain outcome. There is little published data addressing this question taking into account the nested nature of psychotherapy data (patient data is nested within therapists). We examine whether therapists' effects were as important as reported by Baldwin et al. (2007) when one reanalyzed previous findings indicating that the therapeutic alliance interacted with curvilinear adherence in predicting cocaine dependent patients decreased in drug use (n=95). We find that most of the variance of the impact of the interaction between adherence and alliance on outcome is due to patient variance and not to therapist variance. We discuss some of the potential reasons why our results are different from prior studies.

## **Panel**

Computer

## **Moderator**

Stephanie Bauer -  
University of  
Heidelberg,  
Germany

## **Sequential Treatment Strategies**

*Discussant: Franz Caspar - University of Bern, Switzerland*

A number of treatment methods for mental disorders have proven their effectiveness over the past decades. However, at the end of even the best available treatment, a substantial portion of patients is not symptom-free. In addition, the risk of relapse following successful treatment is high for many disorders. Finally, a subgroup of patients that may be described as chronically ill needs specialized care repeatedly throughout the course of the illness. Thus it appears that there is a need for sequential treatment strategies that allow e.g. to stabilize treatment gains by providing additional support to patients following their discharge from treatment. Such programs have to meet several requirements: First, they have to be flexible enough to meet patients' individual needs for support in a specific stage of their illness. Second, they have to be feasible for both patients and institutions in routine care, and third they have to be provided at reasonable cost and effort. Interventions based on Information Technology (IT) promise to meet these requirements by offering support via communication tools such as E-Mail, Internet chat, or text messaging. In this panel we will present research results on the efficacy of various interventions aiming at the maintenance of therapeutic gains following discharge from treatment. Specifically the presentations will introduce 1. an aftercare program for patients with chronic back pain via Internet chat groups following multimodal inpatient treatment, 2. a maintenance intervention to support overweight children after completing cognitive behavioural group therapy, and 3. a minimum intervention to prevent relapses in patients who underwent inpatient treatment for an eating disorder. The potential of such step-down interventions for the optimization of care for mental disorders will be discussed.

## **Internet-based Aftercare for Patients with Back Pain**

*Markus Moessner - University of Heidelberg, Germany, Eva Neubauer, Hans Kordy*

Multimodal inpatient treatment including a psychological component for behavior change is considered a standard treatment of patients with back pain. Although most patients benefit from this, maintenance of treatment gains remains a challenge. Aim of this study was to investigate the technical feasibility and acceptance of an internet-delivered aftercare program and to derive an estimation of the effects on pain intensity, disability and ability to work. 75 patients (ICD-10: M54 & F45) who were discharged from the hospital were randomly assigned to either the aftercare program or to no aftercare program (TAU). The aftercare program included an individually-tailored self-management tool and a weekly 90 minute chat group session with a therapist whom participants already knew from their inpatient treatment. Assessments took place at admission and discharge from inpatient treatment and at 3- and 6-month follow-up. In addition, a structured interview via telephone was conducted for all program participants in

order to further investigate indication and compliance as they were found to be critical factors for this group of patients. The results confirm the technical feasibility of this novel aftercare program. It appears to be attractive for these patients and shows promising results. Patients benefited from participation in the program with respect to pain intensity and disability; this was especially true for a subgroup of patients who were willing to take responsibility for their own health. Because of these promising results, efficacy is currently being tested in a large multicenter RCT at five hospitals in Germany. Indication will be discussed with respect to specific characteristics of this patient population.

### The Effect of SMS Maintenance Treatment on Drop out, Lifestyle Behavior and Competence of overweight Children

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

Obesity is described as the most prevalent chronic health condition. The Big Friends Club, a cognitive behavioral group therapy (CBGT) for children aged 7 to 13 years, is proven to be effective in the reduction of overweight. However, the maintenance of the effects seems problematic. Given the growing evidence that technology-enhanced interventions may help to promote weight maintenance and behavior changes, the efficacy of an SMS-based maintenance treatment (SMSMT) was studied in a multi-center RCT. In 8 hospitals 150 subjects are included in the study. After a 12 week period of CBGT, they are randomized to the SMSMT condition or a control condition for a period of 40 weeks with 4 come-back sessions. The children submit self-monitoring data on relevant parameters (exercise, eating pattern, emotions) in a standardized format via their mobile phone once a week. They receive a feedback message on their progress via a semi-automated software program. Feedback messages are formulated according to 4 principles: 1) to signal social support, 2) to reinforce positive changes and existing behavioral self-management strategies, 3) to remind children of skills they learned in the CBGT and to suggest new strategies in case of negative developments, and 4) to encourage and motivate children to continue the program. The study aims at a 50% reduction of the dropout rate by SMSMT. Furthermore, the effect of SMSMT on lifestyle behavior and competence, the trustworthiness of children's SMS answers and the contribution of children's personality characteristics to the usefulness of SMSMT are analyzed and discussed.

### Sequential Treatment for Eating Disorders

*Stephanie Bauer - University of Heidelberg, Germany, Eberhard Okon, Rolf Meermann, Hans Kordy*

Patients with eating disorders face a substantial risk for relapse after completing treatment. Technology-enhanced interventions allow specialized treatment centers to extend their reach by providing additional support to patients after their discharge which may help them to better stabilize their treatment benefits. For this purpose, a minimum intervention based on text messaging was developed. Patients enter information on their key symptoms once per week via the Short Message Service (SMS) and receive a supportive feedback message based on the status and change of their symptoms. On the provider's side, the communication is organized via a semi-automated Internet-based program that allows for an efficient management of the incoming and outgoing text messages. After the feasibility and acceptance of the SMS-intervention were tested in a pilot study, its efficacy was studied in a randomised controlled trial. 165 patients diagnosed with bulimia nervosa or EDNOS were randomly assigned to the 4-month aftercare program or to a control condition (TAU). Patients' impairment was assessed at beginning and end of treatment as well as 4 and 8 months thereafter. The results at follow-up confirm that patients participating in the SMS program better managed to maintain the treatment benefits gained during their treatment than patients in the control group. The potential of technology-enhanced symptom monitoring and feedback for step-up (prevention, early intervention) and step-down interventions will be discussed.

## Panel

Group

### Moderator

Gary Burlingame -  
Brigham Young  
University, Provo,  
USA

## Clinical support tools for group treatment: Group Questionnaire psychometric and clinical results

*Discussants: Steinar Lorentzen - Klinikk for Psykisk Helse Sognsvannsvn, Oslo, Norway and Jennifer Johnson - Brown University, Providence, USA*

In 2006 an international task force released the CORE-R battery under the sponsorship of the American Group Psychotherapy Association. The CORE-R contains selection, process and outcome instruments shown to be clinically and empirically sound for guiding/evaluating group treatment. This panel reports on 3 studies that test a process measure (Group Questionnaire:GQ) that is empirically derived from four CORE-R relationship/alliance measures. The GQ assesses group therapeutic relationships from both structural (member-member, member-leader & member group) and content (positive relationship, positive bond & negative relationship subscales) perspectives. It builds upon three previous studies extending our psychometric and clinical utility knowledge of the GQ.

### The German Group Questionnaire – a validation study

*Bianca Bormann - Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany, Bernhard Strauss*

The current study explores the validity and structural fit of the German version of the Group Questionnaire (GQ), a new measure of group relationship developed by Krogel and Burlingame (2008). The GQ helps group therapists to measure aspects of (helping) relationships in groups such as positive bonding, positive working, and negative aspects of the relationship that, all together, can be used to track change processes. Furthermore the GQ covers the assessment of four main constructs related to helpful relationships in groups, i.e. the group climate, the helping alliance, empathy, and cohesion as well as different perspectives, i.e. member to member, member to leader, and member to whole group. This study was conducted in two parts. First, structural fit was applied on a data set from a German multi-site study (N = 438; Bormann & Strauss, 2007). Using Lisrel, the fit indices indicated a very good structural fit and the reliabilities (internal consistency, Cronbachs' Alpha) of the three GQ-subcales positive bonding ( = .92), positive working ( = .90), and negative relationship ( = .77) were satisfying. The second part of the study evaluates the validity of the German GQ by relating it to four well-established and psychometrically sound process measures. First results of this second study will also be discussed.

### Use of the GQ as a clinical support tool in outpatient group psychotherapy

*Christopher Chapman - Brigham Young University, Provo, USA*

Studies have shown that implementing measure-based feedback systems in individual therapy has significant benefits in helping therapists identify and improve outcomes for patients who are not progressing in their treatment (Harmon et al, 2006). However, the potential benefits of implementing a similar system in a group psychotherapy setting have yet to be ascertained. While prior research in individual therapy has provided evidence that therapists are poor predictors of client outcome without the aid of objective measures (Breslin et al, 1997; Hannan et al, 2005) and often misjudge client's perceptions of the therapeutic relationship (Burns & Auerbach, 1996), questions remain: does the same hold true for therapists in group? In order to examine these questions, participating therapists leading 2 groups at the Utah State Hospital and the Brigham Young Counseling Center will be provided with feedback using a process measure (the Group Questionnaire; GQ) and an outcome measure (the Outcome Questionnaire-45; OQ-45) in one of their two groups. In addition to receiving feedback from these measures, therapists will be given feedback from independent raters using the Group Psychotherapy Intervention Scale-Revised (GPIRS-R), a recently developed clinical support tool analyzing group leader's

ability in delivering group-level interventions aimed at enhancing the therapeutic qualities of their groups. The impact of receiving feedback and intervention suggestions from the GPIRS-R assessment will be explored with participating therapists. In therapist's other (non-feedback) groups, they will be asked to predict final member outcome, as well as member perceptions of group process. These predictions will be compared against group member self-reported outcome ratings from the OQ-45 and process ratings from the GQ. Therapists will also be asked to rate their own interventions during group using the GPIRS-R, with leader perceptions of their own interventions compared with ratings provided by independent raters observing the group.

**The Group Questionnaire: A new measure of the group relationship**  
*JulieAnn Krogel - Brigham Young University, Provo, USA, Gary Burlingame*

The Group Questionnaire (GQ) is a 30-item, self-report measure of the group relationship that was developed in the present study. It is based off of Johnson's 3-factor model of group relationships which includes: Positive Bonding, Positive Work and Negative Relationship. This study involved two parts; the creation of the GQ followed by the validation and refinement of the GQ using 486 participants from three populations (counseling center, inpatient SPMI and non-patient AGPA process groups). Confirmatory factor analysis (CFA) results showed the GQ to have good fit for each population. Distinct differences in response pattern were found between the three populations. Implications for the future utility of the GQ include its use as a clinically relevant and efficient assessment tool to inform clinicians on the quality of relationships in their groups and potentially to predict outcome.

## **Panel**

Group

### **Moderator**

Gary Burlingame -  
Brigham Young  
University, Provo,  
USA

## **Factors affecting preference for and effectiveness of group treatments**

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

After establishing the general effectiveness of group treatments reviewer admonitions have focused on identifying factors that may predict and explain the format specific effects of group treatment. Client factors continue to account for a large percentage of overall treatment effectiveness. Accordingly, two papers in this panel focus on the client. The first explores preferences toward help seeking behavior comparing differences between individual and group treatment. Specifically, the effect of public stigmas on self/private stigmas is examined as they effect help-seeking behavior. Results are discussed with respect to format and cultural differences. The second paper is a qualitative study exploring clients as self-healers. Findings from a recent study of individual treatment are replicated in six outpatient psychotherapy groups to determine how clients contribute to their therapeutic outcomes. More specifically, Greaves (2006) showed that client strengths operate in a reciprocal manner with therapist interventions and procedures and this study extends this argument to the group format. The third paper extends findings reported at a recent SPR conference on a supportive expressive group treatment for women with secondary breast cancer. Specifically, two- and one-year outcomes are examined for treatment protocols offered by phone versus face-to-face. Findings are discussed with respect to routine clinical care. Finally, results of an effectiveness study focusing on GAD patients treated with psychodynamic groups are presented.

**How clients as active self-healers make use of group psychotherapy**  
*Amy Greaves - Brigham Young University, Provo, USA, Brian Carl*

**Aim:** While significant attention in the empirical literature has been given to identifying and clarifying effective qualities of therapist style and interventions in group therapy, scant reference is made to pre-existing client strengths that factor into any successful therapeutic outcomes. Based on the data that shows that technique type and amount of experience account for only small effect size differences,

Bohart (2006) argues that clients operate on therapist procedures rather than the other way around and that it is the client who makes the therapy “work”. Process variables identifying how clients contribute to therapeutic outcome have been identified in the literature with regards to individual therapy (Greaves, 2006), and the aim of this paper is show how client strengths come into play in group therapy process. Method: Data derive from videotape collected at sessions three, six, and nine from six therapy groups in university counseling center and state hospital settings. The OQ-45 and the GQ were administered at these same intervals in addition to the OQ-45 administration at the outset of treatment and provide additional context for the interpretation of in-session behaviors. Select group members will be invited to participate in 2.5 hour interviews where the method of Interpersonal Process Recall will be used to help participants articulate intention and meaning behind in-session behavior as viewed on the videotape. In addition, participants will be presented with results of the conceptual analysis and invited to confirm or disconfirm the analysis as an additional method of verification. Results: A conceptual analysis will be performed on the transactions occurring in group therapy from the perspective of clients contributions to the change process. This conceptual analysis will be further refined based on participants’ free responses as they articulate their own processes and intentions. Results will be presented in the form of a thematic key elucidated by relevant examples to provide a new lens with which to view clients as agents of change and derive meaning from client in-session behavior. Discussion: Findings will be discussed in terms of relevance for training, client induction, and practice of group psychotherapy.

### Clinical Effectiveness of a long term professionally led group for women with secondary breast cancer

*Mary O'Brien - Brisbane, Australia*

Aim: This study evaluated the clinical effectiveness of a long-term professionally led group for women with secondary breast cancer delivered face to face and by telephone, conducted in a community setting. Outcomes were compared with controlled studies to determine if this adaptation was effective and achieved similar outcomes when women self selected to join the group. Method: In this study supportive-expressive group therapy was provided to 17 women with secondary breast cancer living in urban and rural areas of Queensland who attended face to face or by telephone. Well-being was measured prior to group entry and after one and two years of membership using the Affects Balance Scale (ABS) and the Impact of Event Scale (IES). Results: Negative affect (ABS) was significantly reduced over time from baseline to one year ( $p < .01$ ) and further decreased at two years relative to one year ( $p < .05$ ). Significant improvement was evident for positive affect (ABS) at one year ( $p < .05$ ) and two years ( $p < .05$ ) relative to baseline levels. Similarly, total levels of stress (IES) were significantly reduced at one year ( $p < .05$ ) and two years ( $p < .01$ ) relative to baseline. Discussion: The finding of significant further reduction in negative affect on the ABS at 2 years compared to both baseline and 12 month outcomes, is a remarkable and unexpected finding. This is especially so when you consider that the average life expectancy from time of diagnosis with secondary breast cancer is still only 2 years. Implications for routine supportive care will be discussed. Conclusion: These outcomes suggest that a supportive-expressive group intervention, delivered both face to face and by telephone within a community setting, may be an effective means of moderating the adverse effects of diagnosis of secondary breast cancer. Further, participation by telephone is feasible and facilitates access for women who are isolated by geography or symptoms of illness.

## Public and Self- Stigma towards Help- Seeking Intention: A Comparison of Individual and Group Treatment

*David Vogel - University of Haifa, Israel, Zipora Shechtman, and Neta Maman*

This study examines public and private stigma which often prevent people who suffer of psychological stress or interpersonal concern to seek help. Past research has demonstrated the link between the two stigmas, attitudes, and psychological help-seeking in individual counseling (e.g. Vogel, Wade, Hackler, 2007). Although group therapy is underutilized, we know very little of the reasons for resisting group treatment (Piper, 2008). The goal of the current study was to examine stigma related to both individual and group treatment. 307 undergraduate students in three universities in Israel participated in the study. Results based on SEM analyses, confirmed only partly the basic model: public stigma didn't affect private stigma, in contrast to the original model, however, private stigma did affect attitudes and those affected intention to seek help, as suggested in the model. No differences in the basic model were found regarding individual and group treatment. However, some differences were found among the various sub-groups-- gender, religion, ethnicity, and subject of study. The complete model which takes in account the different sub-groups looks somewhat different for individual and group treatment. The discussion focuses on cultural differences and the similarity of the model for individual and group treatment.

### Panel

Training

#### Moderator

Jan Carlsson -  
Psykiateriinstitutet/  
Karolinska  
Institutet,  
Stockholm,  
Sweden

### Students' experience of training – Being or becoming a psychotherapist

*Discussant: David Orlinsky - University of Chicago, USA*

This panel presents four studies of psychotherapist's professional development with a focus on the training period: three papers from a Swedish longitudinal project, and one study from Italy. In Stockholm forty-six students at a training institute for psychoanalytic psychotherapy were asked to answer a therapeutic identity questionnaire in the beginning, middle and end of their 3yrs. long training, and then some years after graduating. These data show small differences on a group level during training, but large individual differences. Becoming a psychotherapist is a complex, and seems in large be an individual process. Data from the questionnaires needed to be amplified with interviews. In the qualitative part of the project, 18 of the 21 former students who had answered the questionnaire at all occasions agreed to be interviewed. The first study compares data from questionnaires with interview data where the former students commented on their development in nine therapeutic attitude scales (TASC-II). The second paper is a grounded theory study presenting a model for the professional development during training and the first years after. The third paper from the Swedish study presents a narrative analysis of three interviews showing the complexities involved in the professional development during these years. Finally, the fourth paper presents an Italian study using the DPCCQ on a sample of nearly 100 trainees training in cognitive-relational psychotherapy.

#### Development of therapeutic Attitudes - A follow-up study regarding TASC-II-replies

*David Forsström - Psykiateriinstitutet, Stockholm, Sweden, Jan Carlsson, Joakim Norberg, Johan Schubert*

The focus of the study was to examine how students in training to become psychotherapists reflected on their own TASC-II-replies. TASC-II is an instrument developed to examine therapeutic attitudes. In an earlier study, students had completed the questionnaire in the beginning, during, end and after training. To better understand the quantitative results the participants (in all 18 students) were interviewed a few years after graduating. In the interview they were shown their TASC-II-results and asked to reflect on their own development in each of the nine scales. A thematic content analysis was made for each scale. The results show that during the training a more theoretical view is pronounced. After training, the

patient's specific needs are more in focus than the adherence to technique. During training students tend to adhere to (psychodynamic) norms: from a theoretical standpoint and how they perceive the attitudes of the supervisors. After, the therapists are moving towards a more eclectic position allowing themselves to have attitudes associated with a cognitive behavioural orientation while they still see themselves as psychoanalytic psychotherapists. Implications for training will be discussed.

*A two-path model of psychotherapeutic development during training and the first years after it*  
*Joakim Norberg - Psykoterapiinstitutet/Stockholm Universitet, Sweden, Jan Carlsson, Johan Schubert*

The aim of this study was to investigate the professional development of former students at a training institute for psychoanalytic psychotherapy in Stockholm. The study was part of an ongoing project where 46 students had been asked to answer a questionnaire (THID) measuring nine factors of therapeutic identity (TASC-II). This had been done at three times during training and at follow up three to five years later. In this part of the project, 18 of the 21 former students that had answered the questionnaire at all occasions agreed to be interviewed. They were asked to describe how they perceived their professional development during training and the time after it up to the present (four to six years later). A grounded theory analysis was conducted, leading to a model describing two paths through training. The crucial element in both paths was whether students felt their prior ideas about therapy was questioned or confirmed by teachers and supervisors. Implications for education will be discussed.

*Becoming a licensed psychotherapist – A Narrative study of three cases*

*Jan Carlsson - Psykoterapiinstitutet/Karolinska Institutet, Stockholm, Sweden, Joakim Norberg, Mats Hamreby, Johan Schubert, Staffan Josephsson*

Becoming a psychotherapist is a complex, and in large an individual process. This paper presents a narrative study of three licensed psychotherapists trained at the advanced course in psychotherapy at the Karolinska Institute, Stockholm. Out of eighteen follow-up interviews with former students, three were selected on the basis of the size of changes in nine therapeutic attitude scales (TASC-II). The purpose of this was to form contrasting cases: one with the lowest grade of changes during training, and two cases with the largest grades. In the interviews, the respondents were asked to describe how they perceived their professional development during training and the first years after it. They were also asked to comment on their development in the attitude scales from the questionnaire. As a first step in the narrative analysis the first three authors each worked individually looking for significant events and plots in one of the three interviews each. In the next step, all three interviews were analysed by the three first authors. The emerging plots were then discussed and challenged with alternative explanations in the research group. The result of the analysis is shown with three case stories, in which some elements are shared while others are not. Implications for education and further research will be discussed.

*The unclothed trainee: Goals, coping strategies, difficulties in practice at the beginning of the training.*

*Marco Bani - University of Milano Bicocca, Monza, Italy, Mariagrazia Strepparava, Giorgio Rezzonico*

In spite of being the necessary starting point for becoming a therapist, the training attendance is sparsely developed in the literature. In the literature, concerning trainee's individual differences or changes, some research focus on the trainee's psychological distress (Kuyken et al., 1998, 2003), others on the acquisition of specific skills or on the outcome (O'Dovan et Dawe, 2002). One of the most important previous works (Orlinsky, Ronnestad, 2005) focused on the development of professional attitudes and skills analyzing, how the therapists' perception of therapy goals and difficulties in practice and coping strategies change over the time. But also in this major work little attention was given to the

trainee. In the present contribution we aim to begin to fill this gap studying the three above-mentioned aspects using the related sections of the DPCCQ partially modified, on a sample of nearly 100 trainees at the beginning of a training course in cognitive-relational psychotherapy. We focus on gender differences, background differences (psychological or medical), and on the role of clinical practice and personal psychotherapy on the personal and professional development. A sub sample of 20 subjects answered the questionnaire also at the end of the course. Differences between the beginning and the end will be discussed as well as some reflection on the training process.

## **Panel**

Change

## **Moderator**

Louis Castonguay -  
Penn State  
University,  
University Park,  
USA

## **Predicting change in naturalistic settings: An examination of client, therapist, and process variables in large therapy samples**

*Discussant: David Kraus - Behavioral Health Laboratories, Malboro, USA*

Naturalistic studies of psychotherapy have a number of advantages. Because they typically involve large samples, they frequently provide enough statistical power to find significant effects when such effects do exist. In addition, because they do not generally require inclusion and inclusion criteria, they tend to have more external validity than many studies conducted in controlled settings. The goal of this panel is to present three studies conducted naturalistic settings. Although looking at different variables in different clinical practice milieus, these three studies are aimed at predicting change based on large samples of clients. The first study will examine client (e.g., expectations of treatment outcome) and process (e.g., alliance) variables in predicting change (as measured by the Outcome Questionnaire, OQ) for clients treated in 4 mental health care organizations in the Netherlands. The second study will investigate whether pre-treatment clinical severity, as measured by the Treatment Outcome Package (TOP) can predict future service utilization in a large managed care company in the US. Also using the TOP, the third study will examine therapist effect in therapy provided within a large training clinic.

### **Predicting patient progress in a large naturalistic sample**

*Kim de Jong - Brigham Young University, Provo, USA, Annet Nugter, Philip Spinhoven, Willem Heiser*

Introduction: ---The aim of this study was to collect data on patient progress in the Netherlands. We are interested in which factors might predict patient progress in order to use these predictions as a basis for future therapist feedback on patient progress. Method: Approximately 1850 patients in 4 mental health care organizations in the Netherlands completed the Outcome Questionnaire-45 (OQ-45) on a regular basis during treatment. In addition, a number of possible predictor variables were collected, including the working alliance, patients' expectations of treatment outcome, prior treatment, diagnostic category, comorbidity and demographic characteristics. Results: Preliminary results on 992 cases showed that patients were having a small positive progress over time. However, most of the predictors turned out not to be significant. Comorbidity influenced the intercept, but not the slope. Even though patients do progress over time, the average amount of change is rather small. The results suggest that the data is very heterogeneous, as can be expected from a naturalistic data set, and this makes it very difficult to find effects. Further analysis will be done, using more and cleaner data. Discussion: Further analysis has yet to be conducted.

### **Predictive Modeling: Using TOP Clinical Domain Items to Identify Adult Medicaid Recipients at Risk for High Utilization of Behavioral Health Services in a Managed Care Provider Network**

*Wayne Stelk - The Massachusetts Behavioral Health Partnership, Boston, USA, Matthew Berger*

Aim: The Massachusetts Behavioral Health Partnership (MBHP), a ValueOptions company, manages the mental health and substance abuse benefits for 325,000 Medicaid recipients (members) in Massachusetts. Approximately 36 percent of these members access services each year. These services

range from emergency psychiatric hospitalization to outpatient counseling. For the 12 years of its contract with the state, MBHP has used utilization indicators as a predictive model to identify members who make frequent use of emergency psychiatric services. These high risk members are then offered intensive care management (ICM) services. Through its own and independent research, MBHP has determined that ICM services are effective in reducing the need for emergency psychiatric services. The purpose of this study was to determine whether clinical indicators, as measured by the TOP, could be used as a more sensitive measure to predict and manage future service utilization. The hypothesis was that members with higher clinical severity, as measured by TOP, would have higher future service utilization costs than less severe members. Method: Since 2004, as part of its outcomes management program, MBHP collects self-report TOP (Treatment Outcomes Package) forms from about 25,000 adult members per year. The demographic and clinical data from the TOP for each member are paired with corresponding clinical and service utilization data gathered by MBHP. This creates a rich database that allows clinical indicators to be paired with the costs of service utilization. The cohort for this analysis included 21,881 adult members for whom MBHP had at least six months of utilization/cost history, subsequent to the initial administration of a TOP form. An ANOVA was performed to test the association between TOP clinical indicators and future service costs. Results: The analysis demonstrated that there was a positive and significant association between the severity of a limited set of clinical indicators and future service costs. TOP items were associated with varying future costs, with five items being associated with the highest future costs. For members who scored at the highest level of severity on five of the 58 TOP items, their mean future cost (\$37.29 per eligible day, n = 872) was more than twice the mean future cost of those whose scores were less severe (\$17.06 per eligible day, n = 21,009). Discussion: Based on the findings of this analysis, MBHP is planning to implement a protocol that will notify, in real time, both providers and the MBHP care management unit when a member completes a TOP that meets the risk criteria. That member will then be offered care management services to assist him/her in accessing appropriate, community-based services and to assist in managing psychiatric crises, as needed.

**Therapist Variables:** The contribution of therapists to treatment outcome

*Sam Nordberg - Penn State University, University Park, USA, Jeffrey A. Hayes, Louis G. Castonguay*

The therapist has been identified as accounting for a large amount of the variance in treatment outcome. In this study, the outcome for 250 clients treated by 20 therapists was explored with a focus on identifying whether some therapists consistently produced better outcomes than others. In addition, the study explored whether different therapists were better with particular types of clients. Methods: 250 clients seeking routine outpatient therapy from 20 therapists (10 clients per therapist minimum) at a university training clinic filled out the Treatment Outcome Package (TOP) at the first, seventh and fifteenth sessions. This study used Hierarchical Linear Modeling (HLM) to explore the effects of individual variation, time and the therapist on clients' outcome over 15 sessions in treatment. Results: The analyses have not yet been conducted. Discussion: The analyses have not yet been conducted.

## **Panel**

Integration

### **Moderator**

Louis Castonguay -  
Penn State  
University,  
University Park,  
USA

## **Corrective experiences in psychotherapy: Theoretical models and clinical observations**

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

This is one of two panels on corrective experiences (CE) in psychotherapy. This panel will specifically address how CE are defined and valued within three approaches (psychodynamic, humanistic/experiential, cognitive-interpersonal). Charting the rich tradition of several theories will reveal how CE can be understood from different perspectives. The use of clinical materials will also provide

opportunities to illustrate and further explore points of convergence and divergence between these approaches. Both this and the other CE panel are based on meetings that were held as part of the Penn State University Conferences on the Process of Change. These conferences bring together some of the most well known psychotherapy researchers in the Eastern United States and Canada.

*Facilitating client corrective experiences in Emotion-focused Therapy: A clinical case example  
Lynne Angus - York University, Toronto, Canada, Les Greenberg*

**Aims :**The goal of this presentation is to define and identify key client processes and therapist interventions that contribute to the emergence of corrective experiences (CE) in Emotion-focused therapy (EFT). A working definition of corrective experiences in therapy will be presented first, followed by an overview of key emotion and narrative process markers that contribute to the emergence of a client corrective experience in EFT. **Methods :** Specific client and therapist contributions that facilitate the emergence of CE's in sessions as well as process outcomes or impacts of CE on clients view self and therapeutic engagement, will be demonstrated in the context of a video-taped excerpt drawn from one good outcome EFT therapy dyad. **Results :** It will be argued that therapist responsiveness to client needs and within session processing patterns/markers, in combination with a strong therapeutic alliance, is the essential ground for the facilitation of client emotion and self-narrative change processes in effective EFT treatments and contribute to client corrective experiences in therapy sessions. **Discussion :** The implications of an integrative approach to facilitating key principles of change in EFT will be explored and future psychotherapy process-outcome research directions identified.

*Client corrective experiences in psychodynamic psychotherapy with illustrative video and/or audio examples*

*Stanley Messer - Rutgers University, Piscataway, USA*

This presentation will examine the concept of corrective experience from a psychodynamic perspective. A corrective experience is said to occur when a client comes to understand or experience affectively an event or relationship in a different or unexpected way. This can occur in a dramatic fashion or it can unfold over time. The presentation will examine the proposition that corrective experiences can come about through a variety of therapist stances or interventions including ones that do not necessarily involve the therapist acting in an unexpected way. Video and/or audio tapes will be presented to serve as a stimulus to discussion about factors said to bring about corrective experiences.

*A relational approach to corrective experience*

*Christopher Muran - Beth Israel Psychotherapy Research Program, New York, USA, Jeremy Safran, Catherine Eubanks-Carter*

Therapy provides the opportunity for patients to have a corrective experience through interpersonal engagement with the therapist. Patients and therapists construct a new relational experience, through which patients expand their awareness of split off aspects of the self, as well as the internal experience of the other. Corrective experiences also help patients to develop new beliefs and expectations of self and other, greater empathy and mindfulness, and also to expand their repertoire of interpersonal behaviors. We will discuss ways to facilitate corrective experiences in therapy, including metacommunication and negotiation of alliance ruptures. We will also discuss different methods for measuring these processes.

## Panel

Therapist

## Moderator

Paula Dagnino -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## Psychotherapists in Chile 3: Personal Life and Therapeutic Practice

*Discussants: Thomas Schroder - University of Nottingham, UK and David Orlinsky - University of Chicago, USA*

Most psychotherapy research has focused on therapeutic process and outcome, and on patient characteristics, but has focused less often on therapist characteristics. Even when therapist data are included in studies, typically the therapist's professional characteristics are assessed (e.g., Beutler, Malik, Alimohamed et al., 2004), although some studies (e.g., Rønnestad & Skovholt, 2007) indicate that therapists are significantly influenced by their personal experiences in childhood and adult life. The studies in this panel—the second of three presenting recent research on Chilean psychotherapists—seek to further understanding of this influence. The studies were conducted by a team at the International Doctoral Program in Psychotherapy in Santiago associated with the SPR Collaborative Research Network (SPR/CRN) (Orlinsky & Rønnestad, 2005). A broad range of data was collected using a Chilean version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ). The current sample consists of 148 therapists, mainly psychologists (89%) and psychiatrists (11%), mainly experienced clinicians (M=11 years in practice) having a range of theoretical orientations (49% strongly analytic-psychoanalytic) and including many who have some private practice (78%). Karin Biedermann examines the fit between therapist personality and theoretical orientation by exploring the relation of their self-experience in close personal relationships to the theories that guide their therapeutic practice. Paula Dagnino examines the relation between therapists' childhood family experiences and their style of relating to patients in their current practice. Paola Luzio explores the relation of therapists' childhood family experiences to their difficulties in practice. Marcelo Carcamo examines therapists' current self-care practices as a function of their life-situation and as a contributor to their quality of life and therapeutic work experience. References: Beutler, L. E., Malik, M., Alimohamed, S. et al. (2004). Therapist variables. In M. Lambert, Ed., Bergin and Garfield's Handbook of psychotherapy and behavior change, 5th edition, 227-306. New York: Wiley. Rønnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice*, 32, 181-187.

### Therapists' Relational Style and Theoretical Orientation

*Karin Biedermann - Pontificia Universidad Católica de Chile, Santiago*

**Aims:** Different theoretical approaches to the practice of psychotherapy involve different beliefs, values, and styles of relating for therapists who adhere to them (e.g., Fancher, 1995). It seems plausible to hypothesize that contrasting types of theoretical orientation appeal differentially to therapists with different personality styles, and offer a more 'natural' approach to practice to some than to others. This relation between personal style and theoretical orientation should emerge most clearly after therapists have completed training and had a significant amount of time in clinical practice. Empirical support for these hypotheses can be found in the results of previous studies that compared therapists with psychodynamic and cognitive-behavioral orientation (Hixon, 2003), and examined therapists' orientations and personalities at different career levels (Topolinski & Hertel, 2007). The present study seeks to replicate and extend these findings in a sample of Chilean psychotherapists. **Method:** In separate parts of the Development of Psychotherapists Common Core Questionnaire, therapists were asked to rate the influence of different theoretical frameworks on their current clinical practice, and their style or manner in close personal relationships. In the sample, 100 therapists had been in practice for 5 or more years. **Results:** Data analyses will examine the dimensions underlying therapists' self-experience in close personal relationships and explore their relation to the content and breadth of theoretical orientations. **Discussion:** Implications for understanding the relation of therapists' personal and professional

characteristics will be discussed. References: Fancher, R. T. (1995). Cultures of healing: Correcting the image of American mental health care. New York: W.H. Freeman & Co. Hixon, T.P. (2003). Psychotherapist personality, theoretical orientation, and integration: Personality traits of psychodynamic and cognitive-behavioral clinical psychologists. Dissertation Abstracts international: Section B: The Sciences and Engineering, 64, 1934. Topolinski, S. & Hertel, G. (2007). The role of personality in psychotherapists careers: Relationships between personality traits, therapeutic schools, and job satisfaction. *Psychotherapy Research*, 17, 378 – 390.

Is there a relation between the early family life of psychotherapists and their manner in relating to patients?

*Paula Dagnino - Pontificia Universidad Católica de Chile, Santiago, Paola Luzio*

Aims: The psychotherapist's ability to work helpfully with patients presupposes the creation and maintenance of a relationship that is both the context in which the work of therapy takes place and an important healing influence in its own right (Orlinsky, Rønnestad & Willutzki, 2004). While participants in therapy interact in their designated roles as patient or therapist, they also relate to one another as persons, in ways that inevitably are influenced by their early experiences. This study examines reports by Chilean therapists about their early family life (how well they were cared for and supported, whether they experienced significant trauma or abuse, how well or poorly their family functioned), and explores how this may be reflected in the relational style and agentic manner that therapists describe in their relations with patients in therapy. Method: In separate parts of the Development of Psychotherapists Common Core Questionnaire, therapists were asked about their childhood family experiences and about their style of relating with patients. Data from 148 therapists surveyed by a research team in Santiago, in association with the SPR/CRN, were available for analysis. Results: Factor analyses of therapists relational style and agentic manner will be conducted (as in Orlinsky & Rønnestad, 2005), and the resulting dimensions will be correlated with aspects of childhood family life, with due attention to the moderating effects of personal therapy and current life satisfaction. Discussion: Implications for understanding the relation of therapists' personal characteristics will be discussed. References: Orlinsky, D.E., Rønnestad, M.H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. Lambert, Ed., Bergin and Garfield's Handbook of psychotherapy and behavior change, 5th edition, 307-389. New York: Wiley. Orlinsky, D. E., & Rønnestad, M. H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. Washington, DC: APA.

Is there a relation between the early family life of therapists and their experience of difficulties in practice?

*Paula Luzio - Pontificia Universidad Católica de Chile, Santiago, Paula Dagnino*

Aim: The challenges in therapeutic work that patients present are often but not always well met by the various skills that therapists can bring to their task. When those skills fail, or when therapists are unsure how to use them, minor or major difficulties in practice are experienced. This study explores the relation between therapist's early family life and the difficulties in practice. It is important to know if early family life has an influence in the future therapeutic practice, and if there are moderators in this relation that can modify it, for example personal therapy, close personal relationships, and current life satisfaction. Method: In separate parts of the Development of Psychotherapists Common Core Questionnaire, therapists were asked about their childhood family experiences and about their difficulties in practice. Data from 148 therapists surveyed by a research team in Santiago, in association with the SPR/CRN, were available for use in factorial and correlational analyses. Results: Initial results of therapist difficulties show the presence two dimensions, one reflecting problems attributed to patients and a

second reflecting limitations that therapists attribute to themselves. Further analyses are in process. Discussion: Results for Chile will be compared to therapist samples in other countries.

What self-care activities do therapist engage in and do they affect their work with patients?

*Marcelo Cárcamo - Pontificia Universidad Católica de Chile, Santiago, Gloria Peláez*

Aim: This study examines the varied self-care activities that Chilean psychotherapists carry out in personal life, and explores the relation of these to the coping strategies that therapists engage in when encountering difficulties in therapeutic work. Method: A new set of 10 questions on self-care activities was added to the Chilean version of the Development of Psychotherapists Common Core Questionnaire which was completed by 148 therapists, who also responded to a set of 21 items surveying the coping strategies they employed to deal with difficulties in practice. Separate factor analyses will be conducted on the two sets of items to determine the underlying dimensions, followed by use of Structural Equations Modeling to discover the relations between them. Results: Preliminary findings indicate that engaging in social activities with friends and family is the most common form of self-care described by therapists, but that this represents only one of four self-care dimensions, along with more solitary pursuits (walking, reading, manual activity), personal disciplines (practicing yoga, meditation, or an artistic skill), and physical activities (sports, gym). Further analyses are in process. Discussion: Implications for understanding the relation of therapists' personal and professional activities will be discussed.

## **Panel**

Self

### **Moderator**

Maria Teresa del Rio - Universidad Alberto Hurtado, Santiago, Chile

## **First person in research: Theoretical and practical implications**

*Discussant: Carlos Cornejo - Universidad Católica, Santiago, Chile*

The panel intends to discuss methodological decisions made in psychotherapy research and its theoretical relevance related to the phenomenon under study. The four presentations address the aim of apprehending people's experiences from a phenomenological perspective which some authors (Varela, 2000) refer to as an epistemological first person position. The first presentation refers to a study that uses a qualitative methodology with semiotic analysis to approach the spontaneous narratives about traumatic experience in children. Taking the study exposed, the second work analyses possible implications to first person research from a semiotic and dialogical perspective, and discusses the relevance of methodological decisions since the frame of reference undertaken is strictly related to the phenomena produced. The third presentation discusses first versus third person in emotional communication, from physiological and neurocognitive explanation levels, understanding emotional communication is a shared and situated experience. The fourth presentation discusses the notion of first person from Varela's and Husserl's perspective and the contributions of this methodology to psychotherapy research field. Finally the discussant will integrate the conceptual and empirical considerations presented in the panel and its contribution to knowledge development in psychology and psychotherapy.

Reconstruction of memories of child abuse narratives in children: A semiotic analysis of emotional and semantic markers

*Marie Elisa Molina - Universidad del Desarrollo, Santiago, Chile, Maria Tera del Rio*

The study intends to address memory processing of sexual abused children (SAC), as a cognitive experience that is made up by emotional and conceptual issues. The aim is to explore criteria that can guide the validity of self reports. General hypothesis points at the emotional aspect of experiences as the more stable component in time whereas conceptual aspects are the changeable component. The changing quality of the last component is likely to be apprehended at a micro level. First, a qualitative

methodology will be used to analyze SAC reports of spontaneous narratives using semiotic analysis. From this procedure, emotional markers, focused meanings, semiotic mechanisms and meanings trajectories will be detected. All these point at temporal sequences of reports elaboration. Secondly, a quantitative methodology will be employed for stimulus recognition in order to register responses patterns and empathy conditions, comparing groups of abused and non-abused children. The expected outcome of qualitative study are emotional markers and semantic meanings associated to abuse experience and the description of meaning making trajectories that display variability in the recalling experience in time. The quantitative study intends to reveal differences between groups in the way they recognize semiotic markers, expecting that abused children present different responses patterns. These findings are expected to validate SAC reports through emotional foundations and to express that they necessarily vary in their progression. This will be a valuable contribution to the diagnostic field of child sexual abuse in Chile.

Semiotics and dialogicality as a means to achieve first person research

*Maria Teresa del Rio - Universidad Alberto Hurtado, Santiago, Chile, Maria Elisa Molina*

We intend to discuss possible approaches to first person research from a semiotic and dialogical perspective. It is assumed that we can apprehend people's experiences through the narrative production when they spontaneously communicate about them by means of a methodology which frame of reference is strictly related to the phenomena produced. What is intended to enforced is a reference frame towards intra individual or intra-systemic organization of experience because it focuses on specific ways on which complexity of intra-systemic kind is organized (Valsiner, 2000). The proposed methodology is intended to follow the unique variability of expression of each person both emotionally and semantically. Using semiotic markers and a micro genetic analysis we try to find different outcomes that are linked to psychological phenomenon that we are intending to apprehend. We want to retain the description of phenomena without losing sight of its holistic expression.

First person versus third person in the emotional communication: An approach from the physiological empathy to co-phenomenology.

*Francisco Ceric - Universidad del Desarrollo, Santiago, Chile*

Empathy processes are the most basic experiences in emotional communication implying feeling the other in order to understand him-herself. At the bodily level, it implies a process of changes shared by two individuals in a communicative context. Taking an example from the emotional models, when a person emotionally expresses him-herself, he or she has a certain physiological change that is integrated at the social experience only if the other also shares this state. Previous evidence shows diverse physiological and neurobiological evidence of specific brain zones that recognize these states, and that activation happens in the same way when two people share an emotional experience. These evidences allow proposing from different explanation levels, including physiological and neurocognitive, that a process of emotional communication is a shared experience in a situated context.

What does it mean to study the 1st. person experience?

*Ricardo Pulido - Universidad Alberto Hurtado, Santiago, Chile*

In the last years, first person methodologies have been transformed into a valid and significant alternative, different from the classic quantitative and qualitative methodologies, to study the human subjectivity. At present, first person studies belong to the field of qualitative methodologies, because the data used for analysis are, in fact, the discourse produced by the protagonist of the study or 1st person accounts. Nevertheless, instead of, for instance, the semiotic approach – founded on the notion that an

expert is able to explain, analyzing the spontaneous discourse of the subject, the underlying phenomenological experience of the individual – the first person studies are based on the premise that the subject can give a direct account of its subjectivity process, although this process, far from being spontaneous and automatic, requires a phenomenological and descriptive training that allows the individual to become an expert in the observation of its experience and more able to describe them accurately. In such sense, first person methodology is inseparable from a phenomenological approach, because it requires that the subject constructs a narrative of its experience doing previously a phenomenological reduction to explore it.

## **Panel**

Assessment

### **Moderator**

Ann Doucette -  
The George  
Washington  
University, USA

## **Issues in Assessing and Measuring Psychotherapy Processes**

The relevance of psychotherapy is often profiled in terms of assessment indicating the need for therapeutic intervention, and in profiling favorable client change as a result of treatment. While there is now general agreement that psychotherapy yields favorable outcomes for those seeking treatment for emotional and psychological distress there is also much debate on how to build an adequate evidence base on which to investigate what works for whom, under what conditions, and why. In a world where health and behavioral healthcare costs are rising exponentially and insurance coverage is declining, measuring treatment outcomes has quickly become a tool believed to increase the effectiveness of care, as well as a method to contain cost. Although we applaud the use of sophisticated analytic models that allow us to parcel out the variance attributed to client and therapist characteristics and the contribution of specific treatment approaches; we rarely question the soundness of the measures used to support the decisions made about how psychotherapy works, how clients change, and how effective psychotherapy is in terms of client outcome. Instead, we assume measurement precision as opposed to scrutinizing the quality of the measurement we relied on to support the theories that are developed, and the decisions that are made about psychotherapy. This panel presents three papers on measurement of psychotherapy processes, addressing psychometric issues such as invariance of the measurement model and dimensionality, as well as presents psychotherapy measurement applications.

### **Testing the Assumption of Measured Change Resulting from Treatment**

*Ann Doucette - The George Washington University, Washington, DC, USA*

Item Response Theory models increase our measurement precision, providing a richer context on which to develop theories of how psychotherapy works, and an ability to more precisely investigate the change experienced by clients as a result of psychotherapy. While measurement is only one step in advancing psychotherapy research, it is nevertheless, the foundation. To ignore the implications of measurement is tantamount to conceptualizing psychotherapy research as a house of cards, subject to the vagaries of measurement artifacts. This paper examines the measurement properties of the University of Rhode Island Change Assessment Scale (URICA). The URICA assesses readiness to change, characterized by four purported discrete stages (built on Prochaska & DiClemente transtheoretical model) ranging from resistance and ambivalence about treatment (precontemplation and contemplation) to behavioral changes and strategies to maintain treatment goals (action and maintenance). The URICA assumes that continuous and that individuals move back and forth across the four stages. The Rasch and two-parameter IRT models will be used to examine the measurement properties of the URICA, using sample data from Project Match, a multi-site clinical trial examining patient/client-treatment interactions. Baseline and three-month follow-up data are included in the psychometric analyses of the assumed to be continuous four-stage URICA format. The dimensionality of the URICA and its precision as a total scale score in assessing “readiness to change” will be examined using both conventional factor analysis and bi-factor models. Lastly the measurement model invariance between baseline and follow-up will be

scrutinized. Results indicate that some URICA measurement model assumptions do not hold.  
**Multidimensional Item Response Modeling of Psychotherapy Outcome**  
*Abe Wolf - MetroHealth Medical Center/Case Western Reserve University, Cleveland, USA*

A requirement of psychometric instruments is that all items in a test measure the same construct. This is the assumption of unidimensionality. If a test is unidimensional, then the sum of the items for a respondent reflects their standing on the relevant construct. If the instrument measures multiple dimensions, then subscales should be calculated and individuals compared on the basis of subscale profiles. Unidimensionality is one of the main assumptions of item response theory and item parameter estimates are dependent on all items meeting this assumption. Nevertheless, analysis of the dimensionality of many psychometric instruments that assess symptom severity and social functioning do not consistently meet the assumption of unidimensionality. Recent developments in item response theory have focused on the articulating multidimensional models that allow for a respondent's score to be represented in related yet distinct dimensions and that provide greater precision in estimates of respondent scores on multiple dimensions. This paper describes those multidimensional item response models and illustrates their application using instruments that assess psychotherapy outcome.

**Couple's Conflict Dimensions, Marital Satisfaction and Gridlock resolution: Relating Standard Measures to Clinical Practice in Chilean Couples**  
*Ximena Pereira - Dept. Psychology, Universidad del Desarrollo, Santiago, Chile, Luis Tapia, Ivan Armijo, Gianella Poulsen, Patricia Sotomayor*

The results of several studies devoted to the adaptation, standardization and validation of Satisfaction with Couples, applied to different types of couples and its relation with Couple's Conflict Dimensions in different Chilean couples are presented. The Couple's Satisfaction Scales adapted for Chilean Spanish were Dyadic Adjustment Scale (DAS; Spanier, 1976), Marital Adjustment Scale (Locke, Wallace, 1959), Marital Satisfaction Scale (Roach AJ; Frazier LP; Bowden SR. Tzeng, Oliver CS, 1993. All of them showed appropriate psychometric properties and reliable cutoff points for detecting potential at-risk couples. In the other hand, A Couple's Conflict Scale was designed for application in clinical contexts, consisting in a brief 31-item test that allows to detect levels of possible conflict in 5 areas: Power/submission, Passionate Love, Emotional Intimacy, Caring/attachment and Self Differentiation. The relations between this measures, and their differential behavior in marriages, cohabitant partners and recently separated persons had consistent results and revealed some correlation patterns, that can be used in clinical context for intervention support and guidance. Also, the effects of cultural aspects in the answering pattern of couples and the behavior of these scales in couples with different gridlock-resolution strategies are discussed.

## **Panel**

Crisis

### **Moderator**

Orietta Echávarri -  
Universidad  
Católica, Santiago,  
Chile

## **Suicide Risk in Psychotherapy**

*Discussant: Robinder Bedi - Department of Psychology, Western Washington University, Bellingham, WA, USA*

Working with patients in a therapeutic context implies that they could tell us, sometimes in very dramatic ways, that they don't want to live or would rather be dead. To differing degrees, death and suicidal ideas pervade the minds of some of our patients. As psychotherapists, we often feel impotent facing the hopelessness, tiredness and lack of motivation for living, that our patients express. Although this feeling of impotence emerges during the interaction with the patient, it does have scientific support in that the current known risk factors are insufficient to make an adequate estimate of the risk or to determine the imminence of suicidal behavior. This evidence is supported by worldwide increasing

suicidal rates. Such a reality should not surprise us if we consider suicide as an extraordinarily complex behavior, where multiple factors are involved. That is why, in this panel we are going to share three different studies on the topic. Michael Frei, from Switzerland, will be presenting "Building Trust in First Encounters with patients after Attempted Suicide". Andrea Jaramillo, from Chile, presents "Suicide in Psychotherapy: A proposal of therapists' model for working through this experience". Orietta Echavarrí, from Chile, presents "In a group of patients at risk, how can we estimate who has the greater risk of suicide". Finally, Robinder Bedi, from the United States, will discuss these presentations.

### Building Trust in First Encounters with Patients after Attempted Suicide

*Michael Frei - University Zürich, Zurich., Switzerland, Brigitte Boothe, Konrad Michel*

**Aim:** The main risk factor for suicide is attempted suicide. It boosts the risk of further attempts and heightens the risk of subsequent suicide considerably. We know that from the first encounter on, the quality of the therapeutic alliance plays an important role in the patient's motivation to continue the therapeutic relationship, and secondly the rate of suicide attempters willing to attend even a simple aftercare appointment to be alarmingly low; which implies the urgency to offer these patients a helping relationship from the beginning, since we might only get this one chance to reach the patient. The aim of studying the clinician's interaction style, ultimately leading to 'good' or 'bad' encounters, is to diagnose profitable ways of interacting with these patients. **Methods:** Out of 40 videotaped narrative interviews (first encounter) with patients after attempted suicide, some of the 'best' and 'worst' encounters were thoroughly transliterated following GAT (Selting et al. 1998) and subsequently analysed by means of conversational (e.g. Deppermann 2001) and interactional (e.g. Streeck 2006) analysis. Patient's evaluation with the Penn Helping Alliance Questionnaire (Alexander & Luborsky 1990) serves as independent quality criterion dividing between 'good' and 'bad' encounters. Results are obtained on three interdependent levels, each clearly dividing 'good' from 'bad' encounters: (a) the basic structure of the conversation, (b) the style of interacting and (c) the level of enacting dyadic constellations. **Discussion:** 'Good' and 'bad' encounters are remarkably distinguishable inter se, especially considering the therapist's interacting style. While certain interactive behaviours clearly are beneficiary, others aren't.

### Suicide in psychotherapy: A proposal of therapists' model for working through this experience

*Andrea Jaramillo - Pontificia Universidad Católica de Chile, Santiago, Paola Luzio*

A significant percentage of patients commit suicide during psychotherapy and therapists must face this situation. However, little is known about what happens to the therapists who live through this kind of experience. The objective of this paper is to present a comprehensive model of the process through which therapists facing this situation pass, based on a qualitative investigation carried out in Santiago de Chile. Fourteen psychotherapists who experience a patient's suicide were deeply interviewed. Starting with this study, a proposal model for working through the suicidal experience in a patient is presented at two differentiated levels: the first in which the therapist prepares a summary circumscribed to the professional life, and the second that implies an integration of both the professional as well as the personal.

### In a group of patients at risk, how can we estimate who has the greater risk of suicide?

*Orietta Echavarrí - Depto. de Psiquiatría, Pontificia Universidad Católica de Chile, Santiago, Susana Morales, Jorge Barros, M.Paz Maino, Patricio Cumsille*

The aim of this study was to contribute to a more efficient prediction of the imminent risk of suicidal behavior. We propose a logistic regression model of the probability of attempting suicide in a sample of acute psychiatric inpatients (n=151), comparing those who recently attempted to commit suicide with those who did not. Predictor variables included in the model were: a) the psychiatric and personality

diagnosis (using DSM-IV-R, axis I and axis II), b) the history of suicidal and parasuicidal behaviours and c) the reasons for living. Results: The model explained 93.2% of the variance, according to the Nagelkerke R-squared index. Results highlighted the presence of specific character traits, the importance of certain items of the scale of “reasons for living”, and the presence of specific personality disorders, as variables considered within the logistic regression model. Significantly, the psychiatric diagnosis and the history of parasuicidal behaviours were not considered relevant in the model. We discuss the importance to validate these findings in a larger sample.

### Understanding and Assessing Suicide Risk

*Lisa Firestone - The Glendon Association, Santa Barbara, CA, USA*

A conceptual model for understanding self-destructive behavior and suicide will be presented. There are three premises underlying this approach to suicide and self-destructive behavior. The first premise states that a division exists within each individual between the self system, which is life-affirming and goal-directed, and the anti-self system, which is self-critical, self-hating, and ultimately, suicidal. The second premise states that self-destructive thoughts exist on a continuum from mildly self-critical to suicidal. The third premise states that there is a corresponding continuum of self-destructive behaviors that are strongly influenced or controlled by these destructive thoughts or “voices.” A discussion of current research will provide additional understanding of early childhood experiences that contribute to suicide. The presenter will introduce research findings on two assessment instruments: (a) The Firestone Assessment of Self-Destructive Thoughts (FAST), which asks the client to endorse how frequently he or she is experiencing self-critical thoughts; and the Firestone Assessment of Suicide Intent (FASI), which is a brief suicide screener. The assessment of negative thoughts provided by the FAST yields significant information. Utilizing this information, the clinician can form an appropriate treatment plan focusing on reducing the level or degree of self-destructive behavior. The goal is to help clients identify self-destructive thought patterns, release the accompanying affect, understand the origins, and resist acting on these directives.

### Panel

Emotion

### Moderator

Robert Elliott -  
University of  
Strathclyde,  
Glasgow, UK

### Advances in Process-Experiential/ Emotion-Focused Therapy: New Populations and Measures

*Discussant: Laura Moncada - Universidad de Chile, Santiago*

Humanistic-Person-Centred-Experiential therapies continue to develop as they are applied to new client populations and new research instruments are developed to help differentiate the different kinds of client process. This panel gathers three presentations from different research teams, extending the range of the approach to self-soothing processes (Pascual-Leone), eating disorders (Wnuk) and social anxiety (Elliott). Pascual-Leone’s Complexity of Emotional Regulation (CERS) vignette-based observer rating measure reveals the existence of two general kinds of self-soothing and provides a basis for evaluating these in therapy clients. The process of self-soothing is key in therapy with clients with eating disorders and social anxiety and is illustrated in the pilot studies reported here by Wnuk and Elliott. Wnuk will report the results of a 16-week Emotion-focused group therapy for women with eating disorders, while Elliott presents outcome data for the first cohort of clients seen in individual Person-Centred/Experiential therapy for social anxiety. These presentations will illustrate how therapy development and the creation and testing of new research instruments support each other.

### Self-soothing: Distinguishing between Experiential and Behavioral Strategies

*Antonio Pascual-Leone - University of Windsor, Windsor, Ontario, Canada, Nicole Gillespie, Emily Orr*

Aim: “Self-soothing” is discussed as an important part of both experiential and behavioral treatments.

However, the manners in which these treatments facilitate soothing are different and this points at a theoretical distinction that has not yet been clearly made in the literature. This paper elaborates a theoretical distinction in types of self-soothing by established psychometric properties for a newly developed measure of emotion regulation: the Complexity of Emotional Regulation Scale (CERS). This measure is a rationally-empirically derived observer rating system for classifying types of emotion regulation strategies. Methods: Participants were 160 healthy individuals and 40 who presented with clinical problems at a university counseling centre. Participants' responses to emotionally evocative vignettes were rated on the CERS. Comparisons were then conducted between non-clinical and clinical samples to determine the relationship of the CERS to a standard set of self-report symptom measures. Results: Scores on the CERS had good inter-rater reliability and were inversely related to measures of distress and symptoms. The two sub-samples provided responses that reflected the differential use of distinct self-soothing strategies, and this was evident in CERS sub-scales. Thus, findings supported the construct validity of this measure. Discussion: These findings support the notion that there are two broad kinds of self-soothing: (1) Generic behavioral self-soothing in which global feelings of distress are attenuated but remain unexplored, and (2) specific experiential self-soothing, in which painful emotion is alleviated through the exploration of idiosyncratic meanings and unmet needs. These are believed to be facilitated differently in different treatment approaches.

#### A preliminary outcome study of Emotion Focused Group Therapy for Women with Eating Disorders

*Susan Wnuk - York University, Toronto, Canada, Les Greenberg, Joanne Dolhanty*

Individuals with eating disorders have been found to have pervasive difficulties with emotion regulation, and their symptoms often serve as a means of coping with distressing emotions. Traditional treatments for eating disorders, while efficacious for many individuals, do not directly address the emotional underpinnings of symptoms. Eating disorders treatment is also marked by a high relapse rate. Emotion Focused Therapy (EFT) was developed specifically to help clients gain mastery of their emotional reactions through in-session experiential awareness, acceptance, and transformation of their feeling states. EFT has been found to be an effective treatment for depression and relationship problems but has not yet been researched with eating disorders. Preliminary outcome data of an EFT group for women with Bulimia Nervosa and Binge Eating Disorder will be presented. The group was conducted at the Eating Disorders Clinic of The Credit Valley Hospital in Mississauga, Ontario, a suburb of Toronto. Group activities primarily consisted of experiential EFT techniques, particularly chair work experiments with each of the members, alternating with group discussion. Subjects were 14 women, divided into two separate therapy groups of 7 members each. The groups consisted of 16 weekly, two hour long sessions. The data includes pre-post results on measures of eating disorder symptoms, depression, self-esteem, emotion regulation and alexithymia. In addition, session data on symptom and emotion regulation self-efficacy was collected and will be presented.

#### Person-Centred/Experiential Approaches to Social Anxiety: Initial Outcome Results

*Robert Elliott - University of Strathclyde, Glasgow, UK, Brian Rodgers*

Aims: Good evidence exists for the effectiveness of person-centred/experiential (PCE) therapies with clients experiencing depression and post-trauma difficulties; however, evidence for its effectiveness with anxiety problems is much more sparse. Social anxiety (or social phobia) is a chronic, debilitating condition with wide-ranging effects of a person's interpersonal, occupational and psychological functioning. Almost all previous research on social anxiety has been carried out on CBT and psychopharmacological interventions. The purpose of this presentation is to present pilot study quantitative results on the outcome of Person-Centred/Experiential (PCE) therapy for clients with social

anxiety. Method. Using a naturalistic pre-post design (open clinical trial), we assessed client functioning quantitatively on the Social Phobia Inventory (SPIN), CORE-Outcome Measure, Inventory of Interpersonal Problems, and Personal Questionnaire, among others. Clients were recruited from various local sources. Results: Pre-post data from our first ten clients will be presented, including pre-post significance tests, effect size, and reliable change and clinical significance calculations. Overall, clients showed substantial pre-post gains. Discussion: Limitations of this pilot study include the small sample size, client self-selection bias, reactivity of study instruments, and possible researcher allegiance effects. Nevertheless, to our knowledge, this is the first study of the application of an bona fide PCE therapy with social anxiety, and should provide a basis for larger and more controlled studies. Our results are promising and begin to provide justification for using PCE therapies for social anxiety.

## **Panel**

Attachment

### **Moderator**

Chamarrita Farkas  
- Pontificia  
Universidad  
Catolica de Chile,  
Santiago

## **Preventive Interventions in Attachment**

Many studies in early attachment intervention have promoted a secure bonding between care givers and infant because of its positive influence in socio-emotional babies' development and its preventive role in the emergence of later problematic behaviors. Due to the wide variety of secure attachment promoting programs it is necessary to evaluate their effectiveness to weight the validity of the results. There are few researches conducted in non clinical samples. As well, the results showing best effects on the effectiveness of secure attachment interventions in clinical population but more difficulties appear in demonstrate the effectiveness of promotional intervention programs in non clinical population. The aim of this panel is to present four researches in promoting secure attachment conducted in Chile, with high social risk families. After the individual presentations, a discussion with their similarities, differences and projections will be done.

### **Program of Secure Attachment Promotion in Child Care Center Contexts and its Effects in Mother-Infant Bonds**

*Maria Pia Santelices - Pontificia Universidad Católica de Chile, Santiago, Marcela Aracena, Marcia Olhaberry, Chamarrita Farkas*

This presentation consider a review of the characteristics of an attachment promoting program conducted with educators in child care centers in a sample of families in high social risk and their effects in mother-infant bonds, in comparison with children that no participate in the program. The evaluated aspects refer to the effects of the intervention on the characteristics of the bond, considering the aspects evaluated through the Care-Index instrument, in different moments on time (sensitivity, lack of response and control pattern for the infant, and cooperativeness, compulsive willingness, passiveness and difficulties, for the adult). The results are discussed as well as future implications for new researches.

### **Program of Secure Attachment Promotion in First Pregnant Women and Its Effects in Infant Attachment**

*Chamarrita Farkas - Pontificia Universidad Católica de Chile, Santiago, Maria Pia Santelices, Marcela Aracena*

This presentation consider a review of the characteristics of an attachment promoting program conducted with first pregnant women in health centers in a sample of families in high social risk and their effects in infant attachment, in comparison with families that no participate in the program. The evaluated aspects presented in this paper refer to the effects of the intervention on children attachment pattern, considering the aspects evaluated through the Strange Situation instrument, at twelve months old. Also is presented the modifications on the dyad styles. The results are discussed as well as future

implications for new researches in non clinical samples.

### The Bond Quality in Non Familiar Care Givers as a Protector Factor of Infant Bonds

*Viviana Hernandez - Pontificia Universidad Catolica de Chile, Santiago, Chamarrita Farkas*

The researches show the importance of the educational care givers in the configuration and quality of a healthy bond in the child, and also its influence in his or her social development and latter adaptation to formal education. In this context, this paper reviews the role of the multiple care givers in infant attachment development, specifically, the bond quality of non familiar care givers from child care centers, and its role as a protector factor of infant bonds. The implications of this study on the role of the educational care givers of our country in the children care and development are discussed.

### Attachment Training Effects in Educator-Infant Bond

*Magdalena Muñoz - Pontificia Universidad Catolica de Chile, Santiago, Maria Pia Santelices*

This paper consider a review of the characteristics of an attachment promoting program conducted with educators in child care centers in a sample of families in high social risk and their effects in educator-infant bonds, in comparison with children that no participate in the program. The evaluated aspects refer to the effects of the intervention on the characteristics of the bond, considering the aspects evaluated through the Care-Index instrument, in different moments on time. The results are discussed considering the influence of the intervention on different aspects from infants and educators, as well as future implications for new researches and interventions.

## Panel

Therapist

### Moderator

Héctor Fernández-  
Alvarez -  
Fundación AIGLE,  
Buenos Aires,  
Argentina

## The Personal Style of the Therapist

*Discussant: Bruce Wampold - University Wisconsin, Madison , USA*

The Panel will be formed by 3 different presentations. We will show both the development of the concept during the last ten years and its future directions. Our research program started based on the idea that the therapist is a component that affects in a meaningful way the course and outcome of psychotherapy. Up to the present moment our interest has been directed to the stylistic qualities of the therapist, that is, his/her attitudes, dispositions and actions that regulate and adapt the procedures. Two of the presentations included in the Panel: Developing the Therapist's Personal Style and Psychometric Properties of the Portuguese Version of the Personal Style of the Therapist Questionnaire (PST-Q), respond to this interest. The third one: New Developments of the PST is directed to present our next goals in this project: giving shape to a more definite map of the concept by investigating how the PST is related to certain clinical conditions (severity of the disorder, available resources, developmental stage of the patient and socio-cultural patterns) in the different therapeutic settings.

### Psychometric Properties of the Portuguese Version of the Personal Style of the Therapist Questionnaire (PST-Q)

*Helena Carvalho - Universidade do Porto, Portugal, Paula Mena Matos*

The person of the psychotherapist is a critical factor in the success of the therapy (Luborsky, 1985; Wampold, 2001), nevertheless the professional and personal characteristics and contributions of the psychotherapist have been neglected factors in psychotherapy research (Wampold 2001; Orlinsky & Ronnestad, 2005). The Personal Style of the Therapist (PST) refers to a multidimensional construct of the way therapists imprint their own individual mark in the therapeutic process. The PST refers to the set of characteristics that each therapist applies in every psychotherapeutic situation, shaping its basic attributes. It is made of the peculiar conditions that led the therapist to behave in a particular way in the course of his professional work (Fernández-Álvarez & Garcia, 1998; Fernández-Álvarez, Garcia & Sherb,

1998). The central aim of this communication is to present the psychometric properties of the Portuguese version of the PST-Questionnaire, based on a sample of 384 Portuguese psychotherapists, from both genders and different theoretical orientations. Confirmatory and exploratory factor analyses were conducted and results will be compared with former studies undertaken with the PST-Q Spanish original version (Fernández-Álvarez, García, Lo Bianco & Corbella-Santomá, 2003) and the brief version (Castañeiras, Ledesma, García & Fernández-Álvarez, 2008). Results show both differences and similarities in the PST-Q factor composition, that evidenced a four-factor solution, aggregating the attentional and operative functions in one factor. Reliability coefficients are adequate. The results of the study will be discussed from the point of view of the implications for the construct validation development of the PST.

### Developing the Therapist's Personal Style

*Sergi Corbella - Universitat Ramon Llull, Barcelona, Spain, Luis Botella, Luis Ángel Saúl, Fernando García, Héctor Fernández-Álvarez*

The characteristics of the therapist's style of communication progressively structure their personal profile of performing in therapy, including their way of relating to patients. The Personal Style of the Therapist (PST) has been defined as the set of particular conditions that lead a therapist to develop his/her task in a certain manner (Fernández-Álvarez, 1998). The set of these characteristics constitutes the personal style of the psychotherapist (Fernández-Álvarez, 1998; Fernández-Álvarez, García, & Scherb, 1998; Corbella, & Fernández-Álvarez, 2006; Corbella, & Botella, 2004). In 2006, the multicentre research project called "Developing the Personal Style of the Therapist" started with the aim of studying the evolution of the Personal Style of the Therapist during a Psychotherapy training period (Master's degree in Psychotherapy), as well as analyzing the relationships between the PST and other variables of the therapist. In this paper, the last results of the study carried out within the "Developing PST" project, which analyzes the relationships between the different functions of the Personal Style of the Therapist, Personality and the therapist's attachment style, are presented. The sample was made up by Psychology graduate students, doing a Master's degree course in Psychotherapy at Ramon Llull University (Barcelona), University of Belgrano (Buenos Aires), Aigle Foundation (Buenos Aires), UNED (Madrid), and University of Salamanca (Salamanca).

### New Developments on the Personal Style of the Therapist

*Fernando García - Fundación AIGLE, Buenos Aires, Argentina, Claudia Castañeiras, Beatriz Gómez, Héctor Fernández-Álvarez*

Knowing how the therapist affects the course and effects of psychotherapy is currently one of the great challenges we have ahead. A good evidence of this fact is that although this has been a neglected variable in our field for a long time, it has received strong attention during the last years. Some of this evidence have been the important works of Orlinsky (2004) and Beutler (2004). It has also called to the creation within SPR of a Collaborative Research Network Study, led by Orlinsky and more recently a task force led by Castonguay and Beutler (2006) that carried out a project directed to identify the therapeutic principles of change that work, in which a central role was devoted to research on participants, and the therapist in particular. Our research program is directed to the variables of the personal style of the therapist (Fernández-Álvarez, 1998). Up to now the program was centered in the study of the properties of the construct and the instrument that evaluates it (PTS-Q). On the other hand, it has also dealt with the relationship between the personal style and psychotherapy (Castañeiras, Ledesma, García & Fernández-Álvarez, 2008)The future directions will be oriented to reexamine the evaluative function, to explore the functions derived from the patients' nature and the formats and to the composition of a

broad style map. Another direction points to the different perspectives from which the personal style can be evaluated: the therapist's self-observation, the therapist as seen by other therapists and the therapist as seen by their patients.

## **Panel**

Practice

### **Moderator**

Eva Fragkiadaki -  
Private Practice  
(City University,  
London),  
Heraklion, Greece

## **Qualitative methods in psychotherapy research: use of results in clinical practice, researchers' reflections and future directions**

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

Research in psychotherapy is no longer dominated by positivist and postpositivist paradigms; more researchers adopt a variety of qualitative methods in order to explore the complexities of psychotherapy phenomena. The focus has turned to participants' inner experiences and reflections. In-depth accounts are analysed in systematic ways revealing interesting and valuable results. Moreover, qualitative researchers who are also clinicians report a number of experiences and conclusions or changes from their experience of conducting qualitative research. Four papers will be presented in this panel, exploring in various ways issues concerning psychotherapy process, reflections on change and therapeutic outcome. Carolina Altimir will discuss her study where she combined qualitative and quantitative methodologies to investigate psychotherapeutic change process from various perspectives. Per-Einar Binder will present an in-depth phenomenological study on positive outcome based on psychotherapy patients' experiences. Focusing on the therapist rather than the client, Christian Moltu's research investigates how therapists experience and handle therapeutic impasses using a modified grounded theory methodology. Eva Fragkiadaki's study also focuses on therapists, investigating their experience of termination of therapy generating a consistent grounded theory model. Discussions will focus on strengths and limitations of the studies, developments within psychotherapy research, the value of subjective evaluations as well as researchers' reflections.

Clients', therapists' and observers' evaluation of psychotherapeutic change process: The contribution of mixed methods and multiple perspectives to process research

*Carolina Altimir - Pontificia Universidad Católica de Chile, Santiago, Carola Pérez*

Aims: Process outcome research raises attention on the complex nature of change and its heterogeneous manifestations. This study combines qualitative and quantitative methods, as well as clients', therapists' and observers' perspectives, in an attempt to access a more comprehensive understanding of the change process. It intends to know how these three perspectives evaluate the therapeutic change process, their level of agreement and its relation to outcome. Methods: 13 researchers observed 9 short-term therapies, identifying change moments through a qualitative approach. 27 clients and 9 therapists were interviewed at 2 months follow-up, after which a qualitative content analysis was carried out. Outcome was measured by the Outcome Questionnaire (OQ-45.2). Changes reported by the three actors were categorized according to their content and evolution (through a hierarchy of generic Change Indicators), amount and temporal location, and analyzed in relation to level of convergence and outcome. Results: There was low agreement between clients and therapists on temporal location of changes, while clients discriminated between successful and unsuccessful therapies through the amount of changes reported. All three perspectives agreed that the manifestation of new behaviors and emotions and the transformation of valorizations and emotions in relation to self or others were the most present contents of change along the 9 therapies. Agreement on the level of evolution of changes reported related to outcome when comparing patients with therapists. Discussion: This highlights the value of client's subjective evaluation as a reliable source of information about change. A reflection will be made on the advantages and limitations of this multi-method, multi-perspective approach to the complex nature of the therapeutic process.

## Being stuck together – highly trained and experienced therapists' inner work during difficult therapeutic impasses

*Christian Moltu - Psychiatric Clinic, Helse Førde, Norway, Per-Einar Binder*

**Background:** The main focus of this study is to explore emotional experiences, thoughts and fantasies that therapists face during therapeutic impasse. An aim is also to formulate the implicit and practical knowledge that these therapists use when they succeed in constructively moving forward from a stalemate. The study examines commonalities in the experience and practical handling of therapeutic impasses between highly trained and experienced therapists from different therapeutic traditions.

**Method:** Semi-structured interviews with twelve therapists focusing on a specific therapeutic relationship that moved from a condition experienced as an "impasse" into constructive development. Informants were recruited from different psychotherapy institutes through strategic sampling, using clinical eminence, activity and dedication as criteria. A modified grounded theory approach drawing on elements from phenomenology (Giorgi) was used in the analysis of the interview material, technically carried out with the assistance of Nvivo8 software. **Results:** Informants from different therapeutic traditions describe similar experiences when interviewed in a non-theoretical language. The therapists' inner work of 1) handling difficult emotions, 2) reflection-in-relation and 3) sustaining hope, created 4) a space for inner subjective presence for the therapists during impasse. Informants experienced that their inner work enabled the patient to 5) move from a reactive to an active stance towards their own difficulties, and give voice to more vulnerable parts of themselves. **Discussion:** The findings of this study will be discussed in relation to recent developments within the field of psychotherapy process theory, along with the strengths and limitations of this design.

## Therapist exploring the therapist: The Experience of ten Psychoanalytic and Psychodynamic Therapists of the Termination of Psychotherapy

*Eva Fragkiadaki - Private Practice (City University, London), Heraklion, Greece, Susan Strauss*

**Aim:** The purpose of this study is to examine the process of termination of therapy based on therapists' narratives of experiences of endings with patients. The significance of therapists' involvement as a person and working through their emotions in therapy process has been highlighted in the literature (e.g., Messinger, 1990, Meissner, 1996). Literature on termination originates mainly from clinical and theoretical accounts as well as practitioners' personal reflections; little is recorded as systematic empirical research studies on termination and especially on therapists' experience of it (e.g., Novick, 1997, Murdin, 2000, Schlesinger, 2005). **Method:** Ten psychoanalytic and psychodynamic therapists were interviewed for this study and the techniques for the analysis of the data drew on descriptions of grounded theory as they appear in Strauss and Corbin (1998), Charmaz (2006) and Rennie, Philips and Quartaro (1988). **Results:** Six central categories derived from the analysis: therapist as a person, therapist's intellectual awareness of termination, development of therapeutic relationship, working through termination, termination through death and aftermath (post-termination phase). Their subcategories and their relationships will be explored. **Discussion:** The therapist's personal and professional self (Wiseman & Sheffer, 2001) are closely connected during the process of termination. The therapeutic relationship is an instrumental one but also an intimate, bonding relationship (Bordin, 1979) and the therapist needs to endure the inevitable ending, which is not within their control. Ending therapy with patients provokes intense feelings to the therapists, which need to be recognised and dealt with for their well-being. The reflections of the researcher and the impact on her clinical practice will be further discussed.

## Panel

Personality  
Moderator  
Brin Grenyer -  
University of  
Wollongong,  
Australia

## Personality Disorders and Relationship Themes

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

Relationships form the core of the psychotherapy endeavour. Relationships can be understood on many levels - the relationship between the patient and people in their world such as partners and parents, the transference relationship between patient and therapist; relationships between meanings and words, feelings and thoughts, wishes and fears. Personality disorders are known to add complexity to psychotherapy treatment because the influence of core interpersonal conflicts manifest within the treatment setting. This panel brings together four perspectives on how these conflicts are expressed and complicate treatment. The first paper shows how significant personality factors such as interpersonal suspiciousness and detachment impede psychotherapy progress. The impact of these interpersonal patterns is explored in the second paper, presenting a therapist perspective on psychotherapy with borderline personality disorder in contrast to an axis 1 disorder. Feelings of self-doubt and frustration in the therapist probably mirror the withdrawal and rejection emanating from the patient. In study 3, somatizing patients presented highly similar relationship conflicts as those with personality disorders, centring around mistrust yet a need for closeness. In study 4, these same interpersonal conflicts were reinforced by a felt experience of mistrust and its corollary, interpersonal withdrawal, and the ability to master these conflicts during the therapist-patient relationship resulted in greater therapeutic progress.

Who cannot benefit from time-limited dynamic psychotherapy for Personality Disorder? A study of non-responding patients with Personality Disorder

*Bo Vinnars - Karolinska Institutet, Stockholm, Sweden, Robert Gallop, Barbro Thormählen Kristina Norén, Jacques P. Barber*

The aim was to identify non-responders (NR) to manualized time-limited Supportive-Expressive Dynamic Psychotherapy (SEP; n=80) or to a control condition of non-manualized open-ended community delivered psychodynamic treatment (CDPT; n=80). In this exploratory study we used receiver operating characteristic (ROC) curves to investigate the predictive value of 54 different clinical variables. NR was assessed in terms of level of psychiatric symptoms and PD severity. NR status as measured by psychiatric symptoms was predicted by neuroticism, personality pathology and interpersonal variables. NR status measured by meeting full PD criteria was predicted by a combination of being detached, suspicious, feeling without access to personal help and alexithymic traits was important. Accuracy of discrimination was good to excellent.

Psychotherapists' response and transactional patterns towards Borderline Personality Disorder: A controlled clinical-quantitative study

*Marianne Bourke - University of Wollongong, Australia, Brin Grenyer*

Aim: Therapists' emotional and cognitive reactions towards their actual patients diagnosed with Borderline Personality Disorder were compared with their responses to patients with Major Depressive Disorder. Method: Twenty psychotherapists gave informed consent to participate and their cognitive and emotional responses were obtained using the Psychotherapy Relationship Questionnaire (Westen, 2000) and two observer-rated measures coded and scored from their transcribed interview responses. Results: Patients with Borderline Personality Disorder evoked greater narcissistic, hostile, sexualised, compliant and anxious responses within the transference relationship. Core Conflictual Relationship Themes (CCRT-LUs) differed as a function of diagnosis. Therapists reported 80% of interpersonal interactions with patients with Borderline Personality Disorder to be disharmonious (a CCRT category), expressing feelings of self-doubt and frustration. As expected, therapists' reported predominately harmonious responses (71%) to the axis I depressed patients group, evoking greater feelings of competency. An

analysis of the CCRTs components showed greater withdrawal for Responses to Self and rejection for Response of Other in relation to patients with Borderline Personality Disorder. Taken together these results underscore the complexity of psychotherapy with Borderline patients in the face of pervasive negative response patterns.

### Relational dynamics and alexithymia in Somatization

*Alla Landa - New York University - Bellevue Medical Center, USA, Philip S. Wong, Anthony P. Bossis, and Laura S. Boylan*

**Aim:** Somatization is a very common, debilitating and challenging to treat condition. While psychological problems are recognized as its major etiological factor, the more specific causative mechanisms of this phenomenon are still unknown. The purpose of this study was to explore how problems with emotional regulation may interact with the ability to establish interpersonal relationships in the development of somatization syndromes. Specifically we studied relational patterns and their association with alexithymia in somatizing patients, which may further our understanding of this phenomenon and contribute to development of new targeted treatments for this condition. **Method:** Twenty three patients diagnosed with Somatization Disorder, Pain Disorder, or Undifferentiated Somatoform Disorder, recruited from several hospitals in New York City, and twenty three age-, gender-, ethnicity- and education-matched healthy controls completed Relational Anecdotes Paradigm (RAP) interview from which the Core Conflictual Relational Themes (CCRT) were extracted, as well as other measures of somatization, alexithymia, object relations, interpersonal trust/mistrust, and history of relational trauma. **Results and Discussion:** Results suggest that somatizing patients presented with significantly higher rates of alexithymia than healthy controls and endorsed significantly more unmet need for closeness with others and interpersonal mistrust than healthy controls, supporting the study hypotheses. **Implications** of these findings for treatment will be discussed and suggestions for future research will be presented.

### Time series analysis of changes in core conflictual relationship themes (CCRTs) over the course of dynamic psychotherapy: A single-case study

*Brin Grenyer - University of Wollongong, Australia, Elisabeth Awad, Danielle Ciaglia, Karin Sanquist, Lisa Parker*

**Aim:** Typical approaches to studying changes in core conflictual relationship themes (CCRTs) have been to assess patterns early (sessions 3-4) and late in therapy (eg. 13-14) in a 16-week therapy. Whilst being able to characterise differences, this method does not allow the study of sequential changes in relational patterns within these four months of treatment. This is the first study to code CCRTs for all transcribed sessions of therapy in a single case design. **Method:** The Australian specimen case was a 42 year-old married male with two children, and was successfully treated for co-occurring drug dependence, depression and cluster C personality disorder (obsessive-compulsive PD with avoidant traits) by an experienced supportive-expressive dynamic psychotherapist over 16 weeks. The CCRT-LU method plotted changes in the response of other (RO) and response of self (RS) components. 76 relationship episodes (narratives) were coded and analysed into six groups of sessions 1-4, 5-6, 7-8, 9-10, 11-12 and 13-16, with an average of 12.7 narratives per group (range 8-15). Inter-rater reliability was acceptable, Kappa = 0.74. **Results:** Clinical improvement was reflected in CCRT changes. 91% of ROs were disharmonious during the first four sessions of therapy, but declined to 58% during the last four sessions. There was a positive correlation between scores on the BDI and Disharmonious RO of Parents ( $r$ -squared = 0.70). Improvement was not linear, with a marked increase in pervasiveness during sessions 7 to 8 of RS components, which reflected the clinical struggle with a core issue at this juncture. The

CCRT revolved around a wish for independence, withdrawal from interpersonal relationships and difficulties being able to rely on others, which reflected a dismissive attachment pattern that loosened over treatment.

## **Panel**

Child

### **Moderator**

Jeff Hayes - Penn State, University Park, USA

## **Violent and Aggressive Tendencies in Clinical Populations: An International Perspective**

This panel presents three sets of studies that examine factors related to violence and aggression in various clinical populations. The presentations are diverse and complement one another in a number of regards. First, the researchers are from Argentina, Israel, and the United States. Second, the studies utilized a variety of investigative styles, including qualitative analyses of interviews, a quasi-experimental design, and a large-scale survey approach. Finally, the samples in the studies comprise adult patients, school children, and college students seeking services at university counseling centers. Taken collectively, the panel presents critical information on intrapsychic, interpersonal, cultural, and psychoeducational factors related to aggressive and violent tendencies in a variety of populations. Findings from the studies will be discussed in terms of implications for the detection, prevention, and treatment of violence and aggression in patients.

### **Save Me from Myself: Students' Fear of Losing Control and Acting Violently**

*Amy Crane - Penn State University, University Park, USA, Jeff Hayes, Ben Locke*

Violence on university campuses is a serious concern in many countries. In the United States, approximately 78% of colleges experience incidents of violent crime (U.S. Department of Justice, 2006). It is clear from recent campus shootings in the United States, Finland, and elsewhere that college student violence is an important social problem that needs empirical attention to better understand its causes. Along these lines, we conducted two studies to examine the prevalence and predictors of college students' fears of losing control and acting violently. Although students' fears of acting violently are not equivalent to actual violent behavior, they are nonetheless useful as potential predictors of violent behavior. From this vantage point, identifying students who have fears of acting violently may help prevent such behavior from occurring. In the first study, we analyzed an archival dataset containing information about mental health concerns and demographics among more than 10,000 students at a single university. The majority of these students were clients at the university counseling center. The second study sought to replicate and extend the findings from the first study by examining a broader data set of predictor variables from a more nationally representative data set gathered from multiple university counseling centers. To determine predictors of students' fears of losing control and acting violently, samples were split randomly into two groups and regression analyses were conducted on each. Items with statistically significant Wald values from the calibration sample were retained and entered in logistic regression analyses that were conducted on the validation sample. Items that achieved statistical significance for the calibration and validation samples were considered to meaningfully discriminate between groups, and odds ratios were computed for these variables. Results will be presented from both studies on both the prevalence and predictors of college students' fears of losing control and acting violently, and implications for detection, remediation, and outreach will be discussed.

### **Wishes and Defenses in 12 Violent Patients**

*David Maldavsky - UCES, Buenos Aires, Argentina*

Sample: 12 patients (9 male, 3 female) having violent practices, between 18 and 45 years old, who also frequently used drugs and alcohol. Method: Interviews were conducted and analyzed using the David

Lieberman algorithm (DLA), which has several tools for the research of wishes and defenses as well as their state. Outcomes: In all the cases a complex psychic organization was detected, with (A) an appearance, (B) a “passionate” component and (C) a nucleus. The core of the psychic organization is integrated by two wishes and two groups of defenses. The wishes are (1) to believe the words of someone – to be believed by someone, (2) to regulate the inner energy. The defenses are among the most regressive ones: disavowal (which allows the patient to say untruthful sentences) and foreclosure of affect (which eliminates the affective nuances from the Ego and leads the patient to a discourse oriented by money or its equivalents). The observed sequence was: (1) failure of avoidance and untruthful attitudes, and apparition of an apathetic state, (2) crisis of anxiety, (3) organic projection (violence as an attempt to recover vitality). In addition, the appearance (point A) consisted of the wish to produce an aesthetic fascination combined with characterological histrionic defenses, and the “passionate” component (point B) was composed of the wish of vengeance and of receiving the love of others, both wishes combined with disavowal. These additional aspects complemented the core of the patients, who usually intended to stress the “passionate” aspects as the more relevant components of their psychic life.

**School-based Integrated and Segregated Interventions to Reduce Adolescent Aggression**  
*Zipora Shechtman - University of Haifa, Israel, Miriam Ifargan*

It is noteworthy that the most common psychiatric diagnosis among children involves antisocial behavior, and the most common interventions in child mental health address such behavior (Dodge & Sherrill, 2006). However, it is not clear which is the most effective way to treat aggressive children. One option that has proved effective is to apply preventive classroom interventions aimed at improving class relations and social development (review by Greenberg et al., 2003). Another option that has proved effective is to segregate the aggressive children and treat them individually or in small groups (reviews by Glancy & Saini, 2005; 2006). Common policy is to keep aggressive children segregated, mostly in order to shield the well-adjusted children from bad influences. However, Dodge and colleagues also point to the adverse effects that aggregation of disordered youth may have on each other (Dodge, Dishion, & Lansford, 2006). The current study addresses this dilemma, by comparing a psychoeducational classroom intervention to reduce aggression to a segregated small counseling group intervention, using bibliotherapy as adjunct to treatment. The study, conducted in Israel, included 904 children from 13 schools. In each school, one age level was selected and divided randomly into three experimental conditions: psychoeducational class intervention, small group counseling, and control. In all classrooms, the highly aggressive children were identified a priori (n=166). Analyses were conducted in a nested procedure (mixed models). Results showed more favorable outcomes on all variables in both treatment groups compared to no-treatment children, with no differences between treatments. The discussion focuses on the strengths of each type of intervention.

**Panel**

Measures

**Moderator**

Uwe Hentschel -  
 Leiden University,  
 Netherlands

**Defense mechanisms in different clinical fields**

*Discussant: Eva Bänninger-Huber - University of Innsbruck, Austria*

The panel shall focus on registering and analyzing defense mechanisms by different methods,(1) a computer based text analysis by the David Lieberman algorithm (DLA),(2) the relationship of defense mechanisms in Perry's rating scale to facial expressions,(3) by Kragh's stimulation of defenses by a tachistoscopic instrument, the Defense Mechanism Test (DMT), and a questionnaire, the FKBS. Whereas the first contribution aims at a comparison of intra- and extra-therapy reactions of the patient, looking at transference relations of the patients and the therapist, the second contribution shall be focused on clinical interactions, comparing them with those of healthy controls. The third contribution mainly brings different methods of analyzing defense mechanisms to the fore.

## Researching patient's and therapist's defenses using the David Liberman algorithm

*Irene Cusien - UCES, Buenos Aires, Argentina, David Maldavsky, Clara R. Roitman, C. Tate de Stanley*

The David Liberman algorithm (DLA) allows researching functional and pathological defenses during the clinical treatment. The method focuses on two fields: the extra-transference relationships and the intra-session exchanges between patient and therapist. The outcomes of both researches can be combined. In that case, it is possible to detect whether or not the unsuccessful pathological defenses appearing in the extra-transference relationships were replaced by successful pathological mechanisms prevailing in the intra-session exchanges. This fact indicates an increase of the resistance attitude of the patient. Besides, the research of intra-session exchanges between patient and therapist requires taking into account not only the verbal components but also the paraverbal ones and the movements. Also, applying the DLA it is possible to investigate the therapist's defenses and whether or not the therapist appears as a deceiving character of the patient's inner world.

## Defense and facial behaviour: A macro- and micro perspective to approach the complexity at hand

*Doris Peham - University of Innsbruck, Austria, Cord Benecke, Marcus Rasting, Sonja Jung*

Major psychodynamic theories consider the interactive impact of defense processes to be of high relevance within the therapeutic relationship (e.g. concepts on transference and countertransference) and further for the processes of change within the psychotherapeutic process. In this paper the focus will be on the question if and in what way facial behaviour (as an important aspect of nonverbal affective behaviour) and defense processes are linked. Facial behaviour is assumed to convey important affective information – both in an intrapsychic and an interactive sense - mainly on an unconscious, implicit level. Defense mechanisms are primarily defined as intrapsychic, unconscious processes to protect oneself against painful affects, drives and mental representations. In this study we pursue different methodical approaches to gain knowledge on the nonverbal dimension of defense. First we will present data based on a quantitative statistical analysis of types of defense mechanisms and facial behaviour of 72 Persons with different psychological disorders and a healthy control group during a psychodynamic interview (Operationalised Psychodynamic Diagnostics). The transcripts of the interviews were rated on defense mechanisms with the Defense Mechanisms Rating Scale (Perry, 1990). Applying the Facial Action Coding System (Ekman, Friesen & Hager, 2002) the facial-affective behaviour of the patients, healthy controls and clinical interviewers was objectively coded. Starting from these results we will present an in depth analysis of a micro-sequence of interaction in the context of defense processes and discuss the results with respect to methodical challenges of investigating defense processes and facial behaviour in clinical interactions.

## Cluster analysis of defense mechanisms or multivariate (nonlinear) relationships between clinical groups and defense mechanisms?

*Uwe Hentschel - University of Leiden, Netherlands, Manfred Kiessling*

One could always argue that there is more than one defense mechanism in any individual. There might be prominent and less prominent ones, but usually there are several mechanisms. Cluster analysis can take account of the of this multiplicity. Some clinical examples shall be given. Nonlinear multivariate analysis weighs the impact of the different defenses according to their importance in the data set, but relationships are given only between different clinical groups and defenses. A third method compares basically data matrices. An empirical comparison between the methods of analysis shall be made. The relationship of anxiety and defense mechanism shall be highlighted especially by making use of OVERALS, i.e. the nonlinear canonical correlation analysis.

## Panel

Therapist

## Moderator

Pablo Herrera -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## Psychotherapists in Chile 1: Training, Theory, Goals, and Competence

*Discussant: David Orlinsky - University of Chicago, USA*

Although present from the beginning (e.g., Holt & Luborsky, 1958; Kelly & Fiske, 1951), research on psychotherapists was relatively limited in subsequent years (e.g., Henry, Sims & Spray, 1970, 1973; Norcross & Prochaska, 1982, 1988; Skovholt & Rønnestad, 1995). Since 1990, the SPR Collaborative Research Network (SPR/CRN) has conducted a broadly conceived international study of psychotherapists' professional and personal characteristics, experiences, and development (Orlinsky & Rønnestad, 2005), but most therapists have been studied in Europe or North America. To help correct this imbalance, a team from the International Doctoral Program in Psychotherapy in Santiago collaborated with SPR/CRN to survey therapists in Chile using the Development of Psychotherapists Common Core Questionnaire (DPCCQ). The current sample of 148 consists mainly of psychologists (89%) and psychiatrists (11%); is well-experienced (M=11 years in practice); has a range of theoretical orientations (49% strongly analytic-psychodynamic); and includes many who have some private practice (78%). This is the first of three panels to present studies of these Chilean therapists, focusing on therapeutic work. Pablo Herrera examines the extent and value of training in relation to therapists' ratings of their clinical skills and difficulties. Olga Fernández examines therapists' ratings of their most important treatment goals in relation to their orientations and the types of patient they work with. Laura Moncada presents a qualitative analysis of clinicians' descriptions of their main strengths and limitations as psychotherapists, and compares narrative themes in relation to therapist characteristics. Using diverse methods, these studies provide significant context for each other to aid in understanding this group of Chilean therapists. References: Holt R.R. & Luborsky L. (1958). *Personality patterns of psychiatrists* (2 volumes). New York: Basic Books. Kelly, E. L. & Fiske, D. W. (1951) *The prediction of performance in clinical psychology*. Ann Arbor: University of Michigan Press. Norcross, J. C. and J. O. Prochaska (1982). A national survey of clinical psychologists: Views on training, career choice, and APA. *The Clinical Psychologist* 35(4): 4-8. Norcross, J. C. and J. O. Prochaska (1988). A study of eclectic (and integrative) views revisited. *Professional Psychology: Research and Practice* 19: 170-174. Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association. Skovholt, T. M., & Rønnestad, M. H. (1995). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester, UK: Wiley.

### Does psychotherapeutic training promote competence in clinical practice?

*Pablo Herrera - Pontificia Universidad Católica de Chile, Santiago*

**Aim:** The principal aim of this study is to test assumptions about the value of traditional clinical training by examining the relation of amounts and types of training to therapists' perceived competence at different levels of professional experience. A second aim is expanding the base of empirical knowledge about the professional training and development of psychotherapists in Chile. **Method:** Relevant data were collected from 148 clinicians using a Chilean version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) as part of the SPR Collaborative Research Network's international study of the development of psychotherapists (e.g., Orlinsky & Rønnestad, 2005). Different sets of items in the DPCCQ asked therapists to describe and rate their psychotherapy training, the duration of clinical practice, and varied aspects of competence in terms of their levels of skill and frequency of difficulties in current clinical practice. Initially, factor analyses of therapists' skills and difficulties will be conducted and compared with analyses of similar data from other countries. Then, skill and difficulty dimensions will be correlated with the amount and rated value of psychotherapy training, using levels of professional experience as a covariate. **Results:** Initial results reveal three dimensions of difficulty

reported by Chilean therapist: (1) feeling anxious and insecure, (2) being too active and “pushy” with patients, and (3) experiencing conflict about ethical issues. The remaining analyses are in process. Discussion: Implications of the results for national training programs will be discussed, especially in relation to the current trend towards a competency model in Chilean government and educational institutions.

What do therapists want for their patients? Therapists’ goals and their relation to theoretical orientation and patient characteristics.

*Olga Fernández - Universidad Santo Tomás, Santiago, Chile*

Aim: Are therapists’ goals in clinical practice determined largely by their theoretical orientation or by the types of patient that they treat? This study examines the frequency of therapist’s endorsement of treatment goals in relation both to their own theoretical orientation and to patient characteristics such as the ages and typical severity level of clients in their practice. Method: Relevant data were collected from 148 clinicians using a Chilean version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) as part of the SPR Collaborative Research Network’s international study of the development of psychotherapists (e.g., Orlinsky & Rønnestad, 2005). Therapists were asked separately to rate the extent to which different theoretical orientations influence their current practice, to select the 4 treatment goals (from a list of 18) that generally are most important in their work with patients, and provide information about the ages and severity levels of the clients they currently treat. The method for analyzing the data started with a Chi-square test and others nonparametric statistics. Results: Preliminary analyses indicate that Chilean therapists varied considerably in their treatment goals, with the most frequently endorsed in this sample being helping the client to (1) “understand their own emotions, motivations and/or behaviors” (55%), (2) “improve the quality of their interpersonal relationships” (51%), (3) “integrate excluded aspects of their experience” (49%), and (4) “learn to recognize and change the way they contribute to their own problems” (41%). Further analyses are in process. Discussion: Implications of the findings will be discussed with respect to common and theory-specific aspects of psychotherapeutic practice.

Strengths and limitations in clinical practice: A qualitative analysis of reports by Chilean psychotherapists.

*Daniela Andrade - Universidad de Chile, Santiago, Laura Moncada, Carla Crempien*

Aim: This paper explores the perceptions of Chilean therapists at different career levels concerning their greatest strengths and limitations in clinical practice. The main aim of the study is to better understand the nature and sources of personal and professional qualities that therapists bring to the psychotherapeutic process. A second goal is to compare the reports of Chilean therapists with responses given to the same questions by therapists in a contrasting cultural context, i.e., Norway (Helland, 2006). Method: Relevant data were collected from 148 clinicians using a Chilean version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) as part of the SPR Collaborative Research Network’s international study of the development of psychotherapists (e.g., Orlinsky & Rønnestad, 2005). Therapists were asked the following open-ended questions: “What do you feel is your greatest strength as a therapist? How is this strength manifested in your current work? To what do you attribute this strength? What do you feel is your most problematic limitation as a therapist? How is this limitation manifested in your current work? To what do you attribute this limitation?” Therapists’ answers to these questions will be analyzed by the Grounded Theory method to delineate therapists’ experiences and attributions concerning their positive and negative attributes. The DPCCQ also contains extensive information about therapists professional and personal characteristics (e.g., theoretical orientation, career level, gender) to aid in interpreting the findings. Results: Key aspects of therapists’ perceived

strengths and limitations will be considered in relation to factors such as gender, age, profession and type of training. Discussion: Chilean therapists will be compared therapists recently studied in Norway. References: Helland, M. J. (2006). How do therapists experience their limitations? A qualitative study of therapists who struggle in their work. Unpublished masters thesis, Department of Psychology, University of Oslo, Norway. Orlinsky, D. E., & Rønnestad, M. H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. Washington, DC: American Psychological Assn.

## **Panel**

Alliance

## **Moderator**

Pablo Herrera - P.  
Universidad  
Católica de Chile,  
Santiago

## **Difficult Moments in the Psychotherapy Session**

*Discussant: George Silberschatz - UCSF School of Medicine, San Francisco, USA*

Difficulties in psychotherapy are an undeniable fact (Lambert & Ogles, 2004, Mays & Franks, 1985), and they have been generally understudied and left out of the scientific publications (Barbrack, 1985), although in the last decade they have received more importance thanks to recent research focused on difficulties in the therapeutic relationship and interaction (Safran & Muran, 2000, Stern et al, 1998). This phenomena can be studied from different theoretical (Arkowitz, 2002) and methodological (Beutler et al, 2002) perspectives, focusing on the patient ("difficult patient", "resistance", etc.), therapist ("inefficacious therapist", "technical mistake", etc.), therapeutic relationship ("impasse", "alliance rupture", etc.), the results ("failure", "dropout", "iatrogenic result", etc.), among others. This is the first panel (out of two) on psychotherapy difficulties, focusing on moments and interactions measured in the therapy session that are perceived as difficult or unproductive, opposing therapeutic change. The first paper (Schroder et al) explores therapists' perception and experience of difficult moments. The second paper (Ramírez et al) presents the concept of "stuck moments", in which the therapy process is stagnated and there is a reappearance of the client's problematic representation and patterns of behavior and emotion. The third paper (Ehrenthal et al) explores difficult situations from an attachment theory perspective, analyzing moments in the therapeutic relationship in which attachment patterns are activated by the patient. References:- Arkowitz, H. (2002) Toward an integrative perspective on resistance to change. En *Psychotherapy in Practice* Vol 58 (2), 219-227.- Barbrack, C. (1985) Negative outcome in behavior therapy. En Mays D. & Franks C. (Eds.) *Negative outcome in psychotherapy and what to do about it* (pp. 76-105). New York: Springer.- Bleuter, L. Moleiro, C. & Talebi, H. (2002) Resistance in Psychotherapy: What Conclusions are Supported by Research. *Journal of Clinical Psychology*; 58; pp. 207-217- Lambert, M. & Ogles, B. (2004) The efficacy and effectiveness of psychotherapy. In M. Lambert (Ed.) *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th Ed.). New York: Wiley and Sons.- Mays D. & Franks C. (Eds.) *Negative outcome in psychotherapy and what to do about it*. New York: Springer.- Safran, J. & Muran, J. (2000) *Negotiating The Therapeutic Alliance. A Relational Treatment Guide*. The Guilford Press New York.- Stern, D., Sander, L., Nahum, J., Harrison, A., Lyons-Ruth, K., Morgan, A., Bruschiweiler-Stern, N. & Tronick, E. (1998) Non-Interpretive mechanisms in Psychoanalytic Therapy. The something more than interpretation. *International Journal of Psycho-Analysis*. 79: 903-921.

## **Difficult Moments in Psychotherapy: The Role of Attachment**

*Johannes Ehrenthal - Clinic for Psychosomatic and General Clinical Medicine, University of Heidelberg, Germany, Julia Tomanek, Henning Schauenburg, Ulrike Dinger*

Aim: The therapeutic alliance is a stable predictor of psychotherapy process and outcome, highlighting the importance of research on relationship variables as well as experiencing and working through 'difficult moments' in treatment. Attachment theory provides a framework for understanding relevant relationship-oriented needs, emotions and behaviour in situations of interpersonal distress. However, there are no empirical studies on what kinds of difficult situations are experienced as attachment-

relevant from the patients' point of view. Aim of the study is to identify attachment-relevant difficult moments in psychotherapy, and to explore the influence of patient attachment on the appraisal of potentially attachment-related situations in psychotherapy. Methods: Semi-structured interviews about attachment-relevant situations in treatment were conducted with 40 psychotherapy inpatients. The resulting stories were condensed in short vignettes and evaluated by two independent expert clinicians. A subset of these vignettes was presented to a new sample of 100 psychotherapy inpatients. Symptom load, attachment style, as well as cognitive, emotional and motivational ratings concerning the vignettes were assessed by questionnaire. Results and discussion: Trigger of attachment-relevant difficult moments in psychotherapy were reported to emerge from outside (e.g. relationship break-up, interpersonal conflict) as well as inside the therapeutic relationship (e.g. beginning/end of treatment, change of treatment format, intervention style). Preliminary analyses point to an interrelatedness between personal attachment style, perception of the difficult situation and specific wishes concerning interventions towards the therapist. Looking at difficult moments from an attachment perspective increases the understanding of the specific needs of patients in difficult moments of psychotherapy.

#### When Therapeutic Dialogue is not Generating Progress: Researching Stuck Episodes

*Ivonne Ramirez - Pontificia Universidad Católica de Chile, Santiago, Oriana Vilches, Pablo Herrera, Olga Fernández, Lucía Reyes, Mariana Krebs*

The aim of this work is to replicate a previous study of the antipodal of therapeutic change: "stuck episodes", to increase the knowledge of the therapeutic process. In the context of the study of generic change in the psychotherapeutic process, two moments relevant to the progression of the therapeutic conversation have been identified: "change episodes" and "stuck episodes". Change episodes being considered the client's verbal expressions, in the therapeutic context, that reflect his modification of meanings (thoughts, emotions, affections) that are associated with a problem. By contrast, a stuck episode constitutes a temporary arrest in the client's process of change, due to a manifestation of aspect(s) of the client's problem appearing during a therapy session. These are moments where the client is neither constructing new ways of interpretation, nor is progressing to new meanings. It is expected that the content of stuck episodes vary from one therapy to another and that a type of stuck episode will reappear frequently within a therapy. The methodology utilizes qualitative design to identify stuck episodes in four therapeutic processes. These processes are video recorded and analyzed by a group of trained judges, and the results are in process. It is concluded that stuck episodes offer a distinction which enriches the analysis of the therapeutic process and can lead to the development of improved clinical work. To establish adequate methodologies it is necessary to develop standard procedures and train the judges. In future, stuck episodes will be compared with change episodes through the analysis of verbal activity.

#### Difficult Moments with Difficult Patients – The therapist's experience

*Thomas Schröder - University of Nottingham, UK, John Davis & Paul Gilbert*

The findings reported in this paper build on a study investigating therapeutic difficulties through therapist self-report (Schröder & Davis 2004). Method: Convenience samples of 100 British and 30 German speaking therapists each provided narrative accounts of two difficulties; one with a patient deemed 'difficult' and one with a patient considered 'not-so-difficult' – this latter distinction being inspired by Freedman (1992). In addition, respondents provided self-report measures; including SASB INTREX scores (Benjamin, 1983): General Introject scores 'at best' and 'at worst' together with difficulty-specific Introject scores for themselves, and Transitive (surface1) and Intransitive (surface2) scores for themselves and their patients. Previously we have reported on the relationship between types of therapeutic difficulties - as rated by external judges - and negative therapeutic process (Schröder &

Davis 2008). Those results were based on group means. In this paper we look at the relationship between difficulty ratings and SASB measures within respondents, especially those reporting difficulties attracting high ratings of a particular difficulty type. Results: Analyses are in process. Discussion: We relate the findings to ratings of therapists' self-conscious emotions (Gilbert et al. 2005) and discuss consequences for therapeutic practice and supervision.

## **Panel**

Quality

### **Moderator**

Clara Hill -  
University of  
Maryland, College  
Park, USA

## **Corrective experiences in psychotherapy: Empirical investigations of a common factor**

*Discussant: Louis Castonguay - The Pennsylvania State University, University Park, USA*

This is one of two panels on corrective experiences (CE) in psychotherapy. While CE has been recognized as a factor that cut across all forms of psychotherapy, very few empirical investigations have been conducted so far to help us better understand its nature, what facilitate CE, and the consequences of CE in therapy. The goal of this panel is to address this gap by presenting three studies involving different treatment settings (e.g., clinical trial and naturalistic milieus) and methodologies (quantitative and qualitative). Both this and the other CE panel are based on meetings that were held as part of the Penn State University Conferences on the Process of Change. These conferences bring together some of the most well-known psychotherapy researchers in the Eastern United States and Canada.

### **Corrective Relational Experiences in Treatment of Anorexia Nervosa**

*Clara Hill - University of Maryland, College Park, USA, Margit I. Berman, Wonjin Sim, Jingqing Liu, John Jackson, and Patricia Spangler*

This paper describes research on one possible mechanism for therapeutic change in treatment of AN, the corrective relational experience (CRE). CREs consist of specific moments in therapy when the client experiences a distinct shift in her relationship with the therapist, which consequently leads to an important therapeutic transformation. The aim of this study was to identify CREs in a case series of short-term manualized treatment of AN and to distinguish CREs in terms of process and outcome from other relationship events. Importantly, the treatment chosen for this research was Acceptance and Commitment Therapy (ACT), a third-wave cognitive-behavioral therapy where the therapist-client relationship is not the main focus of treatment; thus, this study also sought to determine if CREs occurred and what role they played in a non-interpersonally-focused therapy. Three Caucasian adult female participants of diverse ages and disorder severity were seen for 17 sessions of individual therapy and up to two sessions of family therapy, and also completed pre- and posttest outcome measures. Therapeutic process and proximal outcome measures were also collected at each session. All sessions were videotaped, and a modified consensual qualitative research method was used to systematically examine all relational events and their antecedents and consequences. Results demonstrated that CREs did occur even in this manualized, non-interpersonally-focused therapy, and that these events could be distinguished from relationship events with neutral or harmful effects in terms of both therapeutic process and outcome.

### **Corrective Relational Experiences: Client Perspectives**

*Sarah Knox - Marquette University, Milwaukee, USA, Shirley Hess, Clara Hill, Rachel Crook-Lyon*

AimCorrective experiences in psychotherapy are rare but powerful events. While some research exists on corrective experiences more broadly, minimal research exists on the therapy relationship as a corrective experience. Given the empirically demonstrated importance of the relationship to therapy process and outcome, we examined how this relationship may serve as a corrective experience.MethodsWe defined corrective relational experiences (CREs) as specific times in therapy

when clients felt a distinct shift, such that they understood or experienced affectively the relationship with the therapist in a different and unexpected way, and were thereby transformed. Participants (N = 12) were a national sample of therapists or therapists-in-training who experienced at least one CRE in their current or most recent therapy. They completed two audiotaped phone interviews, and data were analyzed using Consensual Qualitative Research (CQR). Results CREs arose when clients were deeply involved in therapy issues or when a misunderstanding/rupture occurred between therapist and client. Characteristics of both therapists and clients contributed to the CRE, and CREs positively affected clients' sense of themselves, their relationships outside of therapy, as well as their work with their own clients. Some CREs arose naturally from a positive therapy relationship and were simply specific instances demonstrating the corrective nature of that overall relationship; others, however, arose from more ambivalent therapy relationships, and seemed to represent notable moments of connection and healing in an otherwise mixed course of therapy. Discussion Implications for research and practice will be discussed.

The unfolding of mastery and clarification experiences over the course of psychotherapy  
*Christoph Flückiger - University of Bern, Switzerland, Martin Grosse Holtforth*

Consistency theory distinguishes two central processes of change in psychotherapy: Motivational clarification and problem mastery (Grawe, 2004, 2006). Both change processes encompass corrective experiences that may take the form of either singular "macro-events," or may present as cumulative "micro-events." The micro/macro distinction relates closely to the concepts of first- and second-order changes by Watzlawick, Weakland, & Fish (1974) or the concepts of assimilation and accommodation by Piaget (1977). Using data of post-session reports completed after each session by 120 outpatients we examine the unfolding of motivational clarification and problem mastery over the course of the treatments. Various clusters of change profiles are differentiated and related to therapy outcome. The results will be discussed regarding the structure of change mechanisms in psychotherapy and differential therapeutic strategies.

## **Panel**

Practice

### **Moderator**

Hugo Hirsch -  
Centro Privado de  
Psicoterapias,  
Buenos Aires,  
Argentina

## **Contributions to an Evidence-Based Practice: Three Research Projects and Clinical Applications**

*Discussant: Luis Tapia Villanueva - Unidad de Terapia de Pareja, Santiago, Chile*

Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences. Three studies and their possible contributions are presented: a) Microanalysis of Communication in Psychotherapy: important intra-session processes will be described; in particular the concept of "decoupling" between therapist and patient, and some assumptions about possible effects to the treatment b) Based on the analysis of 92 therapists narratives about the kinds of difficulties with "difficult patients", constructed difficulties categories are commented and applied to a sample of supervised cases, and c) In the assessment of the response of a group of patients in each psychotherapy session, the magnitude of change depending on the number of sessions was determined. Considerations about the value of early response are presented. Finally, we give suggestions to the applicability of these results for clinical practice and training of therapists, mainly in the perception of micro-processes in communication, development of interpersonal skills to handle the different styles of personality consultants, and the use of systems for monitoring results, all aspects central to the integration between evidence, expertise and clinical characteristics of the patient.

Microanalysis of Communication in Psychotherapy: A Study of "Decoupling" in Psychotherapy.  
*Marcelo Kornberg - Centro Privado de Psicoterapias, Buenos Aires, Argentina, Adrián Margni, Sara Piedrabuena*

Background: Microanalysis is a research model designed to examine the communication sequences in detail. One of its applications is the study of micro processes of communication in psychotherapy (Beaven Bavelas, J. et al. 2000). It proposes a vision of co-constructive communication and a more positive view (vs. a pathological one) on the patients. The detail examination of the therapeutic communication has proven to be a very useful method to observe the effect of the therapeutic communication on the patient. Objectives: Applying the Microanalysis model of communication to the observation of first interviews and descriptions of the phenomena that might be of interest to researchers Method: Video footage of first interviews by different therapists were observed, with different level of experience and different styles of patients. Results: We identified phenomena of clinical relevance for researchers and we described their characteristics in detail. The phenomenon of "Decoupling" on therapeutic communication will be presented as one of the processes identified as relevant. Discussion: Discussions regarding the possible consequences and the role of the clinical use of this method of work for the training of therapists will be presented.

Therapeutic Experience Difficulties with Cases Brought to Supervision  
*Adrián Margni - Centro Privado de Psicoterapias, Buenos Aires, Argentina, Laura Vazquez, Natalia Sartori, María Mercedes Rodríguez Huerta*

Background: Several authors have pointed out the difficulties experienced by therapists in clinical practice. Schroder and Davis (2004) have developed a system of categories of difficulty in this direction distinguishing between those based on skills shortages in the personal characteristics of the therapist and those on patient characteristics or circumstances of treatment. In the same vein, Torrente et al. (2005) constructed categories of "types of difficulties" on the narratives of therapists regarding their most difficult patients Objectives: Evaluate the main difficulties experienced in the cases brought to supervision by a sample of therapists Method: We used a Likert scale for each category of "type of difficulty" obtained in the study mentioned above and it was administered to each therapist who brought a case to supervision. Results: The style of personality of the patients seems to represent the main difficulty reported. Discussion Various considerations on the training of therapists are presented

Naturalistic Study of the Dose-Effect Relationship in Psychotherapy and Some Considerations Regarding the Predictive Value of the Early Response  
*Hugo Hirsch - Centro Privado de Psicoterapias, Buenos Aires, Argentina, Adrián Margni, Laura Vazquez, Natalia Sartori, María Mercedes Rodríguez Huerta*

Background: From the "Dose-Effect" model introduced by Howard et al. (1986), several studies were developed in the direction of responding to the question how much therapy is needed to get clinically meaningful results? There seem to exist some coincidences among the authors regarding the greatest magnitude of changes in early stages of treatment in opposition to subsequent phases. More over, others (e.g. Hass et al., 2002) stated the notion that early response has a predictive value regarding the final results. Objectives: To determine the magnitude of change depending on the number of sessions in a naturalistic sample and determine the predictive value of early response on the final results Method: A sample of psychotherapy consultants in a Center of Buenos Aires was evaluated with the questionnaire OQ 45.2 in each session. Results: Results regarding the dose-effect curve, the proportion of cases with early response and its predictive value on the final results, will be presented.

## Panel

Computer

### Moderator

Eléonore Hohl -  
Department for  
Clinical Psychology  
and  
Psychotherapy,  
University of  
Berne, Switzerland

## Internet-based programs for prevention, early intervention and treatment for mental disorders

*Discussant: Stephanie Bauer - Center for Psychotherapy Research, University Hospital Heidelberg, Germany*

Over the past years, Internet-based programs have become widely used in the treatment and prevention of mental disorders. For example, a recent literature overview listed computer-aided interventions and Internet-based approaches for depression, phobic, panic, obsessive-compulsive and post-traumatic disorders, eating disorders, smoking, alcohol and drug misuse, schizophrenia, insomnia, pain and tinnitus distress, as well as childhood problems such as asthma (Marks, Cavanagh, & Gega, 2007). Internet-based programs have the advantage of being accessible from everywhere and at any time, providing support for participants who may have difficulties accessing traditional care due to time constraints or other barriers. Many individuals suffering from mental disorders seek help late, which increases risk for a chronic course of illness. Technology-enhanced programs may offer support to such individuals in an early phase of their illness, thus allowing for early interventions at a low intensity level. Additionally, such programs may help to decrease barriers to seek traditional psychotherapeutic treatment if necessary. The goal of this panel is to present findings from three studies that address the prevention, early intervention and treatment delivered over the Internet. The first paper will assess the underlying processes of therapeutic change in an Internet-based treatment for social phobia. The second paper will examine the efficacy and acceptability of an Internet-based treatment for infertile patients. Finally, the third paper will examine the implementation and evaluation of an innovative Internet-based program for the targeted prevention and early intervention of eating disorders (ED) in at-risk University students.

Exploring the relationship between working alliance, post-session report, and outcome in an Internet-based treatment for social phobia

*Eléonore Hohl - Institute of Psychology, Department for Clinical Psychology and Psychotherapy, University of Berne, Switzerland, Thomas Berger, Franz Caspar*

**Aim:** Recent studies, as well as our RCT, show that an Internet-based self-help program with minimal therapist contact is an effective approach to treat social phobia. However, very little is known about what actually contributes to therapeutic change. The goal of this study is thus to better understand which processes underlie therapeutic change in this approach. **Method:** The intervention consists of a 10 week Internet program. This platform includes an interactive self-help guide, a module for regular contacts with a therapist, a monitoring and feedback system for patient responses, as well as collaborative elements (i.e., offering patients the opportunity to share their experiences with other patients). The process measures are two self-report questionnaires: the short form of the Working Alliance Inventory, and the Bernese Post Session Report. These include scales evaluating the level of resource activation, therapeutic bond, clarification experiences, mastery experiences, and problem actualization perceived by clients during a session. The sample consists of 50 participants (treatment group N=30; waitlist control group N=20) suffering from moderate to severe social phobia. **Results:** Preliminary results indicate that the alliance is predictive of change at posttreatment, even when controlling for prior change. Post-session report data are being analysed. **Discussion:** After a brief insight into the efficacy results and differential effects, process-outcome findings will be discussed and put into perspective with prior findings from similar studies.

Internet-based support for infertile patients: a randomised controlled trial  
*Hämmerli Katja - Institute of Psychology, Department of Clinical Psychology and Psychotherapy, University of Berne, Switzerland, Hansjörg Znoj, Thomas Berger*

Purpose: This study aimed to evaluate the efficacy and patient acceptance of the first German-language Internet-based treatment for infertile patients. Method: 124 infertile patients were randomly assigned to either an eight-week Internet-based cognitive-behavioral treatment, entailing minimal email contact with therapists, or to a waiting-list control group. Participants were assessed at treatment start, post-treatment, and at a five-month follow-up. Outcome measures assessed included mental health (depression, anxiety, and infertility-specific distress) and pregnancy rate. Results: Of 124 participants, 110 (89%) completed the post-treatment assessment two months after baseline. Results showed greater effects in the intervention group compared to the control group for all mental health measures, but effect differences between the groups were not statistically significant. Between-group effect sizes ranged between Cohen's  $d = 0.16$  and  $d = 0.38$ . Subgroup analysis revealed that the intervention was especially effective for clinically distressed and depressed participants, with overall within- and between-group effect sizes of Cohen's  $d = 0.98$  and  $0.52$  respectively. Mental health improvements found in the intervention group were still present at five-month follow-up. No effects were found with respect to pregnancy rate. The treatment was assessed as positive or very positive by 80% of the participants. Conclusions: The results support the efficacy of Online Coaching with regards to mental health, particularly among distressed and depressed infertile patients. The high satisfaction among participants and the high demand for such support confirm the promise of Internet-based interventions for infertile patients.

The efficacy of an Internet-based program for the targeted prevention and early intervention of eating disorders

*Daniel B. Fassnacht - University of Minho, Braga, Portugal, Araceli Núñez, Stephanie Bauer, Markus Mößner, Eva Conceição, Ana Rita Vaz, Katajun Lindenberg, and Paulo P. Machado*

Aim: The objective of this study is to implement and evaluate an innovative Internet-based program for the targeted prevention and early intervention of eating disorders (ED) in at-risk University students. Intervention: After completing an online screening questionnaire – which aims at identifying individuals who are either at risk for the development of an ED or who already show mild ED symptoms – students eligible for participation are invited to register for the program. Students showing neither elevated risk nor severe ED symptoms are excluded from the participation. The program follows a stepped-care approach combining various support components of increasing intensity (psycho-education, message board, supportive monitoring and feedback, individual and group chat sessions). It follows an individualized strategy by matching intensity of support to participants' needs and preferences. Students developing severe ED symptoms during their participation are offered more intense support and face-to-face treatment if necessary. Method: After technical feasibility and acceptance have been investigated in a pilot study in Germany, a Portuguese adaptation of the program was developed at the University of Minho, Portugal. A randomized controlled trial is currently being conducted in order to test the efficacy of the program. Results: The program proved technically feasible and was well accepted by the participants. Experiences in Portugal and preliminary findings will be reported. Discussion: Implications for the indication of the program as well as opportunities for further applications of such stepped care approaches will be discussed.

## Panel

Measures

## Moderator

Robert King - The University of Queensland, Brisbane, Australia

## Process, alliance and outcome in online counseling for adolescents

*Discussant: Leonard Bickman - Vanderbilt University, Nashville, USA*

Synchronous online 'chat' is a rapidly developing form of interpersonal communication and has been found to be an attractive medium form counselling, especially for adolescents aversive to more traditional face-to-face or telephone interaction. There is evidence that effective therapeutic alliance can develop in an online environment and that counselling can have a positive impact and may be associated with desirable changes in client well-being. However, little is known about what happens inside the online counseling 'black box'. The general aim of the research presented in this panel was to further our understanding of what occurs in an online counseling session, in particular the extent to which online counselling adheres to a standard counselling model. The research presented in this panel involved two phases. In phase 1, a reliable transcript rating instrument was developed. This instrument was designed to identify and rate key markers of counseling progress and to enable adherence to a standard counselling model (the model in which the counsellors had been trained) to be scored. The instrument yielded two composite scores: total progress in counseling and total depth in counselling. Phase 2 was a process-outcome investigation that explored the relationship between progress and depth scores (adherence to counselling model) and client self report scores of alliance, session impact and session outcome. This panel presents the background and rationale for the study, the development of the rating instrument and results from the process-outcome investigation. The implications for the further development of online counseling are discussed.

### Development of an instrument to rate online counselling transcripts

*Bagraith Karl - The University of Queensland, Brisbane, Australia, Lydia Chardon, Robert King, Chris Loyd*

This paper reports on the development of a rating instrument designed to evaluate transcripts of online counseling and measure the extent to which the counseling provided adhered to a standard counseling model in which counselors had been trained. The process of developing the instrument is described. The results of an inter-rater reliability study in which two raters were trained in the use of the instrument and independently rated 80 transcripts are reported and some preliminary validity data are presented. Overall, there was strong inter-rater agreement for most categories within the instrument and total scores for both progress and depth in counseling were sufficiently reliable for routine research application. The instrument has strong face validity and good criterion validity.

### What happens in an online counselling session?

*Lydia Chardon - Education Queensland, Mt Isa, Australia, Karl Bagraith, Robert King*

Although the use of real-time or synchronous online communication for counseling is increasingly common, little is known about the kind of communication that takes place in the online environment or the extent to which counselors adhere to a counseling model in which they have been trained. In this study, 85 transcripts of online counseling provided to adolescents by the Kids Help Line counseling service were analysed using a rating instrument developed for the study. Results indicated weak adherence to the counseling mode in which counselors had been trained, resulting in less than expected progress through identified stages of counseling. Counselors spent a disproportionate amount of the counseling session in information gathering and most failed to engage effectively with client goals. Resolution of the counseling was often peremptory. These results suggest possible effects of the online environment, especially factors that impact on efficiency in communication.

Is adherence to counseling model associated with alliance, session impact and session outcome in online counseling with adolescents?

*Robert King - The University of Queensland, Brisbane, Australia, Lydia Chardon, Karl Bagraith, Karly Wegner, Matthew Bambling, Wendy Reid*

Adherence to therapy models and manuals has been found to have a weak to moderate association with variables such as alliance and outcome. Adherence has been well studied in relation to highly structured manualised therapies but less so in therapies such as non-directive counseling. In this study, we investigated the extent to which adherence to a counseling model in which online counselors had been trained predicted scores on standardised measures of alliance, session impact and session outcome. Participants were 85 adolescent recipients of synchronous online counseling provided by the Kids Help Line counseling service in Australia. Adherence was measured by progress and depth scores yielded by a transcript rating instrument developed for the study. We found a significant relationship between progress and depth scores and both therapeutic alliance and session impact scores. However adherence did not predict session outcome. The implications of these findings are discussed.

## **Panel**

Change

### **Moderator**

Mariane Krause -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago de Chile

## **Micro-change during the psychotherapeutic process**

*Discussant: Erhard Mergenthaler - Universität Ulm, Germany*

Nowadays there is no doubt regarding the occurrence of therapeutic change during the process. There is a broad agreement about ongoing change visualized as composed by specific "moments" or episodes during which "little changes" take place. Nevertheless, our knowledge about what is changing, as well as our methods for observing or measuring it, are still far away from being sufficient. Therefore, this panel has been organized with the aim of getting deeper into the understanding and evaluation of "micro-changes" occurring during therapeutic sessions or fragments of these. Through four presentations we will show different conceptualizations and empirical procedures to investigate these little changes. Miguel M. Gonçalves, from Portugal, is presenting about "Innovative Moments in Psychotherapy. From the narrative outputs to the dialogical processes". Andres Roussos, from Argentina, presents "The interaction between the therapeutic Alliance and Therapists' Interventions". Mariane Krause, from Chile presents "Generic Change Indicators in Psychotherapy: conceptualization, evaluation and results". Bill Stiles, from the United States, is presenting a paper entitled "Assimilation analysis of a nominally unsuccessful case of cognitive behavior therapy for generalized anxiety disorder". Finally, Erhard Mergenthaler, from Germany, will discuss these presentations relating them to his Model of Cycles in Psychotherapy, specifically, the conceptualization of change moments this model includes.

*Innovative moments in psychotherapy: From the narrative outputs to the dialogical processes  
Miguel M. Gonçalves - University of Minho, Portugal, António Ribeiro*

In this presentation we describe the innovative moment's model for analyzing the psychotherapeutic process. Innovative moments (i-moments) are all the occurrences in therapy that are exceptions in relation to the rules of acting (behaving, thinking, and feeling) that organize the problematic self-narrative of the client. We have developed a method to track these exceptions in the therapeutic conversation. Congruently with the narrative therapy tradition of White and Epston, our model predicts that change in therapy takes place by the elaboration and the expansion of these i-moments. The analysis of i-moments represents still a molar level of understanding change. From this level we have constructed a more molecular level of analysis, that allows understanding how i-moments are amplified and differentiated from the problematic self-narrative; or on the contrary are absorbed by it, attenuating the innovative potential that they have for change. In our research program we have been studying these

micro-processes using the micro-genetic method from a dialogical perspective. Examples of these two different processes (amplification and attenuation of i-moments) will be provided.

#### The interaction between the therapeutic Alliance and Therapists' Interventions: An intra-session study

*Andrés J. Roussos - CONICET, Universidad de Belgrano., Buenos Aires, Argentina, Vanina Waizmann, Ignacio Etchebarne*

The interventions realized by a psychotherapist throughout a psychotherapeutic treatment have as their direct or indirect goal to promote some type of change. However, the interventions' role cannot be evaluated only as a change promoter agent, but also as an obliged participant of that change. Therefore, as the change in the patient takes place, the way of intervening also changes, as part of the dialogic process involved in the treatment. The therapeutic alliance is considered at the moment a key common factor that has influence in the psychotherapeutic treatment results. Numerous studies have related the therapeutic alliance with therapeutic success, along with other therapeutic-setting elements, associated with the therapist or the patient. In the present study, the therapeutic alliance, evaluated with the Argentinean adaptation of the WAI (Horvath, 1981) in its observer version, has been linked to types of interventions in a micro-analytic study. The aim was to observe changes in the type of interventions formulated by the psychotherapists and its correlation with the level of the Therapeutic Alliance intra session in independent clinical materials. Interventions were analyzed independently by trained judges using the MCPI, a schema of psychotherapeutic interventions developed by Roussos et al. (2003, 2006). The relation between type of intervention and therapeutic alliance level was studied in 40 clinical sessions belonging to psychoanalytic and cognitive psychotherapeutic treatments. The change of the interventions was evaluated in terms of their theoretical specificity and non specificity, a content analysis and the therapeutic alliance, differentiated in intra session thematic units.

#### Generic Change Indicators in Psychotherapy: Conceptualization, evaluation and results

*Mariane Krause - Pontificia Universidad Católica de Chile, Santiago de Chile, Carola Pérez, Oriana Vilches, Guillermo de la Parra, Orietta Echavari*

Generic Change Indicators are a technique for the evaluation of micro-changes as they occur during segments of therapy sessions, allowing the identification of "change moments" and their content, in the sense of "what is changing". Through their arrangement in a hierarchical order, from low-level changes to more sophisticated or higher level changes, they are a tool for the study of the evolution of psychotherapeutic change, as well as for clinical monitoring and supervision of therapies. This presentation will first analyze the change concept underlying the Generic Change Indicators. Second, the method for determining change moments and their change indicators will be presented, including the narrative characteristics of the associated verbalizations, which will be exemplified through vignettes from therapy sessions. Third, the application of Generic Change Indicators to the empirical study of 15 therapy processes with different outcomes (measured by Lamberts QQ-45.2) will be shown. Findings of this application demonstrate that therapies with positive outcome show the expected evolution that follows the hierarchical arrangement, while therapies without positive outcome do not. Also, the former show more frequency of high level Change Indicators compared to the latter. Finally, possibilities for clinical use of the Generic Change Indicators are discussed.

## Assimilation Analysis of a Nominally Unsuccessful Case of Cognitive-Behavioral Therapy for Generalized Anxiety Disorder

*William B. Stiles - Miami University , Oxford, USA, Jonathan L. Fishman, Hugo J. Schielke, Jay Scolio, Michael A. Gray, T. D. Borkovec, Michelle G. Newman, Louis G. Castonguay*

**Aim.** We used the assimilation model to examine how symptoms of generalized anxiety disorder (GAD) were manifested in a case treated with cognitive-behavioral therapy (CBT). The assimilation model uses the metaphor of voice to describe the agentic nature of traces of previous experiences, and it construes dysphoric emotion, such as anxiety, as a product of an encounter between incompatible internal voices. Previous work has suggested that anxiety can often be understood as repeated encounters between a harsh critic voice and various criticized voices. Theoretically, progress in therapy is achieved by constructing semiotic meaning bridges through dialogue between client and therapist that can subsequently be used for smoother, less painful access between the initially incompatible internal voices. **Method.** We applied assimilation analysis, an intensive, qualitative strategy, to the 12 recorded sessions of a middle-aged woman treated for GAD in a clinical trial of CBT. She was selected as one of the least successful cases in the trial; for example, her State-Trait Anxiety Inventory score was 68 at the beginning of treatment and dropped only to 58 by the end of treatment. Four co-investigators used the Ward method for reaching consensus on the points of contact between theory and observations and on the implications of these links. **Results and Discussion.** We will report the implications of our observations for an assimilation model understanding of GAD, along with our interpretation of why this particular CBT treatment was unsuccessful.

### **Panel**

Linguistic

### **Moderator**

Claudio Martínez

Guzmán -

Pontificia

Universidad

Católica de Chile ,

Santiago

### **Voices in the session: The Dialogic Perspective in Psychotherapy Research**

*Discussant: William Stiles - Miami University, USA*

The psychotherapy is a joint creation between patient and therapist which is being developed by means of multiple verbal and non verbal exchanges during the therapeutic process. In this process the relationship between the participants is developed through the dialog that they establish and the diverse perspectives that each adopts in a permanent dynamic of positions and contrapositions between them. In psychotherapy, the relation between these multiple positions or multi-voices in the discourse or in the therapeutic text are referred to as "The Dialogic Perspective". The panel will be presenting three studies from this perspective. The first will show a microanalytic analysis of discourse based on dialogic and linguistic methodology. This study focus on episodes of ruptures of alliance from a long-term single therapy. The second, will offer a description of therapeutic change that attends to inclusion and exclusion in the relationships between intra- and interpersonal voices in three cases of couple therapy. Finally, the third study will focus on the theoretical depiction and illustration of some dialogical processes underlying the emergence of i-moments and their consolidation in a single emotion focused therapy for depression.

**Dialogic Discourse Analysis (DDA) in episodes of rupture of the alliance: A microanalytical look at the mutual regulation in the psychotherapeutic dialogue.**

*Claudio Martínez Guzmán - Pontificia Universidad Católica de Chile, Santiago, Alemka Tomcic, Lorena Medina*

In the context of an ongoing research about the discursive mechanisms that regulate the therapeutic interaction, this presentation shows a micro-analysis of episodes of ruptures of the alliance using the Dialogic Discourse Analysis (DDA) as a method for the evaluation of the therapeutic dialogue. Based on

dialogism as an epistemologic perspective and considering the psychotherapy to be a discursive genre, DDA is a microanalytic procedure that makes it possible to identify discursive strategies associated with the processes of construction, failure and restoration of the intersubjective field of the psychotherapeutic dialogue. We present the results of an analysis of 12 episodes of rupture of the alliance taken from a long-term psychoanalytic therapy. Using an intentional sampling strategy, 6 episodes of rupture were identified as having a repair of the alliance and 6 episodes as not having one. All of them correspond to different phases of the therapeutic process. The results support the hypotheses of the use of linguistic markers that give objectivity to the relationship in case of episodes without reparation; the use of markers that restore the intersubjective field in episodes with reparation; and the presence of “nuclear enunciators” that condense the conflict deployed in both types of episodes of rupture. The findings are discussed from Safran and Muran’s perspective about ruptures and repairs of psychotherapeutic alliance as part of the therapeutic process. We highlight the value of DDA as a micro analytical methodology that makes it possible to comprehensively account of these processes.

#### Inclusion and Exclusion in Intra- and Interpersonal Dialogue

*Hugo J. Schielke - Miami University, York University, Oxford, USA, William B. Stiles, Leslie S. Greenberg*

Inclusion and exclusion have received significant attention in social psychology; these constructs can also serve as useful lenses for the analysis of intra- and interpersonal dialogues in the study of therapeutic change. Aim: This presentation will offer a description of therapeutic change that attends to inclusion and exclusion in the relationships between intra- and interpersonal voices, and will offer descriptions of the changes in perception, cognition, emotion, intention, communication, and action observed en-route to therapeutic change. Method: Building on the observations accrued in the ongoing study of the resolution of problematic experiences in single-client therapies (e.g., Honos-Webb & Stiles, 1998; Leiman & Stiles, 2001; Brinegar et al., 2006; Stiles et al., 2006; Osatuke & Stiles, 2006), the model was examined and elaborated through team-based theory-building qualitative study of three cases of couple therapy from the York Emotional Injury Project (EIP). Results: The resulting model describes intra- and interpersonal change processes within a common theoretical framework that attends to the degree to which voices’ positions are included (i.e., heard, understood, and valued) or excluded in meaning- and decision-making processes. Discussion: Implications for research and practice will be discussed.

#### The promotion and maintenance of narrative innovation moments: dialogical processes in the evolution of a single case-study

*Carla Cunha - University of Minho, ISMAI, York University, Braga, Portugal, António Ribeiro, Claudia Cavadas, Miguel M. Goncalves, Lynne Angus, Leslie Greenberg*

Aim: The concept of Innovation Moments (i-moments) has been applied to describe how change happens and consolidates in psychotherapy, through the emergence and elaboration of unique outcomes and narrative novelties (Gonçalves, Matos & Santos, in press). Latest investigations have been tracing a distinction between different types of i-moments that occur in good-outcome psychotherapy cases and not in poor-outcome cases (regardless of the therapeutic modality) and emphasizing a specific type – re-conceptualization i-moments – as more significant in this contrast. Nonetheless, re-conceptualization seems to be fed by the elaboration of other types of i-moments and appears as a dialogical synthesis of what used to be the prior antinomy between the problematic and innovative dimensions in therapy. This presentation will focus on the theoretical depiction and illustration of some dialogical processes underlying the emergence of i-moments and their consolidation in therapy. Method: Following an intensive case-study paradigm, we selected a problematic theme in a good-outcome case of emotion focused therapy for depression and developed an idiographic analysis of the dialogical processes associated to the emergence of i-moments and to its transformation and consolidation resulting in an

increase and saliency (i.e., sustained narrative elaboration) of re-conceptualization i-moments. Results: This idiographic analysis allowed the theoretical description of different patterns of dialogical processes associated to re-conceptualization that will be exemplified through the presentation of clinical illustrations. Discussion: The discussion will outline some implications of these dialogical patterns for the development of an increased therapeutic intentionality.

## **Panel**

Emotion

### **Moderator**

Leigh McCullough  
- Harvard Medical  
School, Boston,  
Ma, USA

## **Desensitization of Specific Affects and the Impact on Change**

*Discussant: Robert Elliott - Univ. of Strathclyde, Glasgow, Scotland, UK*

**OBJECTIVE:** Accumulating research shows that affects impact on physical and mental health and recent research has pointed to desensitization of conflicted affect as a strong contributor to change. However, there is little research on the specific affects and their contribution to change. This panel will examine the impact on outcomes of specific affects such as resolving forms of grief, empowering forms of anger or assertion, and self compassion when combined with varying levels of anxiety, guilt, shame and pain and evaluate their impact on therapeutic improvement. **METHODS:** The intensity and frequency of specific affects were rated from videotapes using the ATOS scale, early and late in treatment on fifty Axis II cluster C patients who participated in an RCT where STDP and CT achieved equivalent outcomes (Svartberg, Stiles, & Seltzer, 2003). The three studies to be presented in this panel are currently in process at the Modum Bad Research Institute in Vikersund, Norway in collaboration with Trondheim Psychotherapy Process Research Program, NTNU, Trondheim, Norway, and Harvard Medical School, Boston. **RESULTS:** The preliminary overall results indicate that decreasing the amount of anxiety, guilt, shame or pain associated with specific 'activating' affects has impact across a range of outcomes. Moreover, STDP and Cognitive Therapy did not significantly differ on most 1) overall results, or 2) overall affective change, but did differ in theoretically-consistant ways in which specific affects were handled to achieve those results. **DISCUSSION:** These three papers add to the accumulating research that suggests a central role of affect in psychotherapeutic change. Furthermore, the similarity of findings in STDP and CT suggest that common or unifying factor ('affect phobia') may be operating across theoretical orientations.

How reducing anxiety over grief and anger impacts on improvement in treatment

*Mia Bergquist - Gothenberg Univ, Sweden, Leigh McCullough, Lisbeth Hedelin, Martin Svartberg, and Tore Stiles*

Therapists are constantly dealing with issues of pathological grief or lack of assertion, but there is little research that examines how conflicts (inhibition) about experiencing these affects. This study draws from an intensive analysis of videotaped psychotherapy sessions to capture the expression of conflicted grief and conflicted assertion, and examines the impact of inhibitory affects such as anxiety, guilt, shame, and pain on the experience of grief and anger. Preliminary results suggest that when conflicted affects are 'desensitized'; (i.e.; when the intensity of anxiety guilt shame or pain is reduced) there is an association with improvement in therapy.

Desensitization of specific affects and its impact on new learning

*Pal Ulvenes - NTNU, Trondheim, Norway, Leigh McCullough, Martin Svartberg, and Tore Stiles*

This study will examine how a reduction in inhibitory feelings or "anxieties" effect emotional functioning in psychotherapy patients, and how 'sensitized' or 'inhibited' affects impact on immediate therapy outcomes in comparison to affects that are 'desensitized.' Recent research has shown that desensitization of our basic affective capacities leads to improvements in cluster C patients at discharge and 2 year follow-up in both dynamic and cognitive therapy. However there is no research to date on the

impact of specific affect desensitization on micro outcomes, or immediate change following a session, e.g., "new learning." This study will report on the impact of inhibited affects versus 'empowered' or 'well-guided' affects and their capacity to demonstrate rapid change.

**Feeling Good about the Self: The desensitization of blocked self compassion and its' impact on somatization**

*Per Oyvind Fosse - NTNU, Trondheim, Norway, Morten Tvidt, Leigh McCullough, Martin Svartberg, and Tore Stiles*

Recently, much attention has been given to self compassion or self-care in clinical work, but there is very little research that examines how such positive affects related to the self can be heightened or diminished in psychotherapy patients. This study will examine specific occurrences of therapists and patients focusing on positive feelings about the self. The study will also examine how variation in levels of anxiety guilt shame and pain associated with feelings about the self affect the capacity for self-esteem and how that particular combination of activating feelings (e.g.; positive self feelings) and self-inhibiting forms of feeling impact on a range of outcomes, with a particular focus on somatization.

## **Panel**

Alliance

### **Moderator**

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

## **A Canadian RCT comparing Dialectical Behaviour Therapy to General Psychiatric Management: Therapeutic Alliance, Cost-effectiveness, and Functions of Self-Injurious Behaviour**

*Discussant: Franz Caspar - University of Bern, Switzerland*

This panel presents findings from the "Hope" study, a randomized controlled trial designed to evaluate the clinical and cost effectiveness of Dialectical Behaviour Therapy ( DBT) compared to General Psychiatric Management (GPM) for suicidal patients with borderline personality disorder (BPD). One hundred and eighty patients were randomized and treated on an outpatient basis for one-year. Patients in both treatments showed significant reductions in suicidal and self-injurious behaviours and a range of other outcome domains outcomes after one year; there were no differences across any outcomes were found between groups. This panel will present data related to potential mechanisms of change, predictors of outcome and cost effectiveness of DBT compared to General Psychiatric Management. The first presentation will discuss the relationship between the therapy alliance and clinical outcomes. The second presentation will provide data on the topography, functional aspects, and correlates of suicidal and self-injurious behaviour among individuals diagnosed with BPD. Finally, an examination of statistical approaches for modeling missing data related to the optimal evaluation of healthcare utilization will be presented. Together, these papers will highlight key factors related to treatment outcomes that are paramount to our growing knowledge of change processes among individuals with BPD.

**The Role of the Therapeutic Alliance in the Treatment for Borderline Personality Disorder**

*Shelley McMain - Centre for Addiction and Mental Health, Toronto, Canada, Lisa Burckell, Paul Links, Tim Guimond*

This study presents process and outcome findings from a Canadian randomized controlled trial of Dialectical Behaviour Therapy for borderline personality disorder. Findings from the trial showed that both Dialectical Behaviour Therapy (DBT) and General Psychiatric Management (GPM) proved to be highly effective in improving a broad range of outcomes. This presentation analyzes the relationship between the therapeutic alliance and treatment outcomes. Specifically, we focus on: (1) the relationship between the therapeutic alliance and outcome in DBT and GPM; (2) the relationship between the alliance and treatment drop outs and; (3) the pattern of the alliance over the course of a one-year treatment. Analyses are based on one-hundred and eighty patients diagnosed with borderline personality

disorder (DSM-IV). The Working Alliance Inventory short form was administered at multiple time points over the course of one-year treatment. The contribution of the client, therapist, and therapeutic dyad alliance ratings was examined. Analyses revealed interesting differences in the patterns of alliance between treatment groups. Additionally, the results revealed that alliance ratings reported at different phases of treatment differentially predicted treatment outcome.

### Reasons for Deliberate Self-Injurious and Suicidal Behavior among Individuals with Borderline Personality Disorder

*Anita Federici - Centre for Addiction and Mental Health, Toronto, Canada, Shelley McMain, Paul Links*

BPD is a debilitating mental health disorder associated with pervasive dysfunction across emotional, behavioural, cognitive, and interpersonal domains. BPD is often characterized by highly impulsive and self-destructive behaviour. Recurrent self-injurious behaviours (e.g., cutting, burning) are estimated to occur in 70% - 80% of people diagnosed with BPD, while rates of completed suicide in this population are approximately 10%. Given the clinical importance of such behaviour, a greater understanding of the function of suicidal and self-injurious behaviour, and its relationship to clinical outcome, among individuals with BPD may offer guidance for the development of more efficacious treatment. This aim of this study is to evaluate the predictors, correlates, and consequences of self-reported reasons for suicidal and non-suicidal self-injurious behaviour as they relate to outcome in a sample of individuals with BPD with (n = 180). Specifically, data from the Parasuicide History Interview (Linehan, Heard, Brown, & Wagner, 2001) and the Lifetime Parasuicide History (Linehan & Comtois, 1996) will be used to analyze information on the topography of suicidal and non-suicidal self-injury including frequency, antecedents, intent, medical severity, and clinical outcomes. The results of this study will help to (1) clarify the functions of suicidal and self-injurious behaviour and their relationship to outcome, (2) determine whether such behaviour differs by client subgroup (e.g. those with concurrent substance abuse, eating disorders), and (3) potentially influence the development of clinical interventions for the treatment of suicide and self-injury among individuals with BPD.

### Statistical approaches to the missing data problem in modeling the cost-effectiveness of the HOPE trial

*Tim Guimond - Centre for Addiction and Mental Health, Toronto, Canada, William Gnam; David Streiner; Shelley McMain*

Purpose: To determine the most appropriate statistical model to deal with the missing health service utilization data of participants with borderline personality disorder in a one-year randomized controlled trial with two-year follow-up. Methods: Health service utilization and other data were subject to high rates of missingness in the HOPE trial due to participants' missed appointments and drop-outs. Trial participants did, however, consent to have their clinical research data merged with Provincial administrative records of their health service utilization. These administrative records enabled the study investigators to know the true and complete health service utilization of all participants, including drop-outs. We implemented several statistical methods, including multiple imputation with an EM approach, to model missing health service utilization data in the clinical dataset. We compared these results with the "true" values obtained from health service utilization records in order to determine the validity of various missing data methods. Conclusions: Missing data problems plague many clinical trials, and the patterns of missingness are unlikely to satisfy assumptions underlying many missing data imputation strategies. Nonetheless, some missing data methods appear to be robust to modest violations of their underlying assumptions. Administrative data, when available, may offset the difficulties of missing data and obviate the need for sophisticated missing data methods.

## Panel

Change

## Moderator

Erhard

Mergenthaler -  
University of Ulm,  
Germany

## Process, key moments and outcome in brief psychotherapies.

*Discussant: Juan Pablo Jiménez de la Jara - University of Chile, Santiago de Chile*

The Therapeutic Cycles Model TCM (Mergenthaler 1996) uses a computer-assisted text analysis method for verbatim transcripts to identify key-moments and observe change in the patient's or therapist's narrative, or in the interaction of both. "The term key-moment refers to one or more sessions of a treatment or to segments of a session that are seen as clinically important" (Mergenthaler 1996, p.1306). The identification of key-moments is given by the presence of linguistic markers associated with the expression of emotion and reflection. Based on the frequency of marker words for emotional tone and abstraction – the latter is seen as an indicator of reflection - four clinical relevant patterns were derived: Relaxing, Reflecting, Experiencing and Connecting. Key moments and change are associated with the presence of Connecting. The goal of this panel is to present findings from studies that aimed to examine the relationship of key moments to the process and outcome of the respective psychotherapy using the TCM analyses and other independent measures. The first study will present the relationship between the valence of emotional tone and improvement in interpersonal problems and social role in a successful brief psychodynamic psychotherapy. The second study will examine two processes of brief psychodynamic psychotherapies, one successful the other unsuccessful, and compare the frequency of Connecting (high frequency of both, abstract and emotion words) present in each one in relation to the respective outcome. The third study will compare the above mentioned cases with two more cases and explain the findings with regard to the Resonating Minds Theory (Mergenthaler 2008).

Improvement in Interpersonal Problems and Social Role is related to an increase of Positive Emotional Tone and decrease of Negative Emotional Tone.

*Guillermo de la Parra - Pontificia Universidad Católica de Chile, Santiago de Chile, Paula Dagnino, Andrea Noriega, Mariane Krause*

The Therapeutic Cycles Model is operationalized using the quantitative computer assisted text analysis software CM. Based on conceptional dictionaries for emotion tone and abstraction, it identifies four emotion-abstraction patterns: Relaxing (low frequency of abstract and emotional words), experiencing (high frequency of emotional words), connecting (high frequency of abstract and emotional words), reflecting (high frequency of abstract words). In addition it generates a list of words not included in the dictionaries (left over list). We first will describe the implementation and adaptation of CM for the use in Chile. Then we will show how the method performs in its application to a successful brief psychodynamic psychotherapy. Method: After the software installation, CM was applied to a therapy yielding a left over list that was reviewed and led to a refinement of the existing dictionaries. Then CM was applied to the case presented here with the aim of studying how the emotional tone and abstraction could relate to outcome. Results: Greater change in Interpersonal Relations and Social Role as measured by the OQ questionnaire relates to an increase in positive emotional tone and a decrease in negative emotional tone, in addition to an increase in the frequency of abstract words. The results are discussed in the light of the theory of emotions and change in subjective theories.

Coincidence of connecting emotion tone with abstraction and psychotherapeutic outcome.

*Elisa Yoshida - PUC Campinas, Brazil, Erhard Mergenthaler*

The current study aimed to empirically test Mergenthaler's theoretical statement that "patients who do not succeed connecting emotion tone with abstraction during their therapy are likely not to improve" (Mergenthaler, 2008, p. 113). Two processes of brief psychodynamic psychotherapies, one successful and another unsuccessful, were analyzed according to the Therapeutic Cycles Model (TCM, Mergenthaler 1996) and data compared according to the following hypotheses: 1. The emotion-

abstraction patterns will differ across the two cases; 2. The patient with successful outcome will differ from the one with unsuccessful outcome having a higher percentage of Connecting (high frequency of abstract and emotional words) and Reflecting (high frequency of abstract words and little emotion). 3. A lower proportion of Experiencing (high frequency of emotional words and little abstraction) and Relaxing (low frequency of abstract and emotional words). Method: Two patients with the best and the worst outcomes have been chosen from a sample of five participants in an ongoing study whose aim is the analysis of the process of change and the outcome of individual brief psychotherapies in relation to the level of depression, level of defensive maturity, psychopathological symptoms, degree of alexithymia, and neuroticism. The psychotherapeutic processes were conducted by an experienced therapist. Sessions were recorded in audio and video and then transcribed. Results: Data analysis supported the previous hypotheses and pointed to the usefulness of the TCM for the analysis of change in psychotherapeutic processes carried out in Portuguese.

Emotional and cognitive regulation with regard to session outcome in poor and good outcome cases.

*Erhard Mergenthaler - University of Ulm, Germany*

The resonating minds theory will be introduced as a means to describe psychotherapeutic processes and change. It builds on the mind – brain interface with psychotherapeutic interventions causing change in the brain, an altered brain causes changes in the emotional, cognitive, and behavioral regulation, and this again will change the types of subsequent therapeutic interventions. For the empirical assessment of this theory the Therapeutic Cycles Model will be used. It is based on computer assisted analysis of verbatim transcripts using emotional tone, abstraction and narrative style as language measures. Method: As a sample application five short term therapies, both with good and with poor outcome have been analyzed. The results were compared with outcome measures such as OQ-45 that in two of the studied cases was administered along with every treatment session. Results: The findings suggest that change as measured with the emotion-abstraction pattern Connecting is accompanied with an increase of OQ and only after Connecting OQ drops indicating a good outcome.

## **Panel**

Practice

### **Moderator**

Maria Elisa Molina  
- Universidad  
Alberto Hurtado,  
Santiago, Chile

## **Implications of the notion of time irreversibility on research and practice in psychotherapy**

When time is considered as a central notion in human life experience, we intend to convey the idea that it allows human self-understanding, as well as the comprehension of his / her relationship with the world. At this panel, we want to enhance the relevance of notions of time underlying theoretical work, as they bring different conceptions of I-self and I-other relationship processes. This issue is of key importance for psychotherapy research, both in its theoretical and methodological implications. This panel offers three presentations that have in common the centrality of constructivist perspective to approach psychotherapy as a process of producing meaning-making. The first presentation will deal with the basic conceptual frame work to undertake the task proposed above. The second presentation brings out considerations about psychotherapy making and discuss about meta-theoretical constructivist approach towards practice and research in psychotherapy. The third presentation is a methodological approach based on the notion of irreversibility of time as proposed by the first presenter. It goes as semio-genetic analysis and will be applied to micro processing of therapeutic sessions. This panel is meant as an effort to extend possible new pathways to research in psychotherapy from a qualitative perspective, uniting the constructivist and systemic views under a conceptual framework that allows inquiry into the dynamics of meaning making as a valid way to research.

## Time: issues for the practice and research in constructivist psychotherapies

*Livia Simao - University of São Paulo, Brazil*

Time is a central notion in human life experience, for it allows the human self-understanding, as well as the comprehension of his / her relationship with the world in terms of continuities and ruptures. Then the scope and relevance of the time in Philosophy and Science, Psychology here specially included. Different notions of time will bring different conceptions of I- self and I-Other relationship processes. As a consequence, and may be the most important, different ways of conceiving time will be at the origin of different forms of conceiving human development, in which the construction of subjectivity is part and parcel. In this presentation, some of the core conceptions of time are briefly discussed for the contemporary occidental Human Sciences, in the following (no historical) sequence: Norbert Elias' conception of the social function of time as a regulator of the individual's relationships with his/her collectivity; Humberto Maturana's conception of time as an abstraction that gives sense to the chaos of the individual experience; and Henri Bergson's conception of the time as the duration (*durée*) of the subjective consciousness. Finally, from the critical discussion of these fundamental conceptions of time, I will propose to discuss the notion of temporality as a dual relationship between the intersubjective time and subjective duration, trying to depict some of its implications for constructivist psychotherapies.

## A meta-theoretical constructivist approach for the practice and research in psychotherapy

*Alvaro Duran - Private practice, São Paulo, Brazil*

We intend to discuss about meta-theoretical constructivist approach towards practice and research in psychotherapy, particularly personal dimensions under which psychotherapeutic practice and research are accomplished; the quality of constructivist approach; and some elaborations about these implications. We emphasize that both practice and research show conformity with personal dimensions in which particular and collective dimensions mutually influence one another. These dimensions reveal conceptions about humankind, knowledge, science and psychotherapy. Constructivist meta-theory is grounded on an epistemological perspective in which the relationship between knowledge and reality gives primacy to the first as the constructive process of reality. However, knowledge does not operate in a vacuum, but over local individual circumstances. A distinction between 'reality' (as local circumstances not directly accessible) and the reality in which the subject lives (as product of constructive process) is established. This constructive process is accomplished from an unavoidable socio-cultural immersion of the subject, it is not arbitrarily idiosyncratic, but it is co-accomplished and limited by filo and ontogenetic conditionings, which are related to the participants of that co-construction. Finally, from this perspective, the points of view about science and its applications are changed; that is, the demands for the adequacy of a theory aiming psychotherapy explanation and intervention are changed, enlarging the set of the research procedures.

## Dynamics of self-regulation in psychotherapy process

*Maria Teresa del Rio - Universidad Alberto Hurtado, Santiago, Chile, Maria Elisa Molina*

It is intended to study self regulation. It entails the conceptualization of the self as dialogical, able to produce meaning complexes while exchanging with others and with itself. This process is carried out by semiotic mediation with the social and internal world, through signs that have a regulatory action driven by personal and cultural processes. A qualitative methodology is applied to explore psychological processing through semiotic analysis. The focus of observation is therapeutic exchange extracts between therapist and patient. It is intended a description of the self regulation and semiotic mechanisms involved. We aim to display intrapsychic semiotic means that change subjective understanding of the ongoing action. It is expected to identify in psychological experiencing the

internalizing and externalizing processing that the individual carries out related to others and to him/herself. The internalizing process has a self-regulatory character. We expect to find moments of meaning transformation endowed with a deep personal sense. As a counterpart, it is expected that people display subjective meanings as symbolic resources that facilitate the Exchange with the social environment. Results will be discussed on the bases of a constructivist dialogical theory (Valsiner, 1998, 2007) that proposes the self as a dialogical system that is able of meaning generation. The constructivist perspective envisions self as full of possibilities for meaning making that proceeds as a self catalyzer system, in which its own parts (as I-positions) reconstruct themselves while the person deals with novelty of experience.

## **Panel**

Group

### **Moderator**

Laura Moncada -  
Universidad de  
Chile

## **The challenge for psychotherapists to work with medical patients**

*Discussant: Bernhard Strauss - Friedrich-Schiller-University, Jena, Germany*

This panel will talk about different approaches and results with patients who are suffering medical illness such as patients with arthritis ( RA ) who have being treated primarily with gestalt techniques in group basis, women with metastatic breast cancer treated in a long-term supportive-expressive group and differential treatment effects of psychological and spiritual support on postoperative recovery of patients undergoing coronary artery bypass surgery, with the intention to discuss the challenge for psychotherapists to take care of the patients quality of life. Also some theoretical thoughts about these subjects are going to be added. Also some theoretical thoughts about these subjects are going to be added

How clinical psychologists approach to the physical illness phenomenon? The case of arthritis  
*Laura Moncada - Universidad de Chile*

This paper will present a Chilean line of research with arthritis ( RA ) patients who were treated with psychological interventions in parallel to their medical treatments in the Clinical Hospital of Universidad de Chile. In the first investigation there were 10 RA patients treated in two different modalities, individual and in a small group with a gestalt technique and the results of both were compared. The work hypothesis was that individual interventions were better than group interventions. In the second research, 20 RA patients were exposed to two different modalities of group interventions, the first with primarily gestalt interventions and the second was an educational support group where the results of both were analyzed. The work hypothesis was that Gestalt psychotherapy group plus medical treatment were better than Educational support group plus medical treatment. There are many interesting results but also several questions arouse, so a third design of work was recently designed. The questions have relation with the type of psychological measurements, type and combination of techniques and finally the role of the therapists working with these patients are some of the relevant topics.

The role of the group therapist in a long-term supportive-expressive group for women with metastatic breast cancer: How groups for medically ill patients differ from traditional psychotherapy groups.

*Tom O'Brien - School of Medicine, The University of Queensland, Brisbane, Australia, Mary O'Brien, Jill Harris*

Aim: In this paper, the role of group therapists in a long term professionally led group for women with secondary breast cancer, delivered face to face and by telephone, is described and demonstrated. Method: Excerpts from transcripts and a DVD about the group are used to illustrate a range of therapeutic interventions. The setting and frame for the group is also described. Findings: The particular contributions of professional group therapists, which complemented the crucial component of peer

support are elaborated. These included initial assessment, maintenance of the group both practically and emotionally, building cohesion, managing death of members in the group, and assisting members to identify and better define their fears in order to develop ways to deal with them. Discussion: Implications for clinical practice are discussed with reference to who would benefit from this type of group. Conclusion: Acknowledging difficult and distressing feelings within the group, with the help of group therapists, enabled women to find their own ways to more successfully confront their diagnosis, and continue to lead a full and meaningful life.

Differential treatment effects of psychological and spiritual support on postoperative recovery of patients undergoing coronary artery bypass surgery

*Jenny Rosendahl - Friedrich Schiller University, Jena, Germany, Katharina Tigges-Limmer, Jan Gummert, Ralf Dziewas, Johannes Albes, Bernhard Strauß*

Background The effects of psychological as well as spiritual interventions on outcome in cardiac surgery have been evaluated previously, but recent studies concentrated mostly on pre-surgical interventions. Moreover, a systematic analysis of effects of psychological and spiritual interventions as well as an investigation of patients' therapeutic preference have not been carried out yet. Methods The By.pass (Bypass surgery with psychological and spiritual support)- study is a bicenter, controlled trial of 750 coronary bypass patients from 2 German hospitals. Patients were assigned to one of five treatment subgroups according to their personal therapeutic preference: either preferred psychological interventions, preferred spiritual interventions or no intervention. Patients who decided to get an intervention regardless of which profession were randomly assigned to psychological or spiritual interventions. Three months before the treatment phase started, patients were assigned to the control subgroups. They were asked for their preference but did not receive an intervention. Psychosocial and medical data were assessed preoperatively, postoperatively and after 3 and 6 months. Results First results show that psychological or spiritual interventions prior to and following cardiac surgery can influence somatic and psychological recovery positively. The impact of patients' therapeutic preference and related psychological and economic effects will be discussed.

Cognitive and affective processes in body oriented psychotherapy

*Maria Eugenia Moneta - Universidad de Chile, Santiago de Chile*

Humans like all species, have multiple forms of information processing in sensory and bodily systems. We differ from other species in the possession of a complex and powerful system, the verbal language. Nevertheless this is coded in multiple forms of non verbal modalities. Processing systems are characterized as Sub-symbolic and Symbolic. The sub-symbolic system is most used in therapies which rely more on non verbal signals as a way of accessing the mind. Information concerning our body and affective core are given by the sub-symbolic processing. Humans organize their emotional life into emotional schemas. Bodily, sensory and motor elements constitute the affective core of the schema. The emotional schemas are formed through the interactions with the caregivers, attachment processes, therefore the regulation provided by them are fundamental for the organization of the affective life which involves the mind and the body. A mechanism of neuroception would be implicated on the base of the organization of the affective schemas and attachment. Apparently what is changed in psychotherapy are the organization of the emotional schema; they underlie all the emotional interactions in life. Somatoform patients respond positively to body-oriented Psychotherapies. I will show data from a group work at a public Hospital in Santiago. I will describe different stages in body-oriented Psychotherapy through which somatoform patients could reach another level of organization in their affective schemes.

## Panel

Assessment

**Moderator**

Susana Morales -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## Assessment and Treatment in Suicide Behavior

*Discussant: Jorge Barros - Pontificia Universidad Católica de Chile, Santiago*

In spite of the great benefit that modern psychopharmacological, and psychotherapeutic treatments have had in Mental Health, suicide rates remain relatively stable around the World. Moreover, according to the WHO, we expect a rise in suicide rates within the next few years. Mental Health professionals deal with the difficult task of assessing suicidal risk on a daily basis to prevent it from happening. Nevertheless, our capacity to predict this behavior is quite limited, as reflected by a recent study in more than 2000 suicides of patients that were under psychiatric care: suicide was predicted on a small proportion of them by their clinicians. These obvious limitations don't come as a surprise, since we know that we are dealing with a highly complex behavior, which is motivated by social, genetic, morbid, psychological and biographical factors. On this panel, we will review the international epidemiological facts regarding risk and protective factors as well. Fern Cramer, from Canada, will present his experience on "Group Psychotherapy for Depressed and Suicidal Adolescents and Young Adults" J. Christopher Perry, from Canada, presents his work on "Recovery from suicidal and self-destructive phenomena versus suicide in three long-term naturalistic studies of psychodynamic treatments. Susana Morales, from Chile, will show us her findings on "A comparative study of inpatients with different degrees of suicidality. Finally, Jorge Barros, from Chile, will discuss his presentations, contributing with his inpatient and outpatient clinical experience.

Recovery from suicidal and self-destructive phenomena versus suicide in three long-term naturalistic studies of psychodynamic treatments.

*J. Christopher Perry - The Erik Erikson Institute for Education & Research, the Austen Riggs Center (USA); Institute of Community & Family Psychiatry, S.M.B.D. Jewish Genera, Montreal, Canada, Adrian Bailey, Michael Bond*

Suicidal and self-destructive phenomena are risk factors for completed suicide and they are associated with severe impairment and distress. This presentation will present data from two follow-along and one follow-up study examining the question of how long it takes to recover from suicidal ideation, suicide attempts and self-destructive behavior such as cutting among those entering out-patient or residential dynamic psychotherapy. In addition, long-term follow-up has systematically identified any completed suicides. The first study is an outpatient sample (N=53) given a median of 3 years of individual dynamic psychotherapy and followed for a median of 5 years. The second sample is a long-term follow-along study of individuals admitted over a nine year period to an intensive dynamically oriented residential facility for a median of 3/4 of a year treatment and followed for a median of seven years. The third study examined patients admitted to the same residential facility during the the same period who refused to give consent to join the follow-along study but on whom intake and hospital data were collected and mortality was ascertained after a median of 7 years. The three studies had completed suicide rates of 0.0%, 0.4%, and 4.5% While all three studies are naturalistic, it is clear that recovery is the rule, not the exception. Nonetheless there are some patients who fail to engage in the process leading to recovery. This presentation will focus on trying to understand some of the positive and negative risk factors for recovery versus completed suicide.

A comparative study of inpatients with different degrees of suicidality

*Susana Morales - , Santiago, Chile, J. Barros, O. Echávarri*

In order to identify more factors that relate to highly lethal suicide attempts, 151 inpatients in the Psychiatric Unit of the UC San Carlos de Apoquindo Clinic who have experienced suicidal phenomena were compared. Diagnosis was based on the DSM-IV-R, Axes I and II; patients' history of suicidal-

parasuicidal behavior and reasons to live were assessed. The results confirm that previous suicide attempts and planning are important risk factors; appropriateness of hospitalization relates to considering suicide as a means to solve problems; the absence of a current suicide plan in patients who have recently made rigorous attempts may be a post-attempt effect that could be transitory and may offer a good opportunity for crisis intervention, which should consider the importance of close bonds and reinforce feelings of personal competence. Key Words: suicidal intentionality, nearly lethal suicide attempt.

## **Panel**

Personality

## **Moderator**

John Ogrodniczuk -  
University of  
British Columbia,  
Vancouver,  
Canada

## **Understanding and Treating Pathological Narcissism**

*Discussant: Brin Grenyer - University of Wollongong, Australia*

The DSM-IV describes narcissistic personality disorder as a pervasive pattern of grandiosity, need for admiration, and lack of empathy. Narcissists are preoccupied with fantasies of unlimited success, believe they are special and unique, require excessive admiration, have a sense of entitlement, are exploitive, lack empathy, and are arrogant. They exaggerate minor achievements, expect praise and recognition without doing anything to earn it, and feel entitled to express their opinion without being burdened by listening to those of others. Narcissistic personality disorder was accepted as an Axis II diagnosis for the first time in DSM-III, nearly three decades ago. Yet, despite its inclusion in our official diagnostic nomenclature and its common usage among clinicians, narcissistic personality disorder is controversial and of uncertain validity. It remains a disorder about which there has been little empirical research in clinical populations and around which questions of clinical features and approaches to treatment remain. The goal of this panel is to present findings from three studies that will help clarify some of the features of pathological narcissism and consider how to treat this debilitating disorder. The first paper will present findings from an experimental study that examined whether grandiose daydreams are associated with intrusions of threat against one's self esteem. The second paper will present results of a study that examined the types of interpersonal problems associated with narcissism among psychiatric outpatients. The third paper considers the use of transference focused psychotherapy for patients with pathological narcissism. We hope that these papers can help contribute to a better understanding of pathological narcissism and its treatment.

### **Grandiose Narcissistic Daydreams Stimulate Low Self-Esteem Worries: An Experimental Study**

*Giovanni M. Ruggiero - Cognitive Psychotherapy School and Research Center, Milano, Italy, Agata Tudisco, Sandra Sassaroli*

**Aim:** According to theoretical models (Aktar, 1984; Dimaggio & Semerari, 2003) individuals affected by narcissistic personality disorder use grandiose daydreams in order to get distracted from underlying doubts about their personal worth. The hypothesis of this study is that this strategy is dysfunctional because grandiose daydream would induce more frequent intrusions of low self-esteem. **Method:** We asked to 40 individuals to participate to an experimental design. The experiment had two phases. During phase 1 the individuals were asked to worry for a minute about their past episode in which they experienced the worst threat to their self-esteem. After the worry, they had to imagine a grandiose daydream for a minute, to signal every time they had an intrusion of the threat to their self-esteem. During phase 2 the individuals were asked to worry for a minute about their past episode in which they experienced the worst threat to their self-esteem. After the worry, they had to imagine a neutral scenario for a minute, to signal every time they had an intrusion of the threat to their self-esteem. **Results:** The results confirmed that grandiose daydream induced more frequent and longer intrusions of the threat against their self-esteem. **Discussion:** Grandiose daydream are a maladaptive strategy for

coping with low self-esteem. Psychotherapy for narcissistic personality should include the cognitive disputing of this personal attitude.

### Interpersonal Problems Associated with Narcissism Among Psychiatric Outpatients

*John Ogdroniczuk - University of British Columbia, Vancouver, Canada, William E. Piper, Anthony S. Joyce, Paul I. Steinberg, and Satna Duggal*

**Aim:** Narcissistic personality disorder is the subject of extensive discussion in the literature. Yet, the validity of this diagnostic category remains questionable. This is owed, in large part, to the relative absence of empirical work that has examined narcissism in clinical samples. Descriptions and findings from studies involving non-clinical samples suggest that narcissism is associated with considerable interpersonal impairment. The objective of the present study was to examine this possibility in a sample of psychiatric outpatients.  
**Method:** Consecutively admitted patients (N=240) to a day treatment program completed measures of narcissism, interpersonal problems, and general psychiatric distress. Patients were categorized into high, moderate, and low narcissism groups. The groups were compared on overall interpersonal impairment, as well as on particular domains of interpersonal behavior. Treatment duration and discharge status were also compared among the three groups. Analysis of covariance and chi-square analyses were used.  
**Results:** At baseline, higher levels of narcissism were significantly associated with greater interpersonal impairment. The interpersonal style of the more narcissistic patients was particularly characterized by domineering, vindictive, and intrusive behavior. At post-treatment, only the association between narcissism and intrusive behavior remained significant. Change in interpersonal difficulties following treatment did not differ significantly among the groups. However, failure to complete treatment was associated with narcissism.  
**Discussion:** The results underscore the interpersonal impairment associated with narcissism and support the notion of narcissistic personality disorder as a valid diagnostic category. Results also suggest that group-oriented day treatment may be inappropriate for highly narcissistic patients.

### Treating Narcissistic Pathology with Transference-Focused Psychotherapy

*Barry Stern - Columbia University College of Physicians and Surgeons, New York, USA, Frank Yeomans, Diana Diamond, John Clarkin, and Otto Kernberg*

**Aim:** Clinical experience involving the treatment of patients with significant narcissistic pathology suggests that this patient population is among the more difficult to treat within the personality disorder spectrum. Kernberg and colleagues have developed a psychoanalytically-informed treatment for patients with personality disorders (Transference-Focused Psychotherapy; TFP), including those with narcissistic personality pathology.  
**Method:** The treatment has been manualized (Clarkin, Yeomans, & Kernberg, 2006) and studied in a randomized clinical trial of 90 patients with borderline personality disorder (BPD) and shown to be effective in treating BPD (Clarkin, Levy, Lenzenweger, Kernberg, 2007). A psychoanalytically-informed conceptualization of narcissistic pathology as developed by Kernberg and colleagues will be briefly presented. The techniques and strategies of TFP will be introduced, and the results of the randomized clinical trial will also be summarized.  
**Results:** This presentation will primarily involve a discussion and presentation of case material outlining specific challenges posed by narcissistic patients to the conduct of TFP as outlined and studied to date, how the treatment may need to be modified to enhance efficacy with this population, and the potential pitfalls and benefits of such modification.  
**Discussion:** Implications of the foregoing for the controlled study of psychotherapy for patients with narcissistic pathology will be discussed.

**Panel**  
Therapist  
**Moderator**  
Gloria Peláez -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## **Psychotherapists in Chile 2: Therapist Spirituality and Therapeutic Practice**

*Discussants: Gloria Workman - Northwestern University, Downers Grove, IL, USA and David Orlinsky - University of Chicago, USA*

Recent data from the United States, Canada, and New Zealand show that religion and spirituality have a significant place in the lives of many psychotherapists (Smith & Orlinsky, 2004; Krumpel & Orlinsky, 2008). The studies reported here extend prior research to another cultural region: Chile, a traditionally Catholic country of Hispanic heritage. Studies of religion in Latin America show that countries like Chile and Argentina have high rates of religious belief but that participation in religious services is relatively low, which implies that 'spirituality' not related to organized religion may be significant in Chilean culture. This third of 3 conference panels on psychotherapists in Chile presents studies based on data recently collected by a research team at the International Doctoral Program in Psychotherapy in Santiago. A sample of 148 Chilean therapists completed the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which asks about therapists' religious backgrounds, attitudes, and spirituality as well as other aspects of their professional and personal experience. The studies based on this data explore the importance of spirituality in the current lives of Chilean therapists and how this may affect their clinical work. Marcia Olhaberry examines the relation of disturbances in early life to the importance of spirituality in the therapist's current life, and its influence on therapeutic work. Gloria Peláez examines the relation of therapists' ratings of the current importance of spirituality and its influence on their therapeutic work to the treatment goals that therapists typically pursue with patients. In a parallel study, Mauricio Ortiz examines the relation of therapists' ratings of the current importance of spirituality and its influence on their therapeutic work to their perceived manner of relating with patients. References: Krumpel, L., & Orlinsky, D. E. (2008). Patterns of change in the religiosity of psychotherapists. Paper presented at the 39th annual Society for Psychotherapy Research meeting, Barcelona Spain, June 2008. Smith, D. P., & Orlinsky, D. E. (2004). Religious and spiritual experience among psychotherapists. *Psychotherapy: Theory, Research, Practice, Training*, 41, 144-151.

Early traumatic experiences of psychotherapists and the role of spirituality in adult life  
*Marcia Olhaberry - Pontificia Universidad Católica de Chile, Santiago*

**Aim:** Do experiences of trauma, abuse, or parental loss in childhood predispose individuals to be more sensitive to spiritual aspects of life? Do they influence therapists' work with patients? Intuition suggests that early trauma may play a role in the development of spirituality by creating a special need to find meaning in experience, and to sense an 'invisible' source of emotional support in the world. This study examines the relationship between early traumatic experiences and the importance of spirituality in the lives of Chilean psychotherapists. **Methods:** In completing the DPCCQ, 148 Chilean clinicians rated various aspects of their early life experience, the importance of spirituality in their current lives, and the extent to which spiritual experiences influence their therapeutic practice. Of these therapists, 67 (45%) reported more than a minimal level of childhood trauma or abuse (rated  $\geq 2$  on a 0-5 scale of extent, and 22 (15%) reported high levels (rated 4 or 5). Further, 70 (48%) said that spirituality was important or very important in their lives (rated  $\geq 7$  on a 0-10 scale); and 29 (21%) reported their spiritual experiences had an important influence on their therapeutic practice (rated  $\geq 7$  on a 0-10 scale). Other aspects of early childhood to be examined include death or divorce of parents prior to age 15. **Results:** Preliminary analyses show no association between general measures of early family experience and the two measures of adult spirituality. However, small but statistically significant correlations were observed between extent of childhood trauma or abuse and adult spirituality ( $r=.18$ ) and influence of spirituality on practice ( $r=.19$ ). Further analyses will focus on the role of theoretical orientation, personal therapy, and

current life status as mediators or modifiers of these correlations. Discussion: Theoretical implications of the findings will be discussed with respect to the development of spiritual awareness and the motivations of therapists in work with patients.

#### Therapists' spirituality and treatment objectives

*Gloria Peláez - Pontificia Universidad Católica de Chile, Santiago, Jairo Mauricio Ortiz*

Aim: The broad question this study addresses is the degree to which the personal and professional aspects of a therapist's life interact and influence one another, and whether this interaction can be viewed as something positive or negative. More specifically, this study explores the importance that therapists attribute to spirituality in their personal lives, the extent to which spirituality influences their therapeutic work, and the treatment goals that have priority for them in the therapeutic process. It seems plausible to hypothesize that therapists who view themselves as very spiritual would differ in this respect from those who see themselves as only slightly or not at all spiritual. Methods: A sample of 148 Chilean therapists completed the DPCCQ which in part assessed the value of spirituality has for them as well as other related questions about religious background and commitments. Another part of the DPCCQ asks therapists to rate their typical treatment goals. Results: Preliminary analyses show a broad range in the degree of importance that Chilean therapists ascribe to spirituality: for 26% it has little or no value ( 3 on a 0-10 scale) but 48% rate spirituality as highly important in their lives (rated 7 on a 0-10 scale). Further analyses are in process. Discussion: Implications of the findings for understanding the how psychotherapists operate will be considered.

#### Therapists' spirituality and manner of relating with patients

*Jairo Mauricio Ortiz - Pontificia Universidad Católica de Chile, Santiago, Gloria Peláez*

Aim: The relationship that is established between patient and therapist is an important aspect of therapy process and a consistent predictor of outcome, according to many past studies of therapy process and outcome (e.g., Orlinsky, Rønnestad, & Willutzki, 2004). This study examines whether the relational aspect of a therapist's behavior is associated with the degree to which the therapists emphasize spirituality in their personal lives. Methods: In addition to the DPCCQ items assessing the influence of spirituality in their personal and professional lives, 148 Chilean therapists also rated 23 items describing their manner of relating with patients. Factor analysis will be used to identify the dimensions underlying therapists' relational manner, and the differential association of these dimensions with therapist spirituality will be assessed. Results: Preliminary results show a partial replication of dimensions previously found in therapist data from other countries. Further analyses are in process. Discussion: Implications of the findings for understanding therapists' relationships with patients will be discussed. Reference: Orlinsky, D.E., Rønnestad, M.H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. Lambert, Ed., Bergin and Garfield's Handbook of psychotherapy and behavior change, 5th edition, 307-389. New York: Wiley.

### Panel

Alliance

#### Moderator

Robert Alistair  
Richardson -  
University of Bern,  
Switzerland

### Therapeutic Alliance from a Psychodynamic Perspective: Examining Therapeutic Interventions and Patients' Pretreatment Characteristics

*Discussant: Adam O. Horvath - Simon Fraser University, Burnaby, Canada*

This panel features one single case study and two quantitative studies. In the single case study, 33 sessions were transcribed and analysed in order to examine the interaction between the therapist's interventions and the unfolding of the therapeutic alliance in a psychodynamic setting. As for the quantitative studies, the first consisted in examining the impact of patients' pretreatment characteristics on the therapeutic alliance in a group setting; patients (N=145) were randomly assigned to either short-

or long-term manualized psychodynamic group therapy. The second study is focused on the impact of the level of object relations, rated during intake interviews and early therapy sessions, on early alliance in an individual setting (N=40).

### The Evolution of the Interaction Between the Therapeutic Alliance and the Therapist's Interventions in a Single Case Psychodynamic Study

*Vanina Waizmann - Universidad de Belgrano, Buenos Aires, Argentina, Andrés J. Roussos*

**Aim.** The therapeutic alliance is a sensitive factor to several aspects of the patient-therapist dyad. The dialogic process involved in a psychotherapeutic treatment shows the interaction between the therapist's interventions and how the alliance unfolds. **Methods.** The present study worked on a single case psychodynamic psychotherapy, assessing the relationship between the fluctuations in the therapeutic alliance and the psychotherapeutic interventions implemented by the treating therapist. The material used in the study were 33 clinical sessions of the case, which were audio-recorded and transcribed. Interventions were analyzed independently by trained judges using the MCPI, a schema of psychotherapeutic interventions developed by Roussos et al. (2003, 2006). Besides, trained judges evaluated therapeutic alliance with the WAI observer form (Horvath, 1981). **Results.** The relation between the psychotherapeutic interventions and the level of the therapeutic alliance was studied in terms of the interventions' theoretical specificity and non specificity, their type and the themes included in them, and the level of alliance obtained. **Discussion.** Issues regarding the theoretical specificity of interventions will be addressed.

### Pretreatment Patient Characteristics as Predictors of Alliance and Cohesion in Psychodynamic Group Psychotherapy

*Steinar Lorentzen - UiO, Institute for Psychiatry, Section Aker University Hospital, Oslo, Norway, J. V. Bakali, P. Høglend, G. Burlingame, S. Baldwin, & T. Ruud*

**Aim.** Therapeutic alliance and group cohesion are possibly the two most central elements of small group processes, and both are positively related to therapy outcome. We wanted to study baseline patient characteristics that influence the level and development of these process elements. **Methods.** The process ratings are from 145 outpatients who were randomized to short- or long-term manualized psychodynamic group therapies (20 or 80 weekly sessions). 18 groups were treated by 9 experienced therapists. Patients were interviewed pre-therapy. Process measures used were the Working Alliance Inventory - Short Version (Tracey & Kokotovic, 1989) and The Cohesiveness subscale of the Therapeutic Factors Inventory (Lese & MacNair-Semands, 2000). Patients rated working alliance and cohesion after sessions 3, 10, 18 in both therapies, and after sessions 40, 60, and 78 in the long-term therapies. **Results.** The relationships between pre-treatment patient characteristics like demographics (age, gender), interpersonal problems (cold/dominant), QOR, affiliation introject (SASB), mother care (PBI), selected personality dimensions (Big-five), and level and development of process will be presented. **Discussion.** The clinical implications of these results will be discussed.

### The Relationship Between Level of Object Relations and Early Therapeutic Alliance : Applying the Social Cognition and Object Relations Scales (SCORS) to Intake Interviews and Early Sessions

*Robert Alistair Richardson - University of Bern, Switzerland, Julia Burski, Julia Gadola*

**Aim.** We focus on the patient's capacity to form a positive and productive relationship with the therapist. This capacity may vary importantly from one patient to another, and may strongly influence the quality of the therapeutic relationship (Pinsker-Aspen, Stein, & Hilsenroth, 2007). In operational terms we examine the impact of the level of object relations on early therapeutic alliance. We choose to focus on early

alliance because research indicates that measures taken at this stage seem to be better predictors of therapy outcome (Zuroff & Blatt, 2006). Methods. The population consists of 40 patients suffering from Major Depression. The level of object relations is assessed using a set of empirically-based rating scales: the Social Cognition and Object Relations Scales (SCORS; Westen, 1985, 1991, 2002). The reliability, validity, and clinical usability of this multidimensional approach to assessing object relations rests on a sound basis (e.g., Huprich & Greenberg, 2003; Peters, Hilsenroth, Eudell-Simons, Blagys, & Handler, 2006). The SCORS is applied to the intake sessions and to the first two therapy sessions. Early alliance is measured using a post-session patient self-report questionnaire. Results. At the moment of submitting, the data is in the process of being rated. Discussion. The following points will be addressed : appropriateness of the rating method and material, relationship to previous findings.

## **Panel**

Narrative

## **Moderator**

João Salgado -  
ISMAI, Maia,  
Portugal

## **Innovative moments in psychotherapy: New findings**

*Discussant: Lynne Angus - Department of Psychology, York University, Toronto, Canada*

The Innovative Moment Coding System (IMCS) allows the tracking of novelties along the therapeutic process. It assumes that change in psychotherapy is constructed through the elaboration of exceptions (innovative moments or i-moments) toward the former rules that organized a client's behavior (acting, thinking, feeling). This system was inspired by the narrative therapy conceptualization of change as the elaboration of novelties outside the influence of problematic self-narratives. Previous research has made clear that this system is applicable outside of the narrative tradition, since all therapists want to produce novelties independent of the way they conceive the aims of therapy and the strategies used to achieve those aims. The IMCS allows the identification of five different types of i-moments: action, reflection, protest, re-conceptualization and performing change. The aim of this panel is to present several studies conducted with this system. The first paper will examine the results from three samples with different psychotherapeutic approaches, namely re-authoring narrative, emotion-focused and client-centered therapy. The second paper will present a model of change in i-moments, as well as a model that explains stability in psychotherapy. Finally, the third and the fourth papers will focus on a micro-genetic level of analysis that allows for understanding how i-moments are expanded and differentiated from the problematic self-narrative, or to the contrary are absorbed by it, deflecting the innovative potential that they have for change.

Innovative moments and change in narrative therapy, emotion-focused therapy and client-centered therapy: Commonalities and differences

*Inês Mendes - Department of Psychology, University of Minho, Braga, Portugal, Marlene Matos, Anita Santos, Graciete Cruz, Miguel Gonçalves, Lynne Angus, Leslie Greenberg*

The research question that guides this study is: Are innovative moments (i-moments) markers of good therapeutic outcome? In this sense, we applied the Innovative Moment Coding System (Gonçalves, Matos, & Santos, 2006) to three samples with different psychotherapeutic approaches, namely re-authoring narrative, emotion-focused and client-centered therapy. We identified which specific types of i-moments emerged and characterized their salience (time spent in the conversation around i-moments). All the cases were differentiated into poor or good therapeutic outcomes. We analyzed whether specific i-moments were related to increasing salience in good outcome therapy. Our hypothesis was that good outcome groups would present a significant difference in saliency and present an i-moments profile characterized, mainly, by two particular types: re-conceptualization and performing change. To date, this hypothesis has been checked with the samples of narrative therapy and EFT. We are still coding the data from CCT.

### Innovative moments: A model of change in psychotherapy

*Miguel Gonçalves - Department of Psychology, University of Minho, Braga, Portugal, Carla Cunha, João Salgado, Anita Santos, António Ribeiro*

In this presentation, we reflect upon the main results we have obtained to date with the Innovative Moments Coding System and how this method can, in our view, enrich research on the therapeutic process. The research of patterns of i-moments in different therapeutic traditions can constitute a rich tool for studying how change results from the creation of novelties in the therapeutic conversation. We will present a model of change for i-moments, as well as a model that explains stability in psychotherapy. We will present data that support these models of stability and change. We will also reflect upon the methodological strategies that could allow the further development of research with these models.

### Innovative moments: A dialogical micro-genetic analysis of a poor outcome case

*Anita Santos - Department of Psychology, University of Minho, Braga, Portugal, Miguel Gonçalves*

In this study, a poor outcome case of narrative therapy with a female victim of intimate partner violence is analyzed with the Innovative Moments Coding System (Gonçalves, Matos, & Santos, 2006). The research aim is to describe the processes involved in meanings' stability throughout psychotherapy. For this purpose, a dialectical-dialogical approach (Josephs & Valsiner, 1998; Josephs, Valsiner & Sorgan, 1999) to meaning-making is used in the analysis of the therapeutic process. Results show that, although the client presents high levels of symptomatic distress, innovative moments (i-moments) still appear in this case. They are, however, restricted to protest and reflection i-moments and their salience is low, when compared with good outcome cases. The application of a dialectical framework analysis has shown that these i-moments were involved in a process of mutual in-feeding (Valsiner, 2002), which created a cyclical movement between innovation and the problem throughout the therapeutic process, promoting meaning maintenance in this poor outcome case.

### Innovative moments: A dialogical micro-genetic analysis of a good outcome case

*António Ribeiro - Department of Psychology, University of Minho, Braga, Portugal, Miguel Gonçalves, Eugénia Fernandes*

In this study, we micro-analyzed the emergence of innovative moments (i-moments) and development in a good outcome case of constructivist therapy focused on implicative dilemmas (Senra, Feixas, & Fernandes, 2007). The dialectical perspective of Josephs and collaborators (Josephs & Valsiner, 1998; Josephs, Valsiner & Sorgan, 1999) was used to micro-analyze how i-moments emerged from the problematic narrative, how they remained captive in the process of stability (mutual in-feeding) and also how they developed into a successful outcome (resolving mutual in-feeding). Results showed that, at therapy's inception, i-moments were involved in a process of mutual in-feeding that created a cyclical movement between innovation and the problem. However, as therapy progressed i-moments underwent a differentiation in their type and content, and also an escalation in terms of salience, becoming progressively more differentiated from the problematic narrative. Consequently, they achieved higher order levels in the self's meaning system, progressively replacing previous meanings. The re-conceptualization and progressive salience increases seemed to play a pivotal role both in reducing the probability of the mutual in-feeding occurrence and in i-moments' escalation.

**Panel**  
Interpersonal  
**Moderator**  
George  
Silberschatz -  
University of  
California, San  
Francisco, USA

## **Effective ingredients in psychotherapy: The plan compatibility of therapist interventions**

Although considerable research attention has been directed at comparing the effectiveness of various psychotherapies, relatively little progress has been made in identifying effective ingredients in psychotherapeutic treatments. This panel will present three empirical approaches that focus on therapist interventions that predict successful therapeutic processes and outcomes. Len Horowitz will present research focusing on the control-mastery concept of the patient's tests of the therapist suggesting that greater productivity is associated with the therapist's passing the patient's tests. George Silberschatz will present data from a process-outcome study of brief dynamic psychotherapy in which the compatibility of therapist interventions with the patient's (unconscious) plan was correlated with treatment outcome. Franz Caspar will present an overview of the work that he and his colleagues have been conducting in Bern on their Plan Analysis Method emphasizing how the complementarity between the therapist's actions and the patient's plan is a predictor of outcome. The three panelists will discuss implications of their work for both psychotherapy process and outcome research.

Therapeutic Interpersonal Tests: A Vehicle of Therapeutic Change

*Leonard Horowitz - Stanford University, Stanford, CA, USA, Marshall Bush, Jon Belford*

The concept of an "interpersonal test" is familiar to psychologists interested in interpersonal psychology. Interpersonal models examine dyadic interactions between two people, A and B. A's behavior invites B to react in a way that satisfies one of A's important motives: A wants B to react in a way that confirms a desirable hypothesis about the self or about B (or disconfirms an undesirable one). For example, an aggressive boy might bully others—with a desire to have the partner display visible signs of intimidation assuring A that he is powerful. In other cases, a boy might display aggression toward others (B), with a desire that B firmly control A's behavior—thereby demonstrating that B can protect A from adversity. The control-mastery approach is the only form of treatment that uses the interpersonal test to explain how a treatment works. Control-mastery psychotherapy focuses on a patient's interpersonal tests during therapy. First, I will summarize George's description of the control-mastery approach with six simple propositions. (1) Psychological problems (interpersonal, intrapersonal) arise from one of three internal states: pathogenic beliefs; motivational conflict; and/or negative affect. (2) A dynamic formulation summarizes the person's problems and organizes them in terms of interaction patterns established during the person's history. (3) A therapeutic test is a patient-initiated dyadic interaction with the therapist that is relevant to one or more psychological problems described in the dynamic formulation. (4) A therapeutic test manifests itself as one of three copy processes (Benjamin, ref), namely, the recapitulation, identification, or introjection of an earlier maladaptive pattern. (5) To pass a therapeutic test, the therapist's reaction must show the patient that the therapist (a) understands the associated problem; (b) discourages the patient from recapitulating, identifying with, or introjecting the earlier maladaptive pattern; and (c) can exhibit strengths and capacities that the patient would like to acquire. (6) As a result of passed therapeutic tests, the patient is better able to (a) describe the source and nature of pathogenic beliefs, motivational conflict, and subjective distress with greater clarity and coherence, (b) demonstrate a reduced severity of problems in interacting with the therapist and significant others, and (c) report that therapeutic goals have been attained. We shall show how we have identified tests in the psychoanalytic treatment of a 28-year-old male, using the verbatim transcripts of treatment sessions. Eight control-mastery therapists read the first 10 sessions. Prototype methodology was used to identify the patient's principal treatment goals and pathogenic beliefs. From these we were able to derive a succinct dynamic formulation. The formulation was then used to identify "therapeutic tests" in later sessions. The paper will illustrate "passed" and "failed" tests and show differences evident in the

patient's behavior from the transcripts.

The Plan Compatibility of Therapist Interventions as a Predictor of Treatment Outcome  
*George Silberschatz - University of California, San Francisco, USA*

Recorded therapies of 38 patients along with extensive treatment outcome and follow-up data comprise the primary data for this study. A reliable method of psychodynamic case formulation -- the plan formulation method -- was used to develop case formulations for each case. These formulations were then used to assess the quality ("plan compatibility") of therapist interventions: experienced clinical judges read the formulations and then rated therapist interventions in a sample of therapy hours using a 7-point "plan compatibility of intervention" scale. Correlations between these ratings and treatment outcome were significant. The results show that the goodness of fit (i.e., plan compatibility) between therapist interventions and the patient's needs (as assessed by the plan formulation) is an important predictor of treatment outcome. Implications of these findings for future psychotherapy research will be discussed

Tuning the patient into a change mode  
*Franz Caspar - Universität Bern, Switzerland*

Much of therapists' attention lies commonly on the content of their therapeutic work: insights that are conveyed, ideas that are challenged, emotions that are worked through, behaviors that are built up, etc. In parallel, many therapeutic approaches include concepts for bringing patients into a favorable state to make them open for what one could designate the content of interventions. Findings from studies coming from various approaches including of Grawe's and my own approach will be compiled in an endeavor to move towards a school independent view of favorable conditions including a neurobiological perspective. Much in the tradition of SPR, some fundamental methodological issues, such as Stiles' Responsiveness will be included in the discussion.

**Panel**

Emotion

**Moderator**

Anastassios  
Stalikas - Panteion  
University, Athens,  
Greece

**Researching positive emotions: Methods and instruments**

In this panel we discuss different methodological approaches and present instruments that can be used for the assessment of positive emotions and related concepts. We give emphasis on the different ways for identifying, assessing, and depicting the emergence, intensity and quality of expressing positive emotions in psychotherapy. There are two papers contributed by the McGill Psychotherapy Process Research Team and two by the Panteion Psychotherapy research Team. In the first paper contributed by the McGill team we present a categorical classification system (Client Vocal Quality; Rice, Koke, Greenberg, & Wagstaff, 1979) and its application to psychotherapy. In the second paper we present a computer program which has created the possibility to study the acoustic qualities of client speech with precision. We outline computer models of tone, pitch, volume and speech rate that have been linked to emotions (Juslin & Laukka, 2001; Scherer & Banse, 1991) and have identified patterns for anger and sadness in therapy-like situations. In the first paper contributed by the Panteion University Psychotherapy Research Team we present an overview of the different scales and methods used to measure emotions, and in the second paper we focus on the measurement of broadening - a phenomenon related to the experiencing of positive emotions and the results of a study where positive emotions and broadening are studied.

## Scales and Methods assessing positive emotions

*Anastassios Stalikas - Panteion University, Athens, Greece, Antigoni Merika, Alkmini Boutri*

This presentation examines the different scales and methods used to identify and describe emotions in general and positive emotions in particular in psychotherapy. The first part of the presentation focuses on the definition and operationalization of emotions and describes the different emotion-theories and models as they have been presented in the relevant literature. In the second part of the presentation various scales and methods stemming from the aforementioned theories are discussed and their usefulness and adaptability to psychotherapy research are depicted. Finally, in the third part of the presentation the Positive and Negative Affect Scale (PANAS) and the DeSmoS scales are compared and contrasted and their application in psychotherapy research is discussed.

## Assessing emotion using vocal quality: An integrative review emotion

*Marilyn Fitzpatrick - McGill University, Montreal, Canada, Gabriela Ionita & Calli Armstrong*

This paper examines issues related to the measurement of vocal acoustic qualities for assessing client in-session emotion. Emotion has typically been assessed using self-report measures or by raters listening to session recordings. Client self-reports tap global post-session emotional evaluations that are insensitive to the momentary fluctuations that may have important clinical implications. External ratings are time consuming and rely on the ability of raters to infer affect, a particular challenge with positive emotions which tend to be subtle. An alternative is examining acoustical characteristics. Results using a categorical classification system (Client Vocal Quality; Rice, Koke, Greenberg, & Wagstaff, 1979) have suggested the importance of the vocal features of emotion. Technological advances have created opportunities to study the acoustic qualities of client speech with precision. Computer models of tone, pitch, volume, and speech rate have been linked to emotions (Juslin & Laukka, 2001; Scherer & Banse, 1991). Patterns for anger and sadness in simulated therapy situations have been identified (Rochmand, Diamond & Amir, 2008). This paper will present the research issues related to examining vocal qualities using material from therapy sessions. Recent research findings will be reviewed to highlight strategies for capturing typical emotion patterns and using computer models to track emotional changes. The paper will elaborate methods for applying those patterns to therapy in order to recognize and differentiate both positive and negative emotions using vocal quality in psychotherapy research.

## Positive emotions and Broadening: Measurement and assessment

*Alkmini Boutri - Panteion University, Athens, Greece, Antigoni Merika, Anastassios Stalikas*

The Broaden-and- build model of positive emotions has attracted attention as an appropriate heuristic for studying the possible usefulness and role of experiencing positive emotions. The model describes the function and role of experiencing positive emotions in the overall functioning of human beings. It suggests that the experiencing of positive emotions facilitates and triggers several processes that build resilience, expand – or broaden- coping skills and possible ways in dealing with adversity and in healing and un-doing the negative effects of the experiencing of negative emotions. While this model has received research support in the areas of social psychology, neurophysiology and cognitive psychology, its application to psychotherapy process has not been examined. In this paper we present the results of a psychotherapy process and outcome study, where the experiencing of positive emotions before, during, and after a session is related to in-session therapeutic phenomena, session outcome and client progress.

## The prosodic pattern of a positive emotion

*Clare Foa - McGill University, Montreal, Canada, Marilyn Fitzpatrick*

Emotion is characterized by vocal and facial expressions, physiological changes, cognitive appraisals, and subjective experiences (Silvia, 2008). Research into the role of client emotion during therapy has focused primarily on the occurrence of negative emotions. Positive emotions are typically of shorter duration and less observable and therefore more difficult to capture. Initial attempts to assess interest as a positive emotion using self-report and observer-rated measures revealed that content (what is said) is frequently confounded with the emotional experience. However, promising results in the study of interest (Banse & Scherer, 1996) indicate that it may be predicted by changes in vocal pattern and body movements; interested speech becomes faster and has an increased range of frequency (Johnstone & Scherer, 2000). Method. Thirty participants were given mood induction tasks designed to elicit animated interest and vested interest, as well as boredom. Acoustic analysis software (Praat, Version 4.1.2, Boersma & Weenink, 2003) was used to analyze the prosodic speech patterns. Results. Analyses assess whether interested speech can be reliably discerned from other types of speech patterns. Speech patterns are related to participant characteristics and self-assessments of interest. Discussion. Speech prosody patterns related to each condition will be discussed in terms of the strengths and limitations of computer assisted rating methods in capturing emotional data relevant to research of the therapeutic process.

## Panel

Training

## Moderator

Anastassios

Stalikas - Panteion  
University, Athens,  
Greece

## Steps and stages in establishing a research team

In this panel we describe the steps for developing and sustaining a productive psychotherapy research team in a university framework. In the first paper we present the initial steps in forming a research team, the necessary procedural and organizational steps and the history of the Psychotherapy Research Team at Panteion University of Social and Political Sciences in Athens, Greece. In the second paper we present the main areas and specialties of the Research Team, the steps in forming and developing expertise and the milestones in sustaining a scientific and collegial forum where knowledge, expertise and experience are developed and shared. In the third paper we present the main variables and related studies that have been the focus of our team in the last 10 years, and the wisdom and expertise we have developed in both designing and carrying out studies and in avoiding major difficulties and obstacles. In the fourth paper we present the studies and activities we have designed and planned for the future and the steps in acquiring a wider scientific and collaborative base in advancing psychotherapy research in Greece and in Europe.

### How to establish a team: Basic axes in forming a team

*Antigoni Mertika - Panteion University, Athens, Greece, Lakioti, Agathi; Martha Moraitou, Anastassios Stalikas*

In this paper we present the necessary steps for the establishment and formation of an on-going research team within the University framework. There are four axes that describe the process of establishing a research team. The first one refers to putting across the values and goals that drive the team and its members and form its identity. The second axis describes the procedural and organizational issues that address the function, roles and means of communication among members. The third axis refers to the selection, identification and foci of the team. In this axis the scientific and research topics are included. The fourth axis deals with the ethical and deontological principles that run through the team and its activities. Finally, activities that facilitate scientific advancement, group cohesion, collaboration and production of knowledge within the team will be presented as well as common obstacles and barriers that could potentially harm group cohesion and effectiveness.

## How to organise a research team: Organisational issues and considerations

*Eleni Dimitriadou - Panteion University of Social and Political Science , Athens, Greece, Katerina Avgoustaki, Agathi Lakioti, Paschalia Mitskidou, Anastassios Satlikas*

In this paper we present mechanisms and procedures that enhance communication, effectiveness and motivation within a research team. We put forward an organisational structure that defines members' duties and responsibilities, identifies roles and tasks and promotes members collaboration, based on the principles of equal treatment and meritocracy. In addition to that, we present formal and informal systems of communication which are indispensable to the smooth operation of the team and the exchange and circulation of scientific knowledge, such as peer training, participation to scientific conferences, development of a webpage, e-forums, electronic library, group meetings, group social activities etc. Finally, we address the need for direct and indirect rewards that foster motivation and encourage members to participate in team activities. The rewards aim to acknowledge personal and group contributions, ethical judgement, team participation, critical thinking and most importantly the genuine interest and commitment to scientific research.

## Developing a research team

*Christina Seryianni - Panteion University of Social and Political Science, Athens, Greece, Antigoni Mertika, Eleni Dimitriadou, Katerina Avgoustaki, Anastassios Stalikas*

In this paper we present the basic principles and processes that allow a research team and its members to grow and mature. Drawing from our 10 year experience and existing research, we pinpoint the fundamental values that are necessary to allow personal and professional growth within the realms of an on-going research team. A sense of ownership is instrumental to the expansion and continuation of the team because it allows members to trust the team with their ideas, knowledge, experience and enthusiasm. In addition to that, a sense of openness and flexibility builds on the existing positive climate and allows members to adjust or reorient the team towards current trends and new research questions. In this way, the team encourages and embraces members' professional and personal growth. Mutual respect and acceptance is also important to be safeguarded as old members leave and new are coming. Finally, in this stage, a personal and social bond is developed and should be fostered among team members as it reinforces a sense of belonging and interconnectedness.

## Establishing an on-going research team in a University setting: A case study.

*Katerina Flora - Panteion University of Social and Political Science, Athens, Greece, : Martha Moraitou, Paschalia Mitskidou, Alkmini Boutri, Anastassios Stalikas*

We present a case study of the establishment and development of a Psychotherapy Research Team at Panteion University of Social and Political Sciences in Athens, Greece. Our goal is to share the wisdom and experience we have acquired from our 10-year team experience in both designing and carrying out studies and in avoiding major difficulties and obstacles. We discuss our values and our goals, as well as the organisational structure and the communication systems of our research team. We present the process in which we exchange ideas and stimulate an ongoing scientific dialogue among team members and the scientific community in Greece and abroad. Finally, we present the studies and activities we have designed and planned for the future and the steps in acquiring a wider scientific and collaborative base in advancing psychotherapy research in Greece and in Europe.

## Panel

Couple

### Moderator

Luis Tapia -  
Universidad del  
Desarrollo,  
Santiago, Chile

## Couples and couple therapy: Affective regulation and alliance in gridlocks resolution

*Discussant: Marta del Rio - Universidad Católica, Santiago, Chile*

Couple Therapy is an effective procedure for couple's conflict treatment. Studies have found that 70%-73% of couples are no longer distressed at follow-up (Jonhson, 2000). Nevertheless, there exist a 30 - 35% of couples that don't improve (Gottman, 1999). It is necessary to identify and investigate the factors involved in gridlocks resolution at different levels in couple and couple's therapy process. In this panel different studies about gridlocks in couples and therapeutic process are presented. The first study describes the importance of PAMs. They are short interactive sequences of affective regulation involving the interacting partner (e.g. Bänninger-Huber & Widmer, 1999). The microanalysis shows that the three types of PAMs fulfill different functions in the affective regulation of the triad and can be related to the couples' conflicts enacted in the hic et nunc of the psychotherapeutic session. The second paper investigates gridlocks resolution in couple's conflict: Traditional couples with low marital adjustment (TLMA) and nontraditional couples with high (NTHMA) and low marital adjustment (NTLMA) perspectives are compared. The third presentation is about therapeutic alliance in couple therapy. Recent research sought to better understand the way the alliance is established and maintained by disentangling client's and therapist's contributions in individual therapy (Baldwin, Wampold, & Imel, 2007; Kivlighan, 2007). In this project they sought to move this agenda forward by disaggregating each partner's as well as the therapists' contributions to the alliance.

### Prototypical Affective Microsequences (PAMs) in couples' therapy

*Eva Bänninger-Huber - University of Innsbruck, Austria, Luis Tapia*

PAMs are short interactive sequences of affective regulation involving the interacting partner (e.g. Bänninger-Huber & Widmer, 1999). They are characterized by frequent smiling and laughing. According to the reaction of the partner we differentiate between distinct types of PAMs (successful, unsuccessful, participation PAMs). PAMs have been identified in the context of several negative emotions such as anger, jealousy, guilt feelings or shame. Furthermore, they can be observed in different types of close relationships such as couples, mother-infants, adult friends, father-son dyads and in (dyadic) psychotherapeutic interactions. Analyzing couples' interactions we found significantly more successful PAMs in satisfied than in unsatisfied couples (Bänninger-Huber & Köhler 2002). In psychotherapeutic interactions, however, successful PAMs play a crucial role in maintaining a secure working alliance. Starting from these concepts and findings, the present study addresses the question what role PAMs play in couples' therapy. In contrast to our previous studies we are dealing here with a triadic interaction. For this purpose we differentiated between three types of PAMs, namely "gaining security-", "excluding the therapist-" and "coalition-"PAMs and identified them in the first hour of a (Chilean) couples' therapy. The microanalysis shows that the three types of PAMs fulfil different functions in the affective regulation of the triad and can be related to the couples' conflicts enacted in the hic et nunc of the psychotherapeutic session.

Gridlocks resolution in couple's conflict: Traditional couples with low marital adjustment (TLMA) and nontraditional couples with high (NTHMA) and low marital adjustment (NTLMA) perspectives.

*Luis Tapia - Universidad del Desarrollo, Santiago, Chile, Gianella Poulsen, Iván Armijo, Ximena Pereira, Patricia Sotomayor*

A gridlock is a dysfunctional pattern within couples, characterized by repetitive sequences of disputes in a rigid and inflexible way. In spite of much effort the couple can't get out from the gridlock. These

dysfunctional patterns are accompanied by a considerable amount of anger, sadness and anxious feelings. The objectives of this research are to know the perspectives of traditional couples with low marital adjustment and nontraditional couples with high and low marital adjustment about their resolutions. With this aim we developed a qualitative, descriptive and comparative study that evaluated the gridlocks resolution from these three perspectives. A (TLMA) group was constituted by five marriage couples; first marriage, with children, practice religious creed and score low than 114 points in Dyadic Adjustment Test (Spanier, 1976, Tapia & Armijo, 2007). A (NTHMA and NTLMA) groups were constituted by nontraditional cohabitating couples with children and without religious creed, five couples with score more than 135 in DAS and five with low than 114 points. In a previous research (Tapia & Poulsen, 2007) we developed a four video sequences couples' gridlocks, seven minutes each (sexual desire inhibition, jealousy, family origin conflict and parenting conflict). The gridlock video sequences were presented to selected couples in order they could discuss about how the video's couples could resolve the specific gridlock. The groups gridlock resolution is discussed.

Alliance in couples therapy: A three part harmony?

*Iván Armijo - Universidad del Desarrollo, Santiago, Chile, Adam Horvath*

Developing a strong therapeutic alliance appears to be an essential element in all forms of psychotherapy (Horvath, 2005). Building and maintaining such alliance is a particularly complex process in couples therapy: Couples most often seek psychological help because they cannot solve problems between themselves collaboratively. An added potential challenge in couples therapy is that if one of the clients has a stronger alliance with the therapist than his or her partner, such "split alliance may cause stress between the partners (Symonds & Horvath, 2004). Last, each client brings into the therapy room diverse expectations, relational history, as well as having different socially defined role as man and woman. Recent research sought to better understand the way the alliance is established and maintained by disentangling client's and therapist's contributions in individual therapy (Baldwin, Wampold, & Imel, 2007; Kivlighan, 2007). In this project we sought to move this agenda forward by disaggregating each partner's as well as the therapists' contributions to the alliance. Moreover we have inspected and contrasted the models of alliances in the very early (after the first session) phase of the therapy with the patterns found in mid-therapy. Several approaches will be compared, exploring similarities and differences from the perspective of each member of the couple as well as from the therapist.

## **Panel**

Alliance

### **Moderator**

Alemka Tomicic -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## **Non Verbal and Verbal Coordination: Construction of an Intersubjective Field in the Psychotherapeutic Process.**

*Discussant: Wolfgang Tschacher - University of Bern, University Hospital of Psychiatry, Switzerland*

Interpersonal coordination is the degree to which behaviors in an interaction follow a pattern regarding both their timing and their form (Bernieri & Rosenthal, 1991). Some theoretical and empirical contributions resulting from the intersubjective approach have given support to the notion of mutual regulation as mechanism for explaining the association between patient-therapist coordination and processes of change in psychotherapy. Mutual regulation is thought to be expressed as coordination between the participants, in which the regulatory behavior of each member of the dyad can be predicted from that of another (Beebe, 2006; Jaffe, et al., 2001). Four studies that cover this object of study in its non verbal and verbal dimensions will be presented in this panel. The first paper will address patterns of timing and vocal correspondence in normal mother-infant interaction within different affective states, and will discuss these findings as a model for the study of intersubjectivity in the psychotherapeutic interaction. Also focusing on vocal coordination, the second paper will describe vocalization-silence patterns between patients and therapists in relevant episodes of the psychotherapeutic process and will

reflect on these results as expressions of regulatory processes. The third presentation will describe the coordination of nonverbal movement behavior between patient and therapist and its relationship with the therapeutic bond. This paper will discuss nonverbal synchrony as a predictor for psychotherapeutic relationship and for outcome. The last paper will propose a synergetic approach to analyze the emergence of meaning, and will explain the phenomenon of meaning construction as an increase in semantic synchrony.

### Patterns of Vocal Coordination in Mother-Infant Dyads during Episodes of Positive and Negative Affectivity

*Susanne Harder - University of Copenhagen, Department of Psychology, Denmark, Gert Foget Hansen, Mette Væver, Jonathan Delafield Butt*

Studies of intersubjectivity have focused on moments of matching or correspondence (Trevarthen, 1998; Meltzoff, 1985; Stern, 1985), yet normal mother-infant interaction is found to be in correspondence only 30% of the time (Tronick, 1989, 1998). Leaving the other 70% relatively understudied. Intersubjectivity in a broad sense (Beebe et al, 2005) encompass the full complexity of how two minds interrelate and include negative patterns of difference, disengagement and mismatch. The aim of the present study is to explore different patterns of vocal coordination in normal mother-infant interaction related to different affective states. A quantitative semiautomatic method for measuring coordinated interpersonal timing and intensity of vocalization has been developed using PRAAT and employed for here analysis of the timings and patterns of vocal correspondence in the dyad. Methodology and data from six mother infant dyads will be presented. Further the relationship between therapist and client is often compared with the relationship between infant and caregiver, and the possible relevance of our present findings for psychotherapeutic processes will be discussed.

### Coordination of Vocalization-Silence Patterns Between Patient and Therapist in episodes of Therapeutic Change and Stagnation

*Alemka Tomacic - Pontificia Universidad Católica de Chile, Santiago, Eugenio Rodríguez, Claudio Martínez, Alejandro Reinoso, Susanne Bauer*

Studies outside the psychotherapeutic field have shown that coordination of patterns of vocal behavior constitutes a crucial aspect for the mother-baby link organization, for the development of the future attachment of the child (Beebe et al., 2000) and, also to hold a successful conversation between adults (Capella, 1990). This research analyzes the coordination patterns of the vocal rhythm in therapeutic interactions associated with episodes of psychotherapeutic change and stagnation. The hypothesis about the existence of a common rhythm pattern of vocal coordination characterized by short vocalizations followed by short silences that shows a breakdown towards the presence of longer vocalizations followed by shorter silences in the episodes of change and, a breakdown towards the presences of longer silences followed by shorter vocalizations in episodes of stagnation, is examined. Within a naturalistic research context, acoustic records of episodes of change and stagnation are employed, which were taken from individual psychotherapies of different theoretical orientations. These episodes, recorded in one track, are analyzed using Poincaré graphs to observe patterns and breakdowns of these patterns expressed in the clustering and dispersion of the points between the axes of the plot. The results are analyzed employing the non verbal coordination notions as an expression of the process of mutual regulation in the psychotherapeutic process. Besides, the technical and methodological strategies used in this study are discussed.

## Nonverbal Synchrony Predicts Outcome and Quality of Therapeutic Relationship in Dyadic Psychotherapies

*Fabian Ramseyer - University of Bern, Austria*

**Aim:** Past research has clearly documented the central role of the therapeutic relationship for successful psychotherapies. However, very little is known of specific techniques to improve this relationship in the domain of nonverbal behavior. The coordination of nonverbal movement behavior between patient and therapist has been conceptualized as a technique to improve the therapeutic bond. **Methods:** A new, automated method, based on frame-by-frame analysis of videotapes, was applied to N=105 randomly chosen sessions of dyadic psychotherapy. Nonverbal synchrony was measured as the simultaneous and time-lagged cross-correlations of movements of patient and therapist. The amount of nonverbal synchrony was then correlated with post-session questionnaires and outcome measures at the end of therapy. **Results:** Nonverbal synchrony was positively correlated with the quality of the therapeutic relationship (post-session questionnaires) and outcome (post-therapy measures). There was a characteristic pattern of mutual influence within dyads: in the first third of therapy, imitation by the therapist mainly predicted both quality of bond and outcome, while in the last third of therapy, imitation by the patient was more highly related to these variables. **Discussion:** Nonverbal synchrony is a predictor for the quality of the therapeutic bond and for outcome. Paying attention to nonverbal movement behaviors of the patient is thus potentially beneficial for the quality of the therapeutic relationship. Its empirical documentation is a first step for further improvement and knowledge in the domain of nonverbal behavior in psychotherapy.

## Meaning-Making as an Emergent Process: Semiotic Coordination within the Therapeutic Discourse

*Omar Gelo - Università del Salento / Sigmund Freud University, Lecce / Vienna, Italy, Alessandro Gennaro, Sergio Salvatore*

Socio-constructivist theories of communication suggest that meaning is a social construction that takes place within and by the social exchange. Thus, meaning is not a ready-made entity but an emergent process, resulting by the differential combination of different linguistic signs used by the actors within a specific discursive context and within a specific time-framework. In this paper we propose a synergetic approach to the therapeutic discourse coherent with the above described conceptualization. According to this model, the therapeutic discourse can be conceived as a dynamic system comprised (at a microscopic level) by the many different linguistic signs – produced by the patient and by the therapist – which interact over time. At the beginning of a conversation (time  $t_0$ ), the system shows a certain semantic indeterminacy (hypersemia) due to the virtually infinite possible combinations allowed between the signs. With the passing of time (to  $t_n$ ) meaning-making processes take place (at a macroscopic level). The system operates a differentiation between patterns of association among signs (i.e. probable, possible, rare and admissible), which can be described in terms of increasing synchronous interaction of the signs used. This leads to the emergence of meaning within the discourse through pattern formation. We present the result of a study which shows how the reduction of lexical variability (hypersemia) can be used to explain the emergence of meaning (meaning-making) in the therapeutic discourse. The implications of these analyses for the study of therapeutic communication as well as a discussion of future research are provided.

## **Panel**

Emotion

## **Moderator**

Nelson Valdés -  
Pontificia  
Universidad  
Católica de Chile,  
Santiago

## **Patients' and Therapists' Verbalizations in the Psychotherapeutic Dialogue during Significant Moments of the Therapy**

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

There are some studies of the sequence of segments of the therapy which are therapeutically relevant, in order to identify and describe the communicative actions of therapists and patients during the therapeutic process to influence each other. For example, Luzzi (Argentina) will present in this panel the results of a qualitative analysis focused on the therapist's interventions and the reactions of patients, with the aim of being able to explain the individual psychic change process during a Group Psychotherapy. Also, there is an area of study in process research centered on the ability related to the evaluation of what we are thinking and/or feeling, and which is being verbally expressed at the same time. In this regard, Maskit (USA) will present a process research that used Referential Process linguistic measures to demonstrate that patients speak faster when they are telling a story connected to emotionally important experience and slower when reflecting on the meaning of the story, while Biedermann (Chile) will present a model which focuses on emotions in the sense of subjective correlates of goal-directed chains of acts. Therefore, an internal simulation of the perceived attitudes is performed to match them with their corresponding emotions. Finally, Valdés (Chile) will present a process research that used the Therapeutic Activity Coding System (TACS) to analyze the verbal emotional expressions in Change Episodes during the psychotherapeutic dialogue, of both therapists and patients, through different phases of the therapeutic process. The results of these investigations will be discussed by Lynne Angus.

## **Method to Evaluate Psychoanalytical Psychotherapy Process in Children and Parents Groups in a Clinical Population**

*Ana Luzzi - Facultad de Psicología, Universidad de Buenos Aires, Argentina, Sara Slapak*

**Objectives:** to present a method of evaluation of the group psychoanalytical psychotherapy process and of the orientation groups for parents or adults in charge which includes three strategies: 1) codification of textual records of sessions; 2) construction of matrixes; 3) individual reports elaboration per patient and his or hers adult in charge. **Method:** In this work we will present fragments of group psychotherapy sessions, codified according to the 14th version of the Codes Manual, constructed by the researchers' team. The qualitative analysis will be focused on the therapist's interventions and the answers given by the patients to those interventions. **Results:** therapist's intervention (question, signaling or interpretation) generates effects that, in the case of group psychoanalytical psychotherapy in children, are translated into actions, games, drawings or verbalizations. In adults gathered in orientation groups, the answers to the therapist's interventions are often actions or different sorts of verbalizations. **Discussion:** the study of the sequence "intervention – answer to the intervention", enables to visualize the individual psychic change process inside the group psychotherapy context.

## **The More Connected we are to Emotional Experience, the Faster we Speak**

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

**Aim:** We expect that patients speak faster when they are telling a story connected to emotionally important experience, and slower when reflecting on the meaning of the story; that effective session process will be characterized by alternation of these discourse modes; and that these modes will also be reflected in the patient-therapist interaction. We use our computerized measures of the Referential Process to give evidence for these hypotheses. **Methods:** Referential Process linguistic measures, including the Weighted Referential Activity Dictionary (WRAD) and Reflection Dictionary were applied to verbatim transcripts of 9 psychoanalytic sessions from three treatments. The transcripts were marked

with 2-second time intervals and word counts and linguistic measures were computed. Results: In segments with high WRAD and low Reflection, the cosine measure (co-variation) connecting WRAD and Word Production was significantly correlated with WRAD. This result does not hold when WRAD is midrange or low, or when Reflection is high. Discussion: When the smoothed curves showing WRAD and Word Production are close to parallel, and Reflection is low, we infer that the patient is in the Symbolizing phase of the Referential Process, engaged in an emotionally significant narrative. Therapists generally tend to recognize the patient's engagement in a story and are less likely to intervene at such times. When the story is complete, and the patient begins to reflect on it, fluency tends to diminish; the analyst is more likely to intervene actively at such times.

### Verbal Emotional Expressions of Patients and Therapists during the Psychotherapeutic dialogue in Change Episodes

*Nelson Valdés - Pontificia Universidad Catolica de Chile, Santiago*

As described by many theorists, emotional expressions contribute to the activation and regulation of personal emotional experiences, and communicate something about internal states and intentions. These emotional expressions can be observed in the words patients and therapists use in their speech during the psychotherapeutic dialogue. Aim: to classify and analyze the verbal emotional expressions in Change Episodes during the psychotherapeutic dialogue, of both therapists and patients, through different phases of the therapeutic process. Hypothesis: there will be similarities and differences between patient and psychotherapist, in the way verbal emotional expressions (communicative actions, basic emotions and emotional contents) evolve throughout different phases of the therapeutic processes. Methods: using a quantitative and qualitative methodology, two individual psychotherapies were analyzed (39 sessions). Specifically, we analyzed 38 change episodes, which were broken up by "speaking turns" (n= 433). We analyzed the verbal emotional expressions in each speaking turn, on the basis of the Communicative Actions (Therapeutic Activity Codifying System), Basic Emotions and Emotional Contents (Ekman's Emotion Classifying System), and using two independent intersecting dimensions: Reference and Valence. Results: There were no differences in the way communicative actions and the valence of the verbal emotional expressions evolved throughout the psychotherapeutic process. However, the basic emotions and the reference of the emotional expressions verbalized by patients and psychotherapists had different proportions throughout the different phases of the psychotherapeutic process. Discussion: this methodology allows for a complete and differentiating assessment of affective qualities in both patients and therapists during the psychotherapeutic dialogue.

### The Therapists Perception of the Patients Emotions

*Niels Biedermann - Universidad de Chile, Santiago, Claudia Cartes, Rose Marie Oliva*

Supervising systemic family therapy we developed a model which focuses on emotions in the sense of subjective correlates of goal-directed chains of acts. But emotions are often – at least partially – out of reach of a coherent cognitive interpretation by the subject of those emotions. Usually we observe an interrelated set of two emotions: a superficial defensive one – diverting from the real problem - and a deeper hidden one, which gives sense to the observed behavior. But, how can a patients emotion which is hardly available to the patient himself be perceived by the therapist? An answer is given by the "direct-matching" mechanism of the mirror neurons. An internal simulation of the perceived attitudes is performed to match them with their corresponding emotions. In order to distinguish the cognitive perception of the patients emotions by the therapist from the direct-matching, we video-tape an initial session, protocolize the description of the therapist, with emphasis in the feelings and purposes of the patients and let both co-therapists perform a role playing of the patients, with one of the supervisors

acting as therapist. The contents of information of the protocol and the role-playing are compared. The accuracy of the emotions perceived in the role-playing is observed in the next session.

## **Panel**

Practice

### **Moderator**

Oriana Vilches - P.  
Universidad  
Católica de Chile,  
Santiago

## **Difficulties in psychotherapy: Research and clinical practice**

*Discussant: Eva Bänninger-Huber - Institute of Psychology, University of Innsbruck, Austria*

Difficulties in psychotherapy are an undeniable fact (Lambert & Ogles, 2004, Mays & Franks, 1985), and they have been generally understudied and left out of the scientific publications (Barbrack, 1985), although in the last decade they have received more importance thanks to recent research focused on difficulties in the therapeutic relationship and interaction (Safran & Muran, 2000, Stern et al, 1998). This phenomena can be studied from different theoretical (Arkowitz, 2002) and methodological (Beutler et al, 2002) perspectives, focusing on the patient ("difficult patient", "resistance", etc.), therapist ("inefficacious therapist", "technical mistake", etc.), therapeutic relationship ("impasse", "alliance rupture", etc.), the results ("failure", "dropout", "iatrogenic result", etc.), among others. Although there has been research on therapists' mistakes, extremely little has been studied on researcher's errors in the exploration of the psychotherapeutic process. It is expected that the exploration of difficulties and mistakes, both in research and practice, could help the training process of novice therapists and researchers. This is the second panel (out of two) on psychotherapy difficulties, focusing on difficulties and mistakes along the psychotherapeutic process and also in the research process. The first paper (Hartmann et al) evaluates several patient and therapist variables along a series of unproductive therapy sessions. The second paper (Araya & Herrera) studies novice therapists' mistakes and perceived difficulties in the therapy process, from their own perspective and their supervisors'. Finally, the third paper (Defey) focuses on the experience and mistakes made by researchers when studying the therapy process. References:- Arkowitz, H. (2002) Toward an integrative perspective on resistance to change. *En Psychotherapy in Practice* Vol 58 (2), 219-227.- Barbrack, C. (1985) Negative outcome in behavior therapy. *En Mays D. & Franks C. (Eds.) Negative outcome in psychotherapy and what to do about it* (pp. 76-105). New York: Springer.- Bleuter, L. Moleiro, C. & Talebi, H. (2002) Resistance in Psychotherapy: What Conclusions are Supported by Research. *Journal of Clinical Psychology*; 58; pp. 207-217- Lambert, M. & Ogles, B. (2004) The efficacy and effectiveness of psychotherapy. In M. Lambert (Ed.) *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th Ed.). New York: Wiley and Sons.- Mays D. & Franks C. (Eds.) *Negative outcome in psychotherapy and what to do about it*. New York: Springer.- Safran, J. & Muran, J. (2000) *Negotiating The Therapeutic Alliance. A Relational Treatment Guide*. The Guilford Press New York.- Stern, D., Sander, L., Nahum, J., Harrison, A., Lyons-Ruth, K., Morgan, A., Bruschweiler-Stern, N. & Tronick, E. (1998) Non-Interpretive mechanisms in Psychoanalytic Therapy. The something more than interpretation. *International Journal of Psycho-Analysis*. 79: 903-921.

### **Streaks of "bad luck" – Patients and Therapists in Series of Unproductive Sessions**

*Armin Hartmann - University of Freiburg, Germany, David Orlinsky, Almut Zeek*

**Aims:** This study explores the in-session and inter-session experiences of therapists and patients in relation to patients' current psychopathology and therapists' work involvement patterns. **Method:** Time samples of 10 consecutive sessions were drawn from 60 cases of 20 therapists, evaluated with the SEQ (Stiles et al, 1994), the HAQ (Luborsky et al.), and the Intersession Experience Questionnaire (IEQ; Hartmann et al, 2003); psychopathology was assessed with the SCL-90R; therapists' Healing and Stressful work involvement was assessed with the DPCCQ (Orlinsky & Ronnestad, 2005). Patient and therapist SEQ ratings were used to identify "productive" and "unproductive" sessions by whether sessions fell above or below the median on the four scales. "Unproductive" series were identified as 3 consecutive sessions ranked below median on  $\geq 2$  scales; "productive" series as 3 consecutive sessions

ranked above median on  $\geq 2$  scales. Intersession experience, psychopathology, and work involvement were compared close to the ends of “unproductive” and “productive” series. Results: Initial results show therapists’ and patients’ evaluations of sessions were statistically independent (<5% common variance). Patients’ Helping Alliance scores were low when series of “unproductive” sessions occurred, but their intersession emotions depended only marginally on evaluations of related sessions ( $R^2 \sim 0.05$ ). In contrast, therapists’ intersession emotions were strongly related to session evaluations ( $R^2 \sim 0.20$ ); Healing Involvement dropped after series of “unproductive” sessions, and Stressful Involvement rose dramatically. Patient symptom levels (SCL-GSI) were unrelated to therapist stress ( $R^2 \sim 0.03$ ). Discussion: The relation of “unproductive” session series to micro-processes (“stuck” moments) and macro-outcomes (“failures”) will be discussed.

### Novice Therapists’ common mistakes and difficulties

*Claudio Araya - Universidad Adolfo Ibañez, Santiago, Chile, Pablo Herrera*

Aims: This investigation tries to answer the following question: Which are the most common mistakes and difficulties that affect the novice therapist with a systemic theoretical orientation? Method: This problem was approached from a qualitative methodology (interviews, focus groups), and a descriptive category analysis, uniting both the novice and the expert supervisor’s view on the subject (12 novice therapists, 8 supervisors). Results: Regarding the results, the most important mistakes detected are: (1 - beliefs and attitude) an omnipotent, or excessively insecure and anxious attitude; (2 - relationship) lack of empathic listening, lack of spontaneity, pushing too fast, and counter-transference mistakes; (3 - technical) problems in diagnosis and co-construction of the main theme for therapy, along with trouble applying paradoxical interventions. In regards to the difficulties that obstruct the effective practice, both context and patient variables appear. Among patient difficulties, the main problem is when they lack motivation and are uncooperative, along with difficulties working with groups and populations which require specialty training: families, addictions, family violence, and psychiatric disorders. Finally, all these problems arise in the context of a professional formation perceived as insufficient and faulty regarding theoretical foundations, and specially lacking in practical and personal work. Discussion: These results are discussed in light of professional training needs and therapists’ continuous learning process.

### Errors in Research: an Attempt to Provide a Classification

*Denise Defey - University of Uruguay, School of Medicine and School of Psychology, Montevideo*

It has been only recently that therapists’ errors have become the focus of research (notably, Lambert et al) as well as the source of yet another attempt to bridge the gap between clinical practice and research. However, very little has been studied taking the researcher him/herself as a research subject. Observational hints, as well as Loureau’s pioneering work on the implication of the researcher in his/her work and recent explorations within cultural issues in psychotherapy provide some clues of “the researcher as a person”. In this light, informal reports of intense stress accompanying research work as well as frustration over failed research attempts have provided the motivation to disclose the myriad of errors that accompany different research teams along some decades. In this paper, the author analyses all the failures and frustrations that have undergone the different research teams she has integrated along 30 years of professional work. In so doing, she attempts to classify and categorize these errors so that they may serve as risk signals for younger researchers. This expectation arises from the fact that therapists-in-training have repeatedly pointed to the disclosure of their professors’ errors as one of the components of training that markedly enhances their learning and stimulates them into non-stressful practice. This seems specially relevant in the light of recent research by Orlinsky and Ronnestad about how stressful practice not only affects therapists but the therapeutic process itself.

## Panel

Model

### Moderator

Wolfgang

Tschacher (1)

Wilma Bucci (2) -

(1) University

Hospital of

Psychiatry, Bern,

Switzerland, (2)

Adelphi University,

Garden City NY,

USA

## Investigating Change Mechanisms by Quantitative Process Research

Background. The focus of research has been proposed to move towards the investigation of psychotherapy process. This created a high demand of methods by which process can be modeled. We focus in this panel on quantitative approaches that deal with longitudinal and time series data of different origins, ranging from rating scales to video recordings and linguistic data. Methods. We detected process patterns in diverse data sets in order to investigate psychotherapy process and process-outcome relationships. - Time series methods were applied to formulate mechanisms of action inherent in schema-focused psychotherapy with personality disorder patients. - A computerized method is introduced by which the referential process of psychoanalytic treatment was analyzed, using linguistic measures of treatment notes. - Patterns of patients' affectivity and therapists' reactions were detected on the basis of minute-by-minute video recordings. - The relationship of extra-session micro-changes and intra-session moments of change is evaluated employing discrete-time survival analysis. Discussion. Quantitative process research is a feasible and powerful method for in-depth investigations of change mechanisms in psychotherapy. The different methods can be applied to field data as long as repeated process monitorings are available. Quantitative process research thus addresses longstanding questions of process-outcome relations in a novel manner.

### Computerized analysis of psychotherapy process using therapist notes

*Wilma Bucci - Adelphi University, Garden City N.Y., USA, Bernard Maskit*

Aim: To demonstrate the use of computerized linguistic measures applied to therapists' notes for analyzing change in treatment techniques and dominant themes over the past half century, and for prediction of treatment effectiveness. Methods: Data consist of complete case notes from fourteen psychoanalytic treatments by candidates at the New York Psychoanalytic Institute Treatment Center from the 1950s to the 1990s, with at least one successful and one unsuccessful case from each decade. The notes are analyzed using computerized linguistic measures of the referential process, which focus on language style, and theme analysis focusing on contents. Changes in process according to computerized analyses are compared with analysts' and supervisors' evaluations at the time of treatment, and current evaluations by analysts of symptomatic and therapeutic change using both the GAF and the Psychodynamic Functioning Scales developed by Hoglend (1997). Results: Good reliability was found for current judges using the GAF and PFS measures. For the 10 cases (two from each decade) initially chosen, agreement was found between initial ratings and current judges for 7; additional cases were added to include a successful and unsuccessful case by both measures from each decade, bringing the total to 14. Application of the referential process measures to the treatment notes show changes in the analyst's subjective experience of the treatment; we focus on increased intellectualization and decreased engagement in the therapists' descriptions associated with unsuccessful treatment. Discussion: The measures point to periods of therapeutic risk that were not recognized by the treating analyst or supervisors. Changes in themes across the decades are also noted.

### Characteristics of the patient, the psychotherapy and the process, and their effect on the occurrence of therapeutic micro-changes

*Carola J. Pérez - Pontificia Universidad Católica De Chile, Santiago, Alemka Tomicic, Mariane Krause*

A relevant aspect of psychotherapeutic research is the study of the relationship between what happens in therapy sessions and what patients achieve in their everyday life. This relationship may be studied through the differentiation between the changes that take place during the session (intra-session) and those that happen outside the session, and which patients describe as being a psychotherapy result (extra-session). The occurrence of therapeutic extra-session changes during the therapeutic process is

analyzed; also, therapy variables (modality), characteristics of the patient (subjective discomfort at the beginning of the therapy) and of the process (Generic Change Indicators - Krause, 2007) are probed to establish their relationship with the probability of occurrence of extra-session micro-changes over time. Intra and extra session moments of change, from 10 different weekly therapies of various modalities and psychotherapeutic schools, were recorded and identified. In addition, OQ-45.2 was applied in order to measure patients' subjective discomfort at the beginning of the therapy. The data were analyzed employing discrete-time survival analysis (Singer & Willett, 2003). The results obtained refer to the moment of the therapy in which the occurrence of an extra-session micro-change corresponding to a specific indicator (ICG) is more likely, considering the predictive value of the therapeutic modality, the degree of subjective discomfort at the onset of the process, and of occurrence of intra-session micro-changes across the process. The discussion covers the results obtained as well as the use of discrete-time survival analysis as a useful tool for the quantitative study of the psychotherapeutic process.

Emotion regulation as in-session process - How do therapists modulate their patients?

*Hansjörg Znoj - Universität Bern, Switzerland, Christoph Flückiger*

The reciprocity of the in-session behavior of patients' and therapists' affect as well as its function for constituting a trustful therapeutic working alliance are discussed controversially in the recent literature. Traditionally, psychodynamic researchers proposed an absence of therapists' affectivity (e.g. Bänninger-Huber et al, 2004), whereas in the cognitive-behavioral tradition positive affect should be actively reinforced (e.g. Kanfer et al., 1991). In a mixed sample of 108 psychotherapy sessions, therapists' verbal and nonverbal reactions on different aspects of patients' affectivity were analyzed by precise minute-to-minute DVD observer-ratings. In the preliminary results, the different patterns of patients' affectivity and therapists' reactions are correlated with session-outcome and early therapy outcome after 10 sessions. The results will be discussed by the function of regulative nonverbal therapists' behavior on the therapeutic in-session process.

Investigating therapy process of patients with personality disorders

*Wolfgang Tschacher - University Hospital of Psychiatry, Bern, Switzerland, Peter Zorn*

Background: A number of statistical rationales may be appropriate for the description of psychotherapy process. We focused here on an approach through which single-case time-series models can be aggregated using panel analysis (Time-Series Panel Analysis, TSPA). The result of aggregation is a "prototypical" process model of a sample of single cases. Similar modeling is possible using variants of the General Linear Model such as mixed effects models or growth curve analysis. Using data from schema-focused behavioral psychotherapy in groups of 7-10 patients, the change mechanisms underlying psychotherapy were investigated. Method: N=93 patients diagnosed as suffering from personality disorder were receiving outpatient treatment. The sample consisted of 31 patients with cluster C diagnoses and 52 patients with cluster B diagnoses (mainly narcissistic and borderline disorder). Psychotherapy courses lasting for an average of 30 sessions were monitored using patients' session report questionnaires filled out after each session (change factors, "Clarification/Insight", "Self-Efficacy", "Rejection" and "Therapeutic Bond"). Thus, quantitative time series existed on patient-reported process in these psychotherapies. TSPA was applied to these longitudinal data sets in order to describe change mechanisms. Results: The prototypical process models yielded by TSPA showed that specific change mechanisms, defined as time-lagged feedback systems of change factors, underlay the psychotherapy courses. Discussion: TSPA allows making use of systematically monitored longitudinal data. TSPA was found to provide a feasible method for the investigation of prototypical models of the change mechanisms. The models we found underscore the importance of patient-reported change factors, especially of "Self-efficacy".

**Panel**  
Culture  
**Moderator**  
Dori Yusef -  
Manchester  
University, UK

## **Cultural Issues in Psychotherapy Research**

The 3 papers in this panel share overlapping concerns and interests centred around psychotherapy and culture and implications for psychotherapy practice representing as they do both qualitative and quantitative methodologies. David Smith, in the first paper, presents and reflects on his pilot work, as part of the Collaborative Research Network, which focused on the under explored question of clergy who are psychotherapists. William West then presents a heuristic research study based upon his experiences of developing, and delivering a professional Doctorate programme in Nairobi in Kenya. Finally Dori Yusef draws on her doctoral research into reflect on her experiences of being psychotherapy researcher and its potential impact on psychotherapy practice.

### **Ministers and Priests as Therapists: Expansion of the CRN Project**

*David Paul Smith - St. Bernard's Hospital/ University of Chicago, USA*

The psychotherapy research on culture often looks at broad cultural issues in which psychotherapists practice and grow. However, the world of psychotherapy and identification as a psychotherapist provides a culture of its own. In the research on psychotherapists, an underrepresented group is members of the clergy, i.e., priests and ministers. This is an important absence in the research on therapist's development as priests and ministers are often the first line of counsel for families in distress. This presentation is based on development of a revised version of the Common Core Questionnaire, in conjunction with the Collaborative Research Network and the international project on the Development of Psychotherapists (Orlinsky & Ronnestad, 2005). A pilot study collecting 21 Common Core Questionnaires from hypnotherapists was completed in 2006. This initial sample has been added to a growing database of over 5,000 psychotherapists across the globe. As a pilot study, this presentation will focus on the revision of the CCQ as applicable to clergy. Questions regarding psychological and psychotherapeutic training will be outlined. Additional questions that are specific to religiosity and spirituality will be addressed. The theoretical underpinnings clarifying the meaning of spirituality and religion will be discussed. Furthermore, how these concepts compare to the meaning they hold for "secular" psychotherapists will be outlined and related to the construction of the instrument.

### **Psychic energy in counselling and psychotherapy: A heuristic study**

*Marie Wardle - University of Manchester/NHS, UK*

This research was undertaken for the Degree of Doctor of Philosophy at The University of Manchester. The major purpose of this study was to investigate, heuristically, the significance of Psychic Energy in Counselling. This area of research is very much about exploring new developments in practice and the study encourages voices that have previously been marginalized and oppressed to come forward. This qualitative study was primarily viewed heuristically, through my own life, and then in the lives of 30 practitioners in their clinical work with clients. The major findings are that counsellors are demonstrating their ethical use of psychic abilities and this will challenge the current ethical framework. Psychic abilities develop as a result of, and compensation for, loss of contact with other people and unexpressed experiences. Verbal channels of communicating offer only partial components of communication and psychic phenomena can be successfully understood through studies in counselling. Sometimes the counsellor has an awareness of either a spirit guide or a deceased ancestor present in the counselling room. The language changes and they are moving beyond words and the five senses. The implications of the Findings and incorporating Psychic Energy into practice are discussed. These include ethical questions, training, and supervision and teaching interests. This study has allowed me to collect some highly controversial and revealing data, which challenges our established ways of understanding counselling.

A reflexive account of engaging in teaching Kenyan students' on a Professional Doctorate in Counselling Studies course

*William West - University of Manchester, UK*

students - 6 women and 1 man, enrolled on a 6 year part-time Professional Doctorate in Counselling Studies course in Nairobi in Autumn 2008. This was the culmination of a 5 year process that encompassed: developing contacts with counsellors and counselling organisations in Kenya and a very drawn out institutional process around being permitted to deliver the course with institutional support. I draw on my diary, memories, blog and email entries and other sources to heuristically (Moustakas 1994) share the challenges, opportunities and setbacks that occurred. Such a heuristic research process can be regarded as 'narcissistic' but heuristics at its best articulates a deep and shared level of human experiencing. Whether this is achieved in this paper is a matter for the audience to consider. An overarching metaphor for this process is that of initiation both for the tutor and for the students. Key themes that emerged are: getting two diverse cultures to communicate and work together; being repeatedly tested; questioning of motivation and getting started.

The 'Healer's' five R's: Responsibility; Research; Reflexivity; Resonance and Re-connection.

*Dori Yusef - Manchester University, UK*

Linking research to practice allows the field to progress, mature and reflects the cultural constructs and shifts of the Times. Through understanding the body and spirituality, my responsibility as a psychotherapist and 'healer' is questioned and challenged. The Times we live in require us to be fully aware of the human predicament in the world and the underlying connections and dis-connections experienced by us universally and within the universe. These occur at microscopic and macrocosmic levels. Research needs to address both the vast and the minute; otherwise, it may become irrelevant. Researchers need to approach the responsibility with courage, fascination and humility. My research has involved many journeys as a lone pilgrim, collaborator and fellow travellers.

**Brief Comm.**  
Alliance

### **Qualities of psychoanalytic therapeutic bond: A process analysis**

*Karla Alvarez - Universidad del Desarrollo, Santiago, Chile, María Elisa Molina, Ety Rapaport, Horacio Maltraín, Perla Ben-Dov, Carolina Tapia, Angela Farrán*

This study focus on relational process of psychoanalytic therapy, to explore the interpersonal bond, its construction process and its relation with psychological elaboration. A qualitative methodology is used, through a micro-genetic semiotic analysis of the successive verbal interchanges. The results point at a sequence of relational progression, through meanings and particular signs constructed. Semiotic mechanisms are identified as they manage to solve situations in the immediacy of dialogue. The discussion around psychotherapy is conducted relating to bond construction as a tool for intervention and the therapeutic field. Therapeutic relation is discussed in its relation with psychological processing in therapy.

**Brief Comm.**  
Linguistic

### **Technique in neurosis and psychosis: How to speak in different languages?**

*Fernando Araos - Asociación Psicoanalítica Chilena, Santiago*

Conceiving psychoanalysis as a dialog, I underline communication through the technique of interpretation. Acknowledging the different dimensions which may be studied in it, I emphasize semantic and instrumental dimensions. In the field of symbols-representations, psychoanalytic literature presents a series of developments which will be articulated with those of the authors ascribing to Concept Theories tradition, in order to base the idea of a particular interpretation for psychotic patients or for the psychotic portion of given personalities. Let us imagine a psychotic individual as the inhabitant of an isolated town, whose language is constituted by unknown and complex ontological principles. Thus, it seems prudent to elucidate the nature of the signifieds that unfold during the psychoanalytic session, prioritizing the translation of that which is strictly empirical-observable. Given the loss and damage sustained by psychotic patients' "thinking apparatus", relying on that which is sensitive as the key to establish a basic language that allows access from what is public into the intricate private theories, seems like a reasonable strategy. So, it is proposed the possibility of making distinctions between the conceptualization of the psychotic and the normal (neurotic) individuals, specifically in the field of their signifieds-uses and their conceptual coherence. The objective is set, to describe an interpretative dimension which oscillates between the poles of what is public, sensitive, psychotic and what is private, non-observable, neurotic. I attempt to outline more efficient forms of communication for positive change in the psychopathological structures mentioned previously. We are still to design a way of responding experimentally to questions which have only received partial theoretical-clinical answers.

**Brief Comm.**  
Therapist

### **Development of the Grid of the Models of Interpretations (GMI)**

*Andrea F Auletta - Univerity of Salento, Lecce, Italy, Roberto Metrangolo, Grazio Monteforte, Valeria Pace, Marianna Puglisi, Omar Gelo (presenter)*

Aim: Interpretation is an important feature of the range of therapist's interventions not only in psychodynamic theory of the therapeutic process. The current study will examine the interrater reliability of the GMI grid (GRID OF THE MODELS OF INTERPRETATIONS) which aims at assessing therapist's interpretations in psychotherapy sessions. The grid is based on the following construct operationalization: "by means of interpretation, the therapist suggests an innovative meaning as regards to the here-and-now patient's frame of reference". The grid aims at describing the therapist's role in meaning making and in identifying the characteristic dimensions of the interpretive process. Method: Data derive from verbatim transcription of a psychodynamic psychotherapy. Interpretations are evaluated

by means of the 6 dimensions grid. Five raters of PhD or master degree level are used in order to evaluate interrater reliability and agreement. Results: To examine the reliability of the grid, results will be presented from correlational analyses. First, we will calculate the Cohen's K coefficient to assess whether variance in rating is due to differences among the objects rated. Second, we will calculate the Intraclass Correlation Coefficient (ICC) to assess whether variance is due to differences among raters. Discussion: Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

**Brief Comm.**  
Depression

**Randomized clinical trial from a population-base cross sectional study for depression treatment in youngsters aged between 18 and 24 years.**

*Ricardo Azevedo da Silva - Universidade Católica de Pelotas, Brazil, Luciano Souza, Karen Jansen, Thaíse Mondin, Daniele Tavares, Liliane Ores, Luis Botella, Augusto Faria, Ana Laura Cruzeiro, Mariana Matos; Taiane Cardoso; Juliane Ribeiro; Giovanna da Silva; Mariane Lopes, Luana Barbosa; Ricardo Pinheiro*

Objective – The aim of the present study was to identify the prevalence of depression among youngsters aged between 18 and 24 years and evaluate the effectiveness of two cognitive therapy models designed specifically for depression treatment within this age group. Design and Methods – The data was collected in a population-base cross sectional study. The subjects diagnosed with mild or moderate depression were invited to participate in clinical trial to evaluate the effectiveness of cognitive therapy in two models with seven sessions each. About half of the subjects accepted and were allocated randomly in one of the two treatment groups. The ones that refused to participate were designed as the control group. Results – The prevalence of depression was 13, 8%. Both psychotherapy groups presented a significantly decrease in depression diagnoses among the subjects ( $p < 0,001$ ). There was no significant difference between treatment models. Conclusions – In this sample, the prevalence of depression were considered high. Both psychotherapy models showed effectiveness in reduce depression.

**Brief Comm.**  
Other

**An Empirical Survey of Online Therapists**

*Barak Azy - University of Haifa, Israel, Jerry Finn*

Aim: Little is known about the wide variety of online therapy currently taking place. This study examines the practice and perceived outcomes of online therapy as viewed by professional e-therapists. Method: A sample of 92 practicing online counselors with at least a Masters degree was recruited from e-therapy websites and associations. They completed an online survey with Likert-type and open-ended questions about their practice. Results: Results provide descriptive statistics and bivariate analyses of questions related to demographic data, types and length of practice, theoretical model, types and extent of training and supervision, attitudes about appropriateness and effectiveness of e-therapy, frequency and types of legal and ethical dilemmas encountered, frequency and types of practice difficulties encountered, and overall satisfaction with e-therapy practice. Discussion: Overall, e-therapists from a variety of disciplines and with a wide range of service experience are satisfied with their practice and believe they engage in a useful and needed service, although more than 1/3 believes that e-therapy is less effective than face to face practice. We will discuss the increasing globalization and access of e-therapy services with subsequent need for resolution of national and international jurisdictional issues; the current lack of and need for training and supervision of e-therapists; and the lack of consensus on e-therapy standards related to legal and ethical dilemmas such as confidentiality, ability to intervene in a crisis, establishing the identity of a consumer, working with at-risk patients, and mandatory reporting.

**Brief Comm.      **Bilingual work with dreams: Some clinical implications****

Culture                      *Marta Bachino - IAAP, Santiago, Chile*

Aim: Currently, when cultural diversity is a frequent factor in psychotherapy, much remains to be known about the nuances of working dreams with the bilingual patient. The purpose of this study is to explore the discrepancies that arise in the linguistic expressions of the psychological complexes when dreams are worked simultaneously in the dreamer's native and second language. Methods: Dream texts written down in both languages (i.e., Spanish and English) of the bilingual participant were compared to find linguistic discrepancies between them. The data derived from the administration of the Spanish version of Jung's Word Association Experiment to a few participants to obtain a map of their psychological complexes, and three personal dream narratives of these participants, in both their native and second language, including their associations to each dream transcript. The interpretative analysis of this data was done to highlight potential differences between linguistic expressions of the participants' main psychological complexes throughout each Spanish and English dream texts. Results: Preliminary results suggest that complexes manifest differently in each linguistic version of the dream text. Discussion: Findings will be fundamentally discussed in terms of their clinical implications, as it is the clinical significance of including the bilingual patient's mother tongue when working analytically with dreams in his/her second language.

**Brief Comm.      **Therapist Effects in Acute and Continuation Phase Cognitive Therapy****

Therapist                      *Marna Barrett - University of Pennsylvania, Philadelphia, USA, Abu Minhajuddin, Robin Jarrett, Paul Crits-Christoph, & Michael E. Thase*

Aim: Although previous research has suggested that therapists account for roughly 6% to 10% of the variability in treatment outcome, these data often fail to attain statistical significance largely due to inadequately powered studies with limited numbers of therapists. When power can be increased through the use of longitudinal designs, as in the TDCRP, therapist effects become negligible. However, missing from the research literature is examination of therapist effects in a naturalistic setting using large numbers of therapists. The goal of this paper was to examine therapist effects in one of the largest clinical trials of cognitive therapy for major depressive disorder. Methods: The analyses are based on data from the Dallas-Pittsburgh-Penn Relapse Prevention Study. Participating in the study were 14 therapists and 470 patients with each therapist providing treatment to at least 7 patients. Treatment involved an acute phase consisting of 16-20 sessions provided over 3-4 months followed by a continuation phase of 8 sessions over 32 months. Due to the large number of therapists providing a single treatment as well as each therapist providing treatment to multiple clients, both therapist main effect and therapist-client interaction could be tested. Results: Preliminary results indicate that therapist effects are small and not significant in the acute phase of treatment. Additional findings from the continuation phase of treatment and therapist-client interactions will be presented. Discussion: This study offers one of the first tests of therapist effects in an adequately powered naturalistic clinical trial. Moreover, the findings offer evidence that therapists are not, as some have suggested, more important than the treatment.

**Brief Comm.**  
Alliance

**Therapeutic process carried out by trainee students: Are there relations between the therapeutic alliance and patterns of attachment?**

*Liliana Barriga - Universidad de La Frontera, Temuco, Chile, Giselle Gehrt, Patricia Santibáñez, Francisca Roman*

This research presents the descriptive statistics of a study on implementation, which assess the therapeutic alliance and patterns of attachment, within therapeutic processes were carried out by trainee students. We used a quantitative design. The investigation involved 23 adult patients with neurotic symptoms. Their therapeutic processes were carried out by 10 trainee students from the regular psychology training programme at the different Universities in Temuco- Chile. The instruments used were the Working Alliance Inventory (Inventario de Alianza Terapéutica, IAT) adapted to Chile by Santibáñez (2001), and the Parental Bonding Instrument, adapted to Chile by Melis, Dávila, Ormeño, Vera, Greppi y Gloger (2001).Preliminary results showed that the average values obtained on the scales of IAT tend to be high both, in the patient group as the group of therapists.

**Brief Comm.**  
Alliance

**What clinicians don't know about therapeutic alliance**

*Leonard Bickman - Vanderbilt University, Nashville, USA*

Although therapeutic alliance is considered to be a key component of almost all psychotherapeutic treatment we know little about how clinicians perceive their clients' perceptions of the relationship. The presentation will describe the relationship between how the clinicians perceive the alliance and how the youth and caregiver relate to the clinician. Research findings will be presented on the degree of discrepancy between perceptions, how it changes over time and the factors that influence this discrepancy. The presentation will also describe the success of an intervention designed to increase therapeutic alliance. The data are based on a large scale longitudinal field experiment.

**Brief Comm.**  
Inpatient

**Clinical Observation and Assessment of Dissociative States**

*Diana Braakmann - Sigmund Freud University, Vienna, Austria*

Dissociation is considered to be a psycho-physiological process with the most important characteristic being the dissolution of the usually integrative functions of consciousness, memory, identity or environmental awareness. In the consolidated European tradition of the ICD-10, the feature "loss of integration" is stretched to include neurophysiological functions of the sensory systems and the motor activity (WHO, 1991). A recent study of Braakmann et al. (2007) implies that there is a discrepancy between the symptom severity self-reported by patients who underrate the phenomenon, and the clinicians' observations. This might be due to the construct of dissociation rather being expert knowledge than being widely known by the general population. This idea implies that patients entering Psychotherapy have just little information about the phenomenon. Due to this they have difficulties in observing and rating dissociative symptoms. Aiming at utilizing the clinicians' observations and complementing the patients' self-ratings in a structured and fruitful way, a clinicians' scale for the observation of dissociative symptoms was developed. It has been tested in a psychiatric population comprising inpatients suffering from Borderline Personality Disorder who were observed and rated weekly by psychotherapists and psychiatrists. The brief communication strives at presenting and discussing the first results including the comparison to patients' self-ratings.

**Brief Comm.**  
Couple

### **The Couples Dissolution**

*Liliana Bracchi - Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina*

This paper is based in a Doctoral Thesis (Uces Argentina- Universidad de Lyon2- Francia). It is an exploratory research which primary objective is to analyze the unconscious alliances in the couples (Freud-Kaës). We believe that both the couple itself and the separation, are connective productions driven by unconscious alliances. Therefore, the act of separating is the result of a process that is articulated by both members of the couple. We detected that when the couple in process of dissolution go to a psychotherapy session, the analyst may observe the dissolution of the unconscious alliances through scenes and conversations during the session. The analyst may infer the original unconscious alliances in the couple. In this opportunity I propose to present the theoretical frame work, the objectives, the hypotheses and some clinical observations from the study about 5 couples.

**Brief Comm.**  
Development

### **Young Adult's Psychosocial Development: The Role of Attachment, Emotion Regulation and Coping strategies.**

*Joana Cabral - Faculty of Psychology and Education, Porto, Portugal, Paula Mena Matos*

Aim: The influence of parental attachment on psychosocial development of late adolescents and young adults has been theoretically argued and empirically supported; nevertheless studies with a processual approach trying to uncover the mechanisms underlying this association are rare. We argued that security in attachment relationships with parents is predictive of more constructive emotion regulation and coping processes (mediating variables), which in turn result in higher levels of psychosocial development. Method: In a longitudinal study, including 3 waves' of data (N = 218), attachment and emotion regulation were assessed using Father and Mother Attachment Questionnaire (Matos & Costa, 2001); TMMS (Salovey et al., 1995); and Ruminative Responses Scale (Gonzalez et al., 2003), coping (with the COPE; Carver et al., 1989) 8 months later, and psychosocial development (using EPSI; Rosenthal et al., 1981) after 1 and a half. Structural Equations Models (using EQS) were conducted, following steps for testing mediation. Results: Results show that the quality of attachment relationships with parents results in more constructive approaches to emotion regulation and coping and that these, in turn, result in higher levels of psychosocial development, supporting mediation. Findings suggest that the experience of both a secure base and safe haven are crucial for the cognitive-emotional dynamics that foster development. Discussion: Understanding the dynamics underlying psychosocial development, enhances comprehensive and intervention tools relevant for psychotherapy with young adults struggling with identity, autonomy and intimacy difficulties. Focusing intervention on how emotional experience is organized and consequently how adversities are dealt with is argued.

**Brief Comm.**  
Personality

### **Structured Interview of Personality Organization (STIPO) - Preliminary Psychometrics in a Clinical Sample**

*Eve Caligor - Columbia University Center for Psychoanalytic Training and Research, New York, USA, Barry Stern, Lionel Wininger, Rebecca Yun, Eran Feit, John Clarkin, Otto Kernberg*

This proposed brief communication would summarize the results of the now completed preliminary study of the development and psychometric properties of the Structured Interview of Personality Organization (STIPO), a semi-structured interview designed to operationalize Kernberg's theory of personality organization. We propose to present new data, heretofore not presented at SPR, based on the complete 142-person sample, and additional test-retest reliability data from a second sample. Results of this investigation, conducted in a sample representing a broad range of personality pathology, indicate that the three component domains of Kernberg's theory as operationalized in the STIPO, Identity, Primitive

Defenses, and Reality Testing, are internally consistent and that inter-rater reliability is adequate. Validity findings suggest that the assessment of one's sense of self and significant others (Identity) is predictive of measures of positive and negative affect, whereas the maladaptive ways in which the subject uses his or her objects for purposes of regulating one's self experience (Primitive Defenses) is predictive of personality disorder traits and interpersonal dysfunction. Implications of these findings in terms of the theory-driven and trait-based assessment of personality pathology will be discussed.

**Brief Comm. Drives and defenses in aphasic patients**

Neuroscience

*Jorge Cantis - UCES, Buenos Aires, Argentina, Rita Brui de Duran, Horacio Garcia Grigera, David Maldavsky*

Goal: to research drives and defenses (as well as their state) in the discourse of aphasic patients. Sample: the first interview of 7 aphasic patients. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses (as well as their state) in the narrated and enacted episodes of the patient. Procedures: The study of the narrated and the enacted episodes of the patients as well as their words aiming at detecting drives and defenses. Outcomes: the patients can be classified into two groups: one of them with a psychic retraction and the other with an active contact with the therapist. Both groups can be considered as different versions of PTSD patients. In the first one, the pathogenic defenses (mostly foreclosure of the affect, disavowal and avoidance) were successful/failed and in the second successful.

**Brief Comm. Treatment Interventions and the Influence of Parental Stress on Maladaptive Child Coping: The Missing Link**

Child

*Kimberly Cappa - Purdue University, West Lafayette, USA, Judith Conger, Jean Dumas, Angela Begle*

Aim: Child coping competence reflects the match between the availability of resources and the demands of the environment. Substantial research has been conducted supporting the link between maladaptive child coping and the presence of environmental difficulties. Many current treatment programs fail to address child coping and the extent to which parent variables may adversely affect it. The present study was designed to evaluate the association between parental stress and maladaptive child coping. Methods: PACE (Parenting our Children to Excellence) is a prevention program designed to promote effective parenting and reduce the risk of adverse child outcomes. Preliminary data from an ethnically diverse sample of 610 mothers enrolled in the program was used to evaluate whether parental stress is negatively associated with poor affective, achievement, and social coping competence in preschoolers. Results: Correlation matrixes were examined and analyses were conducted using independent hierarchical linear regressions. Additional variance due to environmental stressors (e.g. income, ethnicity, parental education and single parent household) and parental perceptions of child behavioral problems were accounted for. Results indicated that parental stress was negatively related to child coping for all three domains of coping competence even after accounting for problematic child behavior and environmental stressors (Affective,  $R^2=.254$ ,  $p=.000$ ; Achievement,  $R^2=.309$ ,  $p=.000$ ; and Social  $R^2=.460$ ,  $p=.000$ ). Discussion: Results of the present study underscore the complex role parent variables have on child coping competence. The implications of these findings for improving evidence-based treatment, as well as the limitations of adding components to treatment will be discussed.

**Brief Comm.**  
Change

**Psychological change from the inside looking out: A qualitative investigation.**

*Tim Carey - University of Canberra, Australia, M. Carey, K. Stalker, L. K. Murray, M. B. Spratt*

Regardless of the type of psychotherapy considered, change is the predominant goal. Psychotherapies differ in their explanations of how change occurs and what it is that needs to change, but pursuing change of something in some way is common. Psychotherapeutic methods, therefore, should be enhanced as knowledge of the change process improves. Furthermore, improving our knowledge about general principles of change may be of greater benefit to psychotherapy than increased knowledge about any particular change technique. This study addresses the questions 'What is psychological change?' and 'How does it occur?' from patients' viewpoints. Answers to these questions were sought using qualitative methodology. At the end of treatment, 27 people were interviewed about their experience of change. Interviews were taped and transcripts analysed using the Framework approach. Change occurred across three domains: feelings, thoughts and actions. Participants described change as both a gradual process and an identifiable moment. In relation to how change occurred, six themes emerged: motivation and readiness, perceived aspects of self, tools and strategies, learning, interaction with the therapist and the relief of talking. Change was experienced in similar ways irrespective of type of treatment. Current stage models of change may not be suited to the explanations of change provided by the participants of this study; the process of insight through reorganization might be a more accurate explanation. Understanding change as a process involving sudden and gradual elements rather than a process occurring through sequential stages could inform the development of more efficacious psychological treatments.

**Brief Comm.**  
Child

**Environmental and genetic interactions in children diagnosed with ADHD**

*Ximena Carrasco - Universidad de Chile y Pontificia Universidad Católica, Santiago de Chile, Maria-Eugenia Moneta, Hugo Henriquez, Paula Rothhammer*

We are studying the interaction between genetic and environmental factors in ADHD children. Attachment and parenting styles could affect the development of ADHD as well as the presence of a comorbid diagnosis. Methods: 50 children between 7 and 12 years old and 30 controls were recruited. The children which have been diagnosed with ADHD according to DSMIV criteria and Child Behavioral Check list underwent psychometric, electro-encephalographic, genetic, and sleep studies plus a full neuro-pediatric examination. Levels of Security in their relationship with the mother was obtained through the Security Scale (Kerns, Koplan, Cole 1996). Mothers were separately interviewed. Results: genetic studies showed a preponderance (48%) of DRD4.4 repeat allele and DAT 1-10 allele (71%) in this population. Security Scale showed a 52% of insecure children in the ADHD group. Comorbidities with social phobia, oppositional disorder and separation anxiety were positive correlated ( $p=0.023$ ) (T student) in the ADHD insecure group but not in the secure group. Controls did not show comorbid diagnosis and security levels were higher. Discussion: Although the study is not complete, we can say that insecurity levels in children were higher in the ADHD population compare to controls. Insecurity was positive correlated with oppositional disorder, social phobia, disocial behavior and separation anxiety. We discuss the participation of epigenetic factors in the development of ADHD which could point towards specific types of therapeutic interventions

**Brief Comm.**  
Culture

**Differences in Depressive Symptoms among Ethnically Diverse Depressed Adults**

*Delane Casiano - University of Pennsylvania, Philadelphia, USA, Marna S. Barrett, Jacques Barber*

**Aim:** Although reports of depression prevalence in African Americans, as compared to Whites, has varied considerably across studies, research consistently shows that Blacks are overrepresented in high-need populations, have reduced access to mental health services, receive poorer quality care, and are more likely to drop out of treatment. One possible explanation for these problems is that the experience and/or expression of depression may differ for African Americans. Yet few studies have examined how Blacks understand and describe depression. The goal of this study was to compare the responses of Blacks and Whites on several measures of depression. **Methods:** Analyses are based on 140 adults with Major Depressive Disorder (73 White, 67 African American) participating in a randomized clinical trial of treatments for depression. Prior to randomization patients completed the Beck Depression Inventory, Depressive Experiences Questionnaire, Dysfunctional Attitudes Scales, and the Working Alliance Inventory. Independent evaluators rated depressive symptoms using the Hamilton Rating Scale for Depression. **Results:** In general, African Americans were more likely to endorse physical symptoms of depression (sleep, somatic anxiety, weight, low energy, fatigue) than Whites. More specifically, however, African Americans reported more feelings of punishment yet believed happiness was possible without being loved, whereas Whites reported more pessimism and were likely to blame themselves for depression. **Discussion:** The extent to which these differences may result from distinct socialization patterns of African Americans, such as culturally-specific coping mechanisms, social interdependence, and gender role distinctions, will be discussed particularly in light of expectations for the alliance.

**Brief Comm.**  
Therapist

**The relationship between values clarification/self-concordance and mental health staff well-being, job satisfaction, burnout and attitudes to recovery-based practice.**

*Trevor Crowe - University of Wollongong, Australia, Lindsay Oades, Frank Deane*

Value clarification/affirmation can buffer people from stress, increase people's behavioural persistence and reduce burnout. Values research demonstrates a key dichotomy between stated values and values demonstrated through behaviour (e.g. operative versus conceived values; instrumental versus terminal values and preferences for experiences versus behavioural ideals). Clinicians often indicate a belief in the "recovery philosophy" yet do not demonstrate this in practice. It is hypothesized that the degree to which mental health clinicians are committed to clinically-relevant values and the extent to which they hold these values for autonomous (e.g., personal meaning, aligns with personal values) versus controlled (e.g. guilt, external expectations) reasons, the more likely they will possess positive attitudes to recovery based service provision, the higher their well-being and job satisfaction will be, and the lower their experiences of burnout will be. **Aims** 1. To examine over time the role of the concordance between personal values and recovery-based work practices in mental health services in relation to staff attitudes, well-being, job satisfaction and burnout. 2. To examine the impact of mental health recovery focused training on values concordance, attitudes, well-being, job satisfaction and burnout. **Method** 30 Mental health workers completed the measures of values concordance with recovery-based practices (Collaborative Recovery Model Values Questionnaire) along with measures of well-being, burnout, job satisfaction and attitudes to recovery-based practice **Results** Preliminary results will be presented. **Discussion** The results will be discussed in terms of staff selection and retention, training directions and parallel processes, and empowerment of mental health staff.

**Brief Comm.**  
Depression

**The effectiveness of a short cognitive therapy model for depression treatment in women aged between 18 and 24 years**

*Ana Laura Cruzeiro - Universidade Católica de Pelotas, Brazil, Ricardo Azevedo da Silva, Daniele Campelo Tavares, Luciano Dias de Mattos Souza, Liliane Ores, Karen Jansen*

The aim of the present study was evaluate the effectiveness of a short cognitive therapy model designed specifically for depression treatment in women aged between 18 and 24 years. The data was collected in a population-base cross sectional study. The women diagnosed with mild or moderate depression were invited to participate in clinical trial to evaluate the effectiveness of a short cognitive therapy model with seven sessions. The ones that refused to participate were designed as the control group. Results will be presented at the meeting. Results will be presented at the meeting.

**Brief Comm.**  
Alliance

**Adherence to Alliance-Focused Intervention: Effects on Alliance and Outcome.**

*Stephen R. DeLuca - University of Pennsylvania, Philadelphia, USA, Guy S. Diamond*

Aim: Although the therapeutic alliance is an essential component of successful therapy, little effort has been made to define a specific intervention strategies to build or increase it. Attachment-based family therapy (ABFT), an empirically supported family treatment for depression and suicide in adolescents, specifies a sequence of interventions in individual sessions with parents and adolescents specifically designed to increase the alliance with the parent and adolescent. This study examines the correlation between adherence to this manualized alliance building task and the formation of the alliance with the parent. The analysis will look for significant correlations between therapist adherence to the interventions in the alliance-building session and alliance within that session. In addition, correlations will be investigated between the alliance and more distal outcome measures of therapy. Methods: Data derive from the treatment condition (N = 35) of a randomized clinical trial (N = 66) comparing the efficacy of ABFT to enhanced usual care (EUC) for the treatment of adolescents with depression and suicidal thoughts. Results of this trial showed a significant treatment effect for ABFT. Therapist adherence to the treatment model was assessed by experts in ABFT using an observational adherence measure created by the treatment developers. Alliance between parent and therapist was measured with self-report (Working Alliance Inventory) and observational (Vanderbilt Therapeutic Alliance Scale - Revised, Short Form) instruments. More distal outcome measures include treatment retention, parental stress and adolescent suicidal thinking and depression. Results: Preliminary results based on the self report WAI indicate that the alliance session is associated with an increase in the parents' report of alliance with the therapist. Rating of observer coding alliance and therapists adherence to the alliance task are currently underway. A coding team of five has been established and inter rater reliability is strong. Coding will be complete by January 2009. Discussion: Results will be discussed with respect to their conceptual, empirical, and clinical implications.

**Brief Comm.**  
Disorder

**Generalized Anxiety Disorder – which mental disorders are associated?**

*Luciano Dias de Mattos Souza - Universidade Católica de Pelotas, Brazil, Irani Argimon, Karen Jansen, Liliane Ores, Ricardo Pinheiro, Ricardo Silva*

Introduction: In the general population, more than 50% of individuals with a lifetime mental disorder are affected for some other mental disorder. Literature shows that Generalized Anxiety Disorder (GAD) has a high prevalence and high degree of comorbidity. Aim: to assess the prevalence of Generalized Anxiety Disorder and verify its major comorbidities. Methods: A population-based cross-sectional study to verify health behaviors in youths have been running in Pelotas – southern of Brazil. A total of 97 census tracts

were randomly selected in urban area of Pelotas. Youths between 18 and 24 years were identified at those census tracts and answered a confidential self-report questionnaire on issues such as: age, gender, school life, religion, physical activities, entertainment, substance use and sexual relationship. To assess mental disorders (Generalized Anxiety Disorder and others) the Mini International Neuropsychiatric Interview version 5.0.0 was used. Results: A total of 1294 youths were interviewed and the prevalence of GAD was 9.1%. Mood disorders were the highest comorbidity found with GAD – 42.1% of major depressive episode and 36.52% maniac or hypomanic episode. Suicidal risk was observed in 28.9% of individuals with GAD. Conclusion: Specific treatments for GAD with mood disorders should be elaborated to attend this population.

**Brief Comm.**  
Therapist

**Therapist differences in observable behaviors – an empirical study with the German version of the Comprehensive Psychotherapeutic Intervention Rating Scale (CPIRS-D)**

*Ulrike Dinger - University of Heidelberg, Germany, Antonia Friedrichs, Anne Ehrlich, Henning Schauenburg*

Aim: Significant therapist differences in alliance quality and outcome of psychotherapy point to the question how different therapists intervene and what they do in order to establish a therapeutic relationship with their patients. The current research seeks to examine therapist differences with regard to observable behaviour using the Comprehensive Psychotherapeutic Intervention Rating Scale (CPIRS). The CPIRS by Trijsburg et al. (2002; 2004) is designed to assess the incidence and distribution of therapeutic interventions. The CPIRS was developed based on a large number of existing instruments and subsumes these in 81 items on twelve factors. Five factors describe common factors that can be observed in all therapeutic approaches, while seven factors assess typical interventions in common therapeutic schools. Therefore, the CPIRS is well suited to discriminate between different forms of psychotherapy, but can also assess therapist differences with regard to common factors. Method: The CPIRS was translated into German and used to evaluate early sessions of psychodynamic and cognitive-behavioral therapy. It is tested whether therapists differ in the percentage of common versus specific factor interventions as well as in the degree they use specific interventions of other therapy forms apart from their own. Results & Discussion: Interrater reliabilities were good and similar to those of the original version. Therapist differences were noted for therapy-specific interventions as well as for common factors. Therefore, interventions seem a potential explanatory variable for overall therapist differences on outcome. Future studies on therapist differences in alliance and outcome might benefit from the observation of interventions.

**Brief Comm.**  
Disorder

**Emotional Underregulation and Overregulation: A Central Approach in Psychotherapy**

*Katrin Endtner - University Hospital of Psychiatry Bern, Department of Psychotherapy, Switzerland, Wolfgang Tschacher*

Aim: Previous studies showed that many psychiatric disorders are based on problems of emotion regulation. In recent years, several researchers developed and investigated concepts regarding this topic. Greenberg and colleagues elaborated a general concept for psychiatric disorders. They differentiated two kinds of problems concerning emotion regulation of inpatients: under-controllers show little control of their impulses and do not succeed to calm down (e.g. the anger of patients with borderline personality disorder, BPD); over-controllers have difficulties in perceiving and expressing their emotions (as evident e.g. in patients with major depression, MDE). The goal of our research was to shed light on emotion

regulation, specifically on how emotional underregulation/overregulation is represented in clinical practice. Method: EMOREG-B was developed as an emotion regulation questionnaire. This instrument was validated in three samples, two clinical and one non-clinical. One clinical sample met criteria for BPD as well as MDE, whereas the other met criteria for MDE without BPD. Results: Factor analyses resulted in four scales representing different dimensions of emotion regulation and two scales indicating emotion underregulation and overregulation, respectively. These scales were reliable and valid. Contrary to the intuitive assumption, patients with BPD showed emotional underregulation together with emotional overregulation. In addition, the three samples could be differentiated on the basis of their EMOREG-B assessments. Discussion: It is possible to operationalize the construct of emotional underregulation and overregulation. Therefore, it is important to consider emotional underregulation/overregulation in research and clinical practice.

**Brief Comm.**  
Alliance

### **The Relationship between Patient Object Relations and the Therapeutic Alliance in a Naturalistic Psychotherapy Sample**

*Paula Errazuriz Arellano - University of Massachusetts, USA, Michael Constantino*

The quality of the patient-therapist relationship, or therapeutic alliance, is widely viewed as an important element of the psychotherapeutic process. Empirically, the therapeutic alliance is a well-established and robust predictor of therapeutic change. With its clear impact on therapeutic success, researchers have increasingly examined factors that contribute to alliance development, including patient psychological characteristics. Preliminary findings suggest that patient object relations, which are mental representations of self and others, may be a significant predictor of alliance quality. The proposed study will further examine this relationship in a naturalistic sample of adult outpatients. Using hierarchical linear modeling, the study will also account for therapist differences, as well as explore the potential impact that the timing of the alliance rating (early or middle treatment) and the rating perspective (patient versus therapist) have on the relationship between object relations and alliance quality.

**Brief Comm.**  
Emotion

### **Does emotional experience and expressivity change in the course of psychodynamic inpatient psychotherapy?**

*Rainer Faber - University of Heidelberg, Germany, Tilmann Grande, Daniel Leising*

Background: Based on results of emotions research it is a common assumption among psychotherapists that there is a close link between psychopathology and emotionality. There also is evidence that a certain arousal and productive emotionality in therapy sessions is a predictor of good outcome. Empirical data as to how emotionality in general might change through psychotherapy is rare. The present study investigated whether and how the general emotional experience and expressivity of psychosomatic inpatients changed in the course of therapy. Methods: 34 psychosomatic inpatients filled out two measures of psychopathology (SCL 90-R; IIP-64), and were interviewed regarding recent emotional experiences at the beginning (T1) and end (T2) of treatment. 29 matched control persons underwent the same investigations with a respective time interval. Raters judged the participants' emotion utterances, using the "Clinical Emotions List", and the participants' emotional expressivity, using an adjective scale. Results: There was a higher verbal expression of emotions and a mentioning of more different emotions within Persons with high symptomatic distress at T1 and T2. Nonverbal emotional expressivity was unrelated to psychopathology. Psychopathology in the patient group decreased considerably in the course of treatment, but there were no according changes in the emotional domain. Discussion: Our results did not show any effect of inpatient treatment on general emotional expression and experience outside therapy sessions. This makes it unlikely that a general impairment in emotionality is a common reason for the occurrence of psychopathological symptoms. Other change mechanisms and implications

for future research are discussed.

**Brief Comm.**  
Alliance

**Therapeutic Bond Factors and their Relation with Therapeutic Outcomes: Psychotherapist Perspective**

*Sofía Farah - Departamento de Psicología, Universidad de La Frontera, Temuco, Chile, Loreto Acuña, Francisca Román, Patricia Santibáñez*

This study explores therapeutic bond factors and their relation with therapeutic outcomes from the psychotherapist's perspective. This research provides information relevant for developing a broader comprehension of this phenomenon, applicable to clinical practice as well as training for new professionals. A qualitative design was used, through snowball sampling with nine psychotherapists working with different therapeutic approaches in Temuco, Chile. Findings indicate the presence of process, client and therapist factors related to therapeutic bond formation. Furthermore, evidence suggests that a strong therapeutic bond favors positive psychotherapy outcome. This allows for the inference that therapists predict outcome based on perceived client-therapist relationship quality. Theoretical and empirical implications for clinical practice and training in psychotherapy will be explored as well as suggestions for further research.

**Brief Comm.**  
Psychodynamic

**Naturalistic evaluation of the effect of psychoanalytically oriented and cognitive therapies in a public general hospital psychiatric service in Santiago de Chile**

*Ramon Florenzano - Universidad del Desarrollo, Santiago, Chile, Pamela Leiva, Raul Riquelme, Ana Calderon, Francisca Moller*

Meta-analytic studies have found that psychoanalytically oriented therapies are effective. Today we need to show that they are efficient, in comparison to other approaches, in everyday practice. This work presents evidence from a general hospital Psychiatric Service with the Outcome Questionnaire (OQ 45.2, Lambert et al.), in its Chilean adaptation by Von Bergen and De la Parra. We applied it routinely in different treatment units, finding high percentages of attrition. Of the cases that remained in therapy, there was a statistically significant decrease in the global scores of the test, comparing them at intake (M1), early (M2) and late (M3) in treatment. This difference was higher for the psychoanalytically oriented Crisis Intervention Unit. The therapy was also effective in the Cognitive Behavioral Unit, focused on Anxiety Disorders. We conclude by commenting on the need to improve the retention of patients in therapy in order to corroborate that a psychoanalytically oriented treatment is as efficient as a cognitive one in a public setting.

**Brief Comm.**  
Training

**The early effects of professional counsellor training: a mixed method study.**

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

Only a few studies have been conducted regarding the impact of professional therapist training on trainees (Bischoff et al., 2002, Orlinsky and Ronnestad 2006). Even fewer have attempted to examine the experience of trainees whilst in training, (see, Turner et al., (2008), and Howard et al., (2006). The goal of this presentation is to communicate the findings from the first phase of a two year investigation, tracking the experience of trainee counsellors enrolled on four counsellor training programmes at two British Universities. The CRN Development of Psychotherapists (Trainee Background Form) and the CORE-OM questionnaires were completed and returned during the first three weeks of the first, ten week term. In week six, the CRN Development of Psychotherapists (Trainee Process Form) questionnaire was completed. Sixty-five questionnaires were returned (69% response rate). Seven, semi-structured

interviews, were then conducted with individual trainees. All interviews were audio recorded and transcribed. Interview data were analysed using IPA. The data analysis is not yet complete but preliminary findings indicate that trainee therapists are required to change not only their thinking and to develop new skills, but also to adapt aspects of their personality to be able to meet the needs of clients. Change appears to be initiated and supported by the experiential learning opportunities and relationships offered by training programmes. The trainee's ability to survive the demands of training appears to be tested from the outset with rapid change in relation to the self and identity being central to the experience.

**Brief Comm.**  
Development

**Influence of maternal depression on delay child development, at 12 months, in the urban area of Pelotas/RS**

*Russélia Godoy - Universidade Católica de Pelotas, Brazil, Luciana Quevedo, Lizandra Pinto, Emanuele Costa, Ricardo Silva, Ricardo Pinheiro*

Child development is related to the construction of cognitive, social and affection skills. It concerns the child's ability to execute certain tasks and have proper behavior to his/her age. Evolution process is affected by many variables produced by a complex combination of biological, psychological and environmental factors. Children are very sensitive to the quality of care they receive. In the first few years the mother is the main care taker of the child. It is her responsibility to protect the child from stressful events besides providing proper stimulation. Studies suggest that the first important difficult event in the newborn's life is experiencing the parents' depression. In this context, it is possible to believe that the maternal skills such as perception, interpretation and response to the baby's needs are compromised. For this reason it is extremely important to investigate the effects of postpartum depression over the offspring. Objective: To analyze the impact of maternal depression over the development of children aged 1 year. Methods: Cross-sectional study based on data from a cohort study. The participants were women that had pre-natal consult through Health Unique System at Pelotas city, state of Rio Grande do Sul. The mothers were interviewed during the pregnancy, 30 to 90 days postpartum and 12 months after birth; the babies were assessed at 12 months of age. To diagnose maternal depression it was used EPDS and to assess the child development it was used the Bayley-II. Results: Until now 300 mothers and babies were interviewed. However the instruments are still being typed.

**Brief Comm.**  
Depression

**Women's mental health, prospective study of perinatal depression in Brasil: Incidence and correlates of antenatal and postnatal depression.**

*Inácia Gomes da Silva Moraes - Universidade Católica de Pelotas, Brazil, Ricardo Azevedo da Silva; Karen Jansen; Jean Oses; Liliane Ores; Luciano Souza; Michele Dias; Luciana Quevedo; Daniele Tavares; Elaine Tomasi; Luana Barbosa; Giovanna Del Grande da Silva; Etiane Sandanha Mendes; Renata Duarte Amaro; Ricardo Pinheiro*

Objective: To evaluate correlated to prevalence and incidence in postpartum depression. Methods: The cohort survey was conducted in 803 pregnant women attending in public maternity hospital in a city in southern Brazil. Depressive symptoms during pregnancy and at 30-60 days postpartum were defined by a score 13 on the Edinburgh Postnatal Depression Scale (EPDS). Depressive symptoms were confirmed through Mini International Neuropsychiatric Interview (MINI). Results: The prevalence and incidence of postpartum depression, respectively, were 14.2 (n=114) and 8.5 (n=55). Poisson Regression analyses identified significant risk factors for the two outcome measures: I) Significant predictors for prevalence to postpartum depression: Low schooling (P=0.012), do not living with the partner (P=0.000), use medicines to psychological or psychiatric disorder (P=0.010) and presence of depression during the pregnancy (P=0.000). II) Significant predictors for incidence postpartum depression: Low schooling

( $P=0.019$ ) and do not living with the partner ( $P=0.008$ ). Women with depression during the pregnancy were three times more likely to present with postpartum depressive symptoms ( $RR=3.18$ ,  $95\%CI$  2.06-4.89). Conclusions: This findings suggestion that antenatal depression was the strongest predictor of postpartum depression. Promoting the recognition and management of depression in pregnant women may be of interest for the prevention of postpartum depression.

**Brief Comm.** **A clinical approach to the emotional processing of anomalous/paranormal experiences in group therapy**  
Culture

*Daniel Gomez Montanelli - Instituto de Psicologia Paranormal, Buenos Aires, Argentina, Alejandro Parra*

An investigation was conducted to record reactions to disturbing psi experiences and to explore their emotional and intellectual processing. Thirty-two subjects participated in weekly group sessions involving humanistic group therapy. The activity involved three stages: (a) emotional support, (b) intellectual and emotional processing, and (c) group-closing and interpretation. Using the Q-sort technique, an evaluation was made of emotional and intellectual thinking and feelings, motivation to be a group member, comprehensibility of the experiences, their integration into life, emotional and intellectual meaning, and emotional disturbance prior to entry into group and after group therapy designed by ourselves. Over three-quarters of the sample reported fear in different forms to be the predominant emotion; wonder, perplexity, well-being and anxiety were also reported. Scores on a measure of disturbance decreased as a consequence of the group activity (mean pre-score = 4.85, mean post-score = 1.70), which is consistent with emotional processing and integration. Members reported that therapy had made them feel they had been listened to, accepted, understood, and supported by the therapist as well as the other group members. More than half said that the group activity contributed to their personal or spiritual development; others found a fresh interpretation for their psi experiences, or felt emotionally better in their inter personal relationships, and/or found new meaning in their lives. Group members felt able to learn to handle their own capacity for engaging in constructive personal, interpersonal and spiritual growth. We conclude that humanistic group therapy can be effective with people who have distressing experiences, such those involving paranormal phenomena, and so may be an appropriate method for the further parapsychological exploration of many paranormal experiences.

**Brief Comm.** **Acculturative Stress experience of Chinese and Indonesia International Students**  
Culture

*Hugo Gonzales - University of Technology Sydney, Australia*

This is a longitudinal study aiming to ascertain the influence of ethnic identity, daily hassles, social network of support, coping strategies, English language proficiency, self-rating of health, and demographic variables on levels of acculturative stress and overall distress experienced by international students from mainland China and Indonesia. Students from these countries (and a comparison group of Australians students) completed measures on the above constructs at different stages of their sojourn to Australia, namely, at entry, four months after entry and eight months after entry. A grand total of 974 students completed the entry questionnaire (277 Indonesians, 558 Chinese and 139 Australians), 291 students completed the four months follow up questionnaire and 148 students completed the three waves of assessment (41 Indonesian, 69 Chinese and 38 Australian students). The international students were recruited from 17 Australian universities. The Australian sample was recruited at Macquarie University. A separate sample of 161 students from Universitas Indonesia, Jakarta, Indonesia completed a translated version of the questionnaire to ascertain the equivalence of Indonesian students living in Australia with students attending Universitas Indonesia. This study used both hard copy and web-based

delivery mode of the questionnaire to students participating in this study. A sub-sample of 20 Indonesian and Chinese international students completed a one-to-one in-depth interview to investigate their acculturative stress experiences further. This study supported the stress and coping model, confirming that sojourners experienced moderate to high levels of stress from their initial interaction with the host society (Ward, Okura, Kennedy, & Kojima, 1998). Both Indonesians and Chinese experienced more distress than local Australian students across the three waves of assessment. These findings refute the traditional U-curve assumption of cultural shock, which argues that sojourners go through different phases in their process of adjustment to the host society, comprising honeymoon, disillusionment and readjustment phases. Chinese students scored higher on ethnic identity than Indonesians, and this was reflected in their lower levels of distress, particularly when they first entered the Australian culture. Contrary to traditional views, the Chinese were more willing than Australians to admit suffering emotional difficulties, and both Indonesian and Chinese students were willing to seek professional help for support with their emotional difficulties. Overall, high daily hassles and acculturative stress were the strongest predictors of high levels of distress. Higher avoidance and self-blame coping strategies were strong predictors of high distress across the three waves of assessment. Other predictors of high distress were language other than English as preferred language in Australia, using less support-seeking coping, less problem-focused coping, more willingness to seek professional help for emotional difficulties, and more religious coping. These findings contribute to the literature of stress and coping and have implications for both counselling international students and policy development for international offices in higher education.

## **Brief Comm.** Integration

### **Insight as a Common Factor in Psychotherapy. Psychometric Properties of the PTI Insight Scale**

*Alessio Gori - Dept. of Psychology University of Florence, Italy, Marco Giannini*

Current psychotherapeutic models suggest different mechanisms of change, but almost all share the fact that psychotherapy is an educational experience where clients come to understand something new about themselves. The pioneering studies on common factors (Frank & Frank, 1991; Marmor, 1962; Garfield, 1995; Torrey, 1972) have paved the way for consideration of insight as a common factor, present and critical, for all theoretical orientations. The Random House College Dictionary (1984) defines insight as “a form of knowledge of the true nature of things, in particular an intuitive knowledge” (Wampold et al., 2007; cfr., Castronguay & Hill, 2007). In our point of view we consider insight as a process, generally conscious, that includes both a sense of novelty and connection. The insight is a conscious change of meaning that implies new connections (Hill et al., 2007; cfr., Castronguay & Hill, 2007). Here we propose a new, brief, self-report measure, the PTI Insight Scale, that intend to capture several dimensions of insight such as awareness, connections, emotions, thoughts and behaviours. The Insight Scale is included in the Psychological Treatment Inventory (PTI; Gori, Giannini & Schuldberg, 2008), a new multidimensional measure created in accordance with recent advances in psychology and psychotherapy research, that follows a pluralistic approach to psychotherapy integration (Castronguay & Hill, 2007; Ingram, 2007; Norcross & Goldfried, 2005; Stricker & Gold, 2006). In this preliminary study we administered the PTI Insight Scale (15 items) to 300 Italian students with a mean age of 23.8 years old (SD=4.4). Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) have been applied to verify the factor structure of the Scale. Internal Consistency has been tested with Cronbach’s alpha. The EFA showed a one dimension structure (9 items, 53% explained variance) while CFA a good fit of the one factor solution (CFI: .84; TLI: .79; SRMR: .07). The Insight Scale showed also a good level of internal consistency (9 items  $\alpha$  =.88). These preliminary findings suggest that the PTI Insight Scale may be useful as an assessment tool both for research and psychological treatment.

**Brief Comm.**  
Couple

**Couples Therapy in the Chilean Institute for Family Therapy: Relational process distinctions from the therapist's perspective**

*Cecilia Grez - Instituto Chileno de Terapia Familiar, Santiago, Luis Tapia, Teresa Boetsch, Ximena Fuentes, Francisca Morales, Paula Picasso, Angeles Lira, Victor Aravena, Claudia Morales*

Clinical records are a critical instrument in the registration of therapeutic processes. This is especially important in centers that give not only clinical services to patients but also training of psychologists, such as Chilean Institute of Family Therapy (ICHTF). This brings up the need to systematize the therapist's actions and observations from the perspectives of the work with couples and the training of therapists. With this purpose in mind, we designed a research to review the registries of the clinical inferences made by couples' therapists in terms of the relational process as well as systemic hypotheses. The research had an exploratory descriptive-analytic design, applying a qualitative method of research based on the Grounded Theory model. In this study all the clinical records of couples' therapy in the ICHTF from year 2003 to 2008 (130 therapies in total) were transcribed and reviewed. Results: Descriptions of the emergent categories of the relational process are described (meanings, emotions, beliefs, emotional environment in the sessions and rules of interactions), as well as the emergent categories for the systemic hypothesis, and the resources of the couple. The coherence level among the clinical inferences, the resources and the hypothesis is recognized. The discussion is focused in the relevance of the results for the clinical practices as well as for the training of new therapists.

**Brief Comm.**  
Depression

**A pilot investigation of exposure-based cognitive therapy for depressed outpatients**

*Martin Grosse Holtforth - FSU, Jena, Germany, Marielle Sutter, Emma Schmied, Franz Caspar*

Exposure-based cognitive therapy for depression has been developed to accomplish more sustainable symptom relief by integrating principles of anxiety therapy (i.e., exposure), as well as emotion-focused therapy (i.e., emotional processing) (A. Hayes, et al., 2005). We will present first results of a pilot investigation of a 20-session-treatment with 25 outpatients with an adapted version of EBCT in Switzerland (EBCT-R). We will present data on feasibility, process, outcome, as well as mechanisms of change. Criteria for feasibility include minimal drop-out rate, no missing data and favorable feedback from therapists. Criteria for process quality are stronger emotional arousal and processing in the middle phase than earlier in treatment, and a good alliance as experienced by patients and therapists. Main outcome criteria are a reduction of depressive symptoms, increased need satisfaction, and comparability of the effects to the original EBCT and other depression therapies. Assumed mechanisms of change are exposure and emotional processing. The psychotherapy process is assessed by post-session-reports for patients and therapists. Depressive symptoms are assessed using a brief depression measure before each session and longer measures after session 20. Need satisfaction is also assessed via self-report after session 20. Results indicate that EBCT-R can be feasibly conducted, shows expected process characteristics, yields a significant symptom reduction in the range of comparable depression therapies, and improved need satisfaction. Exploratory analyses provide additional information on potential mechanisms of change. Results will be discussed with respect to theoretical assumptions, practical implications, and next steps in future research.

**Brief Comm.**  
Depression

## **Estimating efficacy in the Helsinki Psychotherapy Study with a dynamical model and Bayesian inference**

*Tommi Härkänen - National Public Health Institute, Helsinki, Finland*

**Aim:** In both clinical and observational studies, efficacy, the true biological effect, is generally difficult to estimate due to different forms of non-compliance (e.g. refusal from or discontinuation of the study treatment, and auxiliary treatments (AuxT)). The incidences of AuxT are likely to depend on the symptoms, and the prevalences of AuxT differ between the study treatments. Effectiveness estimates obtained by Intention-to-treat (ITT) methods ignore the non-compliance, and therefore are not optimal for choice of the best treatment. This study presents the estimation of efficacy using a dynamical model and compares the results to the effectiveness estimates. **Methods:** The Helsinki Psychotherapy Study is a randomized clinical trial comparing the effect of one long-term therapy and two short-term therapies. The most common AuxT are psychotropic medication and short- and long-term therapies. The data contains repeated measurements of the symptoms and starting and ending times of AuxT. The use of a dynamic model with Bayesian inference allows modeling the interdependency of the AuxT and symptoms simultaneously. The incidence of AuxT, depending on the symptoms and the effect of AuxT on future symptoms, are modeled assuming a finer grid of time points than in the observed data. **Results:** Symptoms seem to influence the incidence of AuxT, and AuxT seem to influence future symptoms. The difference between the efficacies of short- and long-term therapies seem to be larger than in ITT analyses. **Discussion:** The results of effectiveness studies with long follow-up may be considerably changed when adjusted for AuxT.

**Brief Comm.**  
Depression

## **Therapists' professional and personal characteristics as predictors of outcome in short- and long-term psychotherapy**

*Erkki Heinonen - Biomedicum Helsinki, Finland, Olavi Lindfors, Maarit A. Laaksonen, Paul Knekt*

**Aim:** Both clinical experience and empirical evidence indicate that some therapists are more effective in producing positive patient outcomes in psychotherapy than others. However, it is not well known which therapist characteristics predict the outcome. Furthermore, there is virtually no comparative research on whether therapist characteristics have a different effect in treatments of different type or length. We examined the predictive value of therapists' professional and personal characteristics on the outcome in short- and long-term psychotherapy. **Method:** A total of 326 outpatients from the Helsinki Psychotherapy Study, aged 20-46 years, and suffering from depressive or anxiety disorders were randomly assigned to short-term therapy (short-term psychodynamic psychotherapy and solution-focused therapy combined) or long-term psychodynamic psychotherapy. Treatment was provided by 55 therapists. Therapist characteristics were assessed at baseline with the Development of Psychotherapists Common Core Questionnaire (DPCCQ). Therapy outcome, measured by psychiatric symptoms, was evaluated 7 times during a 3-year follow-up, using the Symptom Check List, Global Severity Index (SCL-90-GSI). **Results:** Active, engaging, and extroverted therapists were able to produce a faster symptom reduction in short-term therapy than in long-term therapy. More cautious, non-intrusive therapists accomplished greater benefits for patients in long-term therapy than in short-term therapy during a 3-year follow-up. Therapists' lower confidence and enjoyment in their therapeutic work predicted poorer outcomes in short-term than in long-term therapy in the long run. **Discussion:** Therapist characteristics apparently are important determinants of treatment effects of short- and long-term psychotherapy. Further studies are, however, needed before any firm conclusions can be made.

**Brief Comm.**  
Practice

**Clients' Experiences Giving Gifts to Therapists**

*Shirley Hess - Shippensburg University, USA, Sarah Knox, Robert DuBois, Jacquelyn Smith, Clara Hill*

The purpose of this project was to explore, for the first time, clients' experiences of giving a gift to their therapist in psychotherapy. Little research exists on the topic of gifts in therapy, and much of what does exist focuses on the therapists' point of view. Given the importance clients may place on such interactions, there is clearly a need for research in this area. Our hope is that the study will enhance our understanding of the meaning and impact of gift-giving events. Because of the nature of our questions, as well as the current state of knowledge in this area, we utilized a qualitative methodology (i.e., Consensual Qualitative Research [CQR]; Hill, Thompson, & Williams, 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005). Results indicated that clients gave gifts to their therapists to express their thanks and appreciation. Typically the therapist and client had a brief discussion about the gift and the gift-giving experience had a positive effect on the client and the therapeutic relationship. Results suggested that client gift-giving can be an affirming event for the client and can strengthen the therapeutic relationship. It may be important for therapists to see the giving of a gift as an opportunity to help clients, and themselves, fully understand the reasons for the gift. Likewise, therapists' acceptance of a modest gift may facilitate the therapy process and relationship.

**Brief Comm.**  
Depression

**Psychoanalytic, psychodynamic and behavioural therapy in comparison (Munich Psychotherapy Study, MPS)**

*Dorothea Huber - Clinic for Psychosomatic Medicine and Psychotherapy, Klinikum Harlaching, Städt. Klinikum München GmbH, Munich, Germany, C. Denscherz, J. Gastner, G. Henrich, G. Klug*

**Aim:** The Munich Psychotherapy Study, a prospective, comparative process-outcome study, evaluates the effectiveness and the course of three different long-term psychotherapies: psychoanalytic therapy (PA), psychodynamic therapy (PT) and cognitive behaviour therapy (BT) for depressed patients. **Methods:** A diagnostically homogenous sample of 100 depressed patients was diagnosed consensually by two psychiatrists / psychotherapists by means of an ICD-10 and DSM-IV check-list and assigned randomly to the groups. Experienced psychotherapists in private practice performed the treatments. Outcome measure battery was up to commonly agreed upon standards of psychotherapy research with special attention paid to measurement beyond symptoms, mainly interpersonal and intrapsychic change. Data came from three different sources: patients, therapists, observers. Measurement points were at pre-treatment, post-treatment, and one year follow-up. Interviewers were blinded to control for biases. Different analyses of out-come data (ANOVA, ANCOVA, effect sizes, clinical significance) were calculated with "intent-to-treat" and "last observation carried forward" method. Correlations were computed between outcome and dose/duration of treatment. **Results:** Symptom reduction (BDI, HAMD) is significantly higher in PA than in BT. Reduction of interpersonal problems (IIP) is more pronounced and also more stable in PA than in PT and BT. Structural change (SPC) is significantly higher in PA than in PT and BT. There are also significant differences in rate of relapse/recurrence at one year follow-up. **Discussion:** Our results confirm the hypotheses that psychoanalytic therapy is most effective in reducing interpersonal problems and achieving structural change.

**Brief Comm.**  
Depression

**Depression, psychodynamic conflicts and spirituality / religiousness**

*Christina Hunger - Institute of Psychology, Heidelberg, Germany, Rebekka Rost, Johannes Zimmermann, Tilman Grande, Henning Schauenburg, Manfred Cierpka*

**Aim:** The study aims at investigating the association between depression, psychodynamic conflicts and the part spirituality / religiousness (SR) plays in this. Firstly, it quantitatively investigates in which way

the severity of depression and of psychodynamic conflicts is associated with SR coping and how it is mediated by SR centrality. Secondly, qualitative information elucidates the deeper meaning of these correlations. A special focus is given to SR coping in the context of psychodynamic conflicts. The function of the qualitative study part is to fill the lack of reliable and valid psychometric measurements of negative SR coping as well as SR social support. Methods: Depression (SKID, BDI, HAMD), psychodynamic conflicts (OPD-2) and SR centrality (e.g. DSES, TPV) as well as SR coping (RCOPE, SpREUK) were assessed quantitatively in a group of 30 patients (intended n=80). Additionally, semi-structured interviews were conducted with 8 of these patients (intended n=15) to further investigate SR as functional or dysfunctional when coping with psychodynamic conflicts. Results: Considering the quantitative data, preliminary results will be presented from correlation, regression and variance analyses. Based on the Qualitative Content Analysis (Mayring, 2003) the information from the semi-structured interviews will be presented in form of preliminary code guidelines and code schemata. Discussion: It will be discussed which contributions these findings will make a) to research on aetiological and psychotherapeutic aspects of depressive disorders, as well as b) to psychotherapy of depressed patients with certain psychodynamic conflicts.

**Brief Comm. Self**      **Variables influencing Therapist Self-disclosure to Clients in Therapy.**

*Alfred Hurst - Hackney Social Services, London, UK*

This research links practice and research and was successfully submitted for the degree of Doctor of Systemic Psychotherapy (D.Sys.Psych) at the Tavistock Clinic London and University of East London. It used grounded theory analysis as its methodology. It examines the role of therapist self-disclosure in systemic psychotherapy but has wider implications for clinical work especially in statutory work situations. The research, supported by the literature, identifies a professional culture that generally encourages caution in using therapist self-disclosure which has its origins in a number of areas including being overly influenced by Freudian thought and theory. The research results, in the form of the 'self-disclosure framework', can theoretically help the therapist to understand and develop their practice interventions. Perhaps not surprisingly the research found that the therapists researched represented a wide spectrum of usage. A range of variables were identified as contributing to whether self-disclosure is appropriate to be used as an intervention in the therapeutic relationship between therapists and their clients. Researched from a systemic perspective the findings have implications for researchers, professional practitioners and therapists in a range of professional disciplines such as HIV prevention, substances misuse and children & families mental health work. The presenter currently is a clinical supervisor in a Social Services Department and the London-wide Westminster Drugs Project. He is also the family therapist at the drugs treatment agency the Core Trust and the LGBT organization PACE and as well as running therapeutic groups for gay and HIV+ men in UK & US.

**Brief Comm. Cognitive**      **Anxiety in dementia: Adaptation of cognitive-behavioural treatment**

*Minna Hynninen - Bergen Group for Treatment Research, Faculty of Psychology, University of Bergen, Norway, Monica H. Breivte, Inger Hilde Nordhus*

Aim: Randomized clinical trials support the utility of cognitive behavioural therapy (CBT) for treating anxiety in older adults. However, studies to date have typically excluded patients with cognitive impairment. Although there are no clinical trials of CBT in persons with dementia, a number of lines of evidence converge to make a compelling case for the potential effectiveness of CBT in this population. The goal of this study is to test a CBT treatment protocol for anxiety in patients with dementia. Methods: The CBT treatment integrates coping skills from empirically supported interventions for late-life anxiety with learning strategies that enhance comprehension, encoding, and retrieval in

patients with dementia. Flexibility and attention to patient's needs as well as involvement of collaterals in the treatment process is emphasized. The assessment procedures and the feasibility of cognitive-behavioural treatment are tested in a pilot study. Results: Cases from the pilot study will be presented in order to illustrate the treatment protocol as well as potential benefits and problems of CBT treatment when working with dementia patients. Discussion: The treatment protocol and results from the pilot study will be discussed with respect to the need for adapting traditional CBT treatment procedures for cognitively impaired elderly patients.

**Brief Comm.** **Supervisor Practitioner Implications of Empirical Research: Friendly and Not So Friendly Facts**

Supervision

*Arpana G. Inman - Lehigh University, Bethlehem, PA, USA, Nick Ladany*

Unlike research in psychotherapy, empirical investigations into supervision process and outcome is limited in depth and breadth, and have largely been non-programmatic. Even so, over the past three decades, there have been over 200 investigations of supervision that, loosely tied together, can offer some guidance about what works and doesn't work in supervision. The purpose of our presentation is to offer supervisor practitioners guidelines for practice based on a summary of these investigations. The proposed guidelines will be based on the extent to which the research was deemed rigorous, programmatic, and clinically meaningful. The guidelines include effective and ineffective aspects of supervision process and outcome related to components such as the supervisory working alliance; multicultural self-awareness, knowledge, and skills; evaluation; role induction; covert processes; and ethics. Future practice-based empirical recommendations will also be offered.

**Brief Comm.** **Vulnerability to develop an autistic disturbance: Intersubjective determinants.**

Therapist

*Liliana Kaufmann - Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina*

An investigation work is presented here analysing in terms of vulnerability the innate contingency to develop an autistical process that leads the child to submerge in a deep isolation. A critical analysis of the ideas sustained by Kanner (1943), Fonagy (2007), Frith (1998) and Meltzer (1975), Rivière (2000) is made. Its design is longitudinal exploratory included in the limits of "single clinical case". The following of the treatment of three children between two and three years old, with clinical signs of autism was made during three years. It is emphasized methodologically the usefulness of the table inspired in works by Rivière and Martos (2000), IDEA R/K (Kaufmann, 2004), to evaluate the therapeutical process and the algorithm David Liberman, ADL (Maldovsky, 2004) to estimate the validity of the factors described in it. The most important conclusion allows to consider that the isolation of the autistic child as a result of predisposing factors (genetic metabolic, environmental, etc) is reinforced by the particular way of relationship that the parents establish with the child after receiving the diagnosis of autism and being limited to what is expected from him as a result of that diagnosis.

**Brief Comm.** **The effect of metacognitive intervention in moral characteristic correction of antisocial personalities**

Personality

*Ali Khademi - Azad University, Uromie, Iran, Islamic Republic Of, Ali Akbar Saif*

The aim of this research was to study the effect of metacognitive intervention in moral characteristic correction of antisocial personalities. For this purpose, a sample of 120 individuals with antisocial personality disorder (30 boys, 30 girls, 30 men, 30 women) in Uromieh central prison, were selected randomly. Individuals of sample, were classify randomly in experimental and control groups. Hatton &

Wells metacognitive inventory, and moral characteristics inventory prepared by the researcher, were used for assessment of variables in states of pretest and post-test. After pretest assessment, metacognitive intervention in related of moral characteristics correction were instructed in 12 session for subjects of experimental groups And were conducted post-test for total subjects in experimental and control groups. Data analysis with the use of t-test, one-way variance analysis and Newman-Kulse follow-up test, showed that there is significant difference in metacognitive skills and moral characteristics among experimental & control groups, and among pretest and post-test mean in experimental groups. Also data analysis with F-test in 4 group of experimental and 4 group of control showed significant difference. And Newman-Kulse follow-up test showed that among experimental groups and control groups were significant difference in metacognitive skills, and 11 subscale of moral characteristics (with the exception of MC subscale ). These results showed that metacognitive skills, and moral behavior characteristics of antisocial personalities is faint and intervention of metacognitive have positive effect in their moral characteristics correction.

**Brief Comm. The Effectiveness of Inpatient Psychotherapy: A Follow-Up Study**

Inpatient

*Guenther Klug - Clinic for Psychosomatic Medicine and Psychotherapy, Klinikum Harlaching, Munich, Germany, G. Henrich, D. Huber*

Aim: This study investigates the stability of symptomatic and interpersonal changes after in-patient psychodynamic psychotherapy. Methods: 437 patients were assessed three to five years after discharge with the Symptom-Checklist (SCL-90-R), the Inventory of Interpersonal Problems (IIP), global assessment of effectiveness and utilization of post-treatment psychotherapy. Therapist's perspective was evaluated by the Impairment-Severity-Score (BSS), the Global Assessment of Functioning Scale (GAF) and the Clinical Global Impressions (CGI). A two factorial ANOVA (group x time) was calculated to compare patients with and without treatment after dismissal. Results: Patients improved in all SCL-90-R scales significantly, Global Severity Index (GSI) effect size was 0.81 post-treatment and 0.82 at follow-up. All IIP scales improved significantly; effect size of IIP total score was 0.40 at post-treatment and 0.60 at follow-up. There were substantial gains in BSS, GAF and CGI. 84% of the patients were in psychotherapy after dismissal. ANOVA of patients with or without treatment after dismissal revealed no significant interaction neither for GSI ( $F=0,21$   $df=2;660$   $p=0,81$ ) nor for IIP total score ( $F=0,17$   $df=2;642$   $p=0,84$ ); during follow-up period the courses of both groups were strictly parallel. Discussion: Post-treatment results are in accordance with comparable studies. The results are stable on a symptomatic level and improve further on an interpersonal level. The importance of ambulatory treatment after dismissal is discussed.

**Brief Comm. Examining Treatment Response to Interpersonal Psychotherapy (IPT) for Depression**

Depression

*Gregory G. Kolden - University of Wisconsin, Madison, USA, Michael Peterson, Tom Johnstone*

Aim: Brain imaging studies have identified a key corticolimbic circuit involved in the top-down regulation of affect in major depression. This paper presents results that further establish the importance of the PFC-amygdala circuitry implicated in this work in terms of pre-treatment brain activation predictors of response to IPT in depressed patients. Methods: Medication-free, right-handed adults satisfying DSM-IV criteria for unipolar major depressive disorder participated in two functional magnetic resonance imaging (fMRI) sessions (pre-treatment and after 8 weeks of IPT). During the sessions, participants performed a picture viewing emotion regulation task designed to elicit top-down regulation of subcortical emotional circuitry. Regression analyses highlight prefrontal and subcortical brain activation that predicts magnitude of IPT treatment response across multiple outcome domains. Results: Increased

activation in right orbitofrontal cortex during the down-regulation of negative affect predicted treatment response to IPT. Activation in left dorsomedial PFC during regulation also predicted treatment response to IPT. Discussion: Our results indicate that the prefrontal circuitry involved in top-down regulation of negative emotion, and the connectivity of this brain region with the amygdala is compromised in depressed individuals. Furthermore, activity in this brain region during an effortful emotion regulation task predicts subsequent response to treatment. This might indicate specific neural circuits that are important targets for IPT in depressed patients.

### **Brief Comm.**

Depression

### **Social Problem Solving Profile in a sub-clinical depressive sample**

*Uwe Kramp - University of Chile / Universidad de Las Américas, Santiago, Graciela Rojas, Julio Mella*

Aim: according with the WHO, depression will become by 2020 in the fourth disabilities causing disease in the world. Chilean Ministry of Health (MINSAL) offers to Mental Health Services a Depression Treatment Clinic Guide, which requires even more specific inputs for psychological treatments. To fill this gap, our research group is currently working in the project Social Problem Solving and Coping with Stress in patients accompanied by a Depressive Disorder (Fondecyt N.11080225). The first stage of this project consists in a descriptive-exploratory study about the Social Problem Solving (SPS) strategies commonly used by people that present subclinical depressive symptoms or absence of them. Methods: SPSI-R and BDI were administered in a sample of 1185 university students (55.6% females). The average age is 22.25 years (D.S.= 5.36; Range= 18 to 48 years). It was carried out an ANOVA. The BDI was used as dependent variable, with three criterion groups: (a) absence- minimal depression symptoms (N=953), (b) low depression symptoms (N=118), and moderate-severe depression symptoms (N=112). As independent variables, different dimensions measured by the SPSI-R (PPO, NPO, RPS, ICS, and AV) were used. Results: results show statistically significant differences in the use of SPS strategies for the three criterion groups. It is noted the following pattern: while the presence of depressive symptoms increases, the use of SPS strategies becomes increasingly dysfunctional. Discussion: results suggest specific inputs for the Chilean Depression Treatment Clinic Guide. Despite this, it is essential contrasting them with a sample of patients who show depression symptoms clinically diagnosed.

### **Brief Comm.**

Personality

### **Alopecia Areata and Personality**

*Edwin Krogh - Universidad Austral de Chile, Valdivia, Viviana Matus, Ety Rapaport, Iván Armijo*

The aim of this exploratory investigation was to describe the personality structure and the dynamic comprehension of people suffering Alopecia Areata (AA). Ten participants were submitted to two clinical interviews, Rorschach's Test and to a Desiderative Questionnaire. The data collected was used for the standardized clinical analysis. The presence of events lived as loss previous to the AA was present in all the patients. A common profile of the studied subjects was established, characterized by neurotic personality structure with obsessive type personality style, associated to a demanding moral conscience, difficulty for the adequate canalization of the aggressive affection and the presence of persecutory and loss anguish. The methodological limitations and the statistical validity suggest the need to investigate the studied phenomena in a greater number of individuals and with systematized interview instruments. The relevance of incorporating the psychological and/ or psychiatric therapy to the treatment of this disease is described.

**Brief Comm.**  
Personality

### **Can poor psychotherapy suitability be compensated by a good alliance?**

*Maarit A. Laaksonen - National Public Health Institute, Helsinki, Finland, Paul Knekt, Olavi Lindfors*

**Aim:** Patients' pre-treatment suitability, based on personality characteristics and interpersonal predispositions, has been shown to predict the amount of therapy needed to recover. On average, patients with good suitability benefit from short-term therapy, whereas patients with poor suitability need long-term therapy to recover. The therapeutic process may, however, modify the outcome prediction. We examined whether the alliance modifies the prediction of suitability factors on outcome in short- and long-term therapy. **Methods:** The data comes from the Helsinki Psychotherapy Study in which 326 psychiatric outpatients with depressive or anxiety disorder were randomized to short-term or long-term therapy. Patients' suitability was assessed with a Suitability for Psychotherapy Scale at baseline and psychiatric symptoms with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up. Alliance was assessed by the Working Alliance Inventory (WAI) both by patient and therapist 3 times during the follow-up. **Results:** The patients with poor suitability benefited from short-term therapy if the alliance was evaluated good after the third session. The patients with good suitability gained significantly more from long-term therapy if the alliance was good in the beginning. The alliance did not, however, modify the outcome of patients with good suitability randomized into short-term therapy or patients with poor suitability randomized into long-term therapy. The alliance evaluated at the end of the therapy further strengthened these results. **Discussion:** The poor psychotherapy outcome in short-term therapy predicted by poor pre-treatment suitability may be compensated by a good alliance.

**Brief Comm.**  
Narrative

### **Every day gets a little closer? Analysis from narrative coherence perspective**

*Meei-Ju Lin - National Dong Hwa University (Meilun campus), Hualien, Taiwan, Chin-Chen Wen, Thodoris Mazarakis, Yi-Hsien Lai, Yu-Chin Wang*

Previous studies indicated that "coherence" is an especially important characteristic (of a good story (Bruner, 1990; Dimaggio & Semerari, 2004; Gergen & Gergen, 1986). A cohesive therapeutic story is also an indication of therapeutic effectiveness (Angus & McLeod, 2004). Therapeutic effectiveness studies using narrative analysis tend to examine stories narrated by one of the participants, with none or minimal representation of the discourse of his counterpart. It is hypothesized that, initially, the therapist's narrative well-structured and goal-oriented while the client's perspective is more confused, conflicted, and chaotic. However, the process of common change that results in cohesive stories has seldom being previously investigated. The purpose of this study is to explore the therapeutic process as depicted in a famous novel "Every Day Gets a Little Closer: A Twice-Told Therapy" written by Irvin D. Yalom and his patient Ginny Elkin, from the perspective of narrative coherence. The research method is using narrative analysis on a written text, that includes 53 therapist's and 51 patient's vignettes written after each session. Narrative coherence is defined by the authors based on the relevant literature and is further assessed via a 7-point likert scale. Narrative analysis is conducted by two teams; each team separately and blindly assessed therapist or patient's text. This study will present the narrative change of coherence for therapist and patient, and their relation throughout the whole therapeutic process.

**Brief Comm.**  
Trauma

**Childhood family atmosphere as a predictor of psychotherapy outcome – comparison of short- and long-term therapy**

*Olavi Lindfors - Biomedicum Helsinki, Finland, Maaria Kurki, Maarit A. Laaksonen, P. Haaramo, P. Knekt*

Aim: Psychiatric patients with traumatic family histories are among the most difficult to treat. Little is, however, known about the prediction of factors related to childhood family on the outcome of therapies of different length. We studied the prediction of childhood family atmosphere on outcome in short- and long-term psychotherapy. Methods: A total of 207 outpatients from the Helsinki Psychotherapy Study, aged 20-46 years, and suffering from depressive or anxiety disorders completed a Childhood Family Atmosphere Questionnaire (CFAQ) at baseline before randomization to short-term or long-term therapy. The questionnaire consists of protective family atmosphere items (e.g. parent's good relationship and positive atmosphere in general) in addition to risk factor items (e.g. parental problems, abuse, and separations). Patients' psychiatric symptoms were assessed with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up. Results: Patients brought up in a positive family atmosphere generally showed a stronger symptom reduction in the short-term therapy group than in the long-term therapy group during the first year of follow-up and no significant difference between the two groups was found at the end of the follow-up. On the other hand, patients brought up in a negative family atmosphere often showed stronger symptom reduction in the long-term therapy group, or no benefits at all from either therapy. Discussion: Patients brought up in a positive childhood family atmosphere seem to benefit from short-term therapy while patients brought up in a negative atmosphere seem to need long-term therapy in order to recover.

**Brief Comm.**  
Disorder

**Relation between anorexic and bulimic behaviors and structural variables of personality organization.**

*Aura Sylvia Lorenzo - Médica Sur Hospital, México D.F., Mexico*

The purpose of this work is to communicate the results of a study carried out in Salamanca, Spain, related to the predisposition towards anorexic and bulimic behaviors and the structural variables of the personality organization linked to these. The sample was composed of 288 students of junior high, high school and collage. The testing instruments applied were 1) the Garner and Garfinkel's Eating Attitude Test (EAT-40); 2) the Eating Disorder Inventory (EDI 2) and; 3) the Clarke, Foelsch and Kernberg's Inventory of Personality Organization (IPO). The results show that the predisposition to eating disorders is correlated with these types of personality structures: hysterical, childish, borderline, narcissistic, and masochistic-depressive. Each one of these personality structures was associated with a specific scale of EDI 2. These results have implications in the type and form of psychotherapy that may be applied to patients with eating disorders.

**Brief Comm.**  
Narrative

**Narratives about the experience in psychoanalytic psychotherapy: an explorative study**

*Carla Mantilla - Pontificia Universidad Católica del Peru, Lima, Pierina Traverso*

The present study is a work in progress that aims to understand in depth, the nature of therapeutic action in psychoanalytic psychotherapy from the construction of narratives. We will use the Theme-centered Interview (Schorn, 2000) in 10 ex-patients between 25 and 30 years old. All of the participants have finished their graduate studies in psychology and have received treatment for at least three years twice a week. The data obtained from the interviews will be analyzed in their manifest aspects as well as in their latent ones from a qualitative and hermeneutic perspective. The final product of this research will open the study of psychoanalytic therapeutic action in Peru.

**Brief Comm.**  
Training

## **Predictors of psychotherapy results. Review of theories and research**

*Ramona Moldovan - Babes-Bolyai University, Cluj-Napoca, Romania, Daniel David*

Decades of research investigating the effects of psychotherapy point to several conclusions: (1) psychotherapy is efficient; (2) psychotherapy results are substantial; (3) psychotherapy effects tend to last; (4) psychotherapy results are stronger than placebo, informal support, and in certain cases medication and (5) psychotherapies are similar in terms of efficiency. There are several factors that could be responsible for these conclusions: (1) common steps are usually followed in psychotherapy, regardless of the psychotherapeutic paradigm (clinical evaluation and diagnosis, conceptualization, intervention techniques, therapeutic relationship, evaluation of results); (2) common factors contribute to the efficiency of psychotherapy (personal factors, placebo, intervention techniques and therapeutic relationship) and (3) training programs in psychotherapy follow a similar structure (teaching, supervision, personal psychotherapy). Which variable in the psychotherapeutic process explains change best? Which of the psychotherapist's characteristics contributes most to the psychotherapeutic process? Which of the client's characteristics predicts best the efficiency of the psychotherapeutic process? Which of the psychotherapy training variables contributes the most to the psychotherapist's performance? An exhaustive review of existing theories and research literature is presented. Conclusions, implications and future research directions are being discussed.

**Brief Comm.**  
Other

## **Evolution and consolidation of a Program of Research on Psychodynamic Psychotherapy within the setting of a Department of Psychiatry in a University Hospital: 1990-2008**

*Gabriela Montado - University of Uruguay, Palermo, A., Fernández Castrillo, B., Gerpe, C., Villalba, L.*

The sub-program of Psychodynamic Psychotherapy, which is part of the Program for Psychotherapy of the Dept of Psychiatry at a University Hospital, has the strategic purpose of developing and analyzing in depth an exploratory-descriptive methodology in psychotherapy research. Process and outcome research has been developed by our research team since 1990 with an epidemiological approach aimed at improving the development of programs, techniques and specificities of therapeutic practice which may prove suitable for settings like hospital care and National Health Systems. Work has been centered upon the assessment of a model (still being fully developed) of psychotherapy in a hospital setting. The issues already approached include the following: features of patients, therapists and the therapeutic model itself; quality control; time-span of treatments; dose-effect assessment; follow-up of treatment effects; as well as adequacy and effectiveness of the referral system developed. In this paper we present and discuss some results attained along this lengthy process of research: -follow-up of patients who felt considerably better after 24 months of treatment-the outlook of all participants in the process: patients, therapists and referring psychiatrist as to improvement criteria-length of therapy; assessment of variables which could be influencing this component-modes of prescribing and referring to psychotherapy in relation to percentages of actual attendance to therapy and the development of a system of pre-therapy. These results will be discussed from the standpoint of a logic of complementarity among clinical practice, psychotherapy research, and training in mental health care.

**Brief Comm.**  
Depression

## **Erectile dysfunction as a associated factor with paternal postpartum depression**

*Luis Motta - Universidade Católica, Pelotas, Brazil, Karen Jansen, Russelia Godoy, Luciana Quevedo, Ricardo Azevedo da Silva, Ricardo Tavares Pinheiro*

Background: The postpartum depression also affects men, the most common symptoms are: the presence of depressed mood or anhedonia (inability to experience pleasure from normally pleasurable life events), significant changes in weight or appetite, insomnia or excessive sleep, fatigue, psychomotor agitation or retardation, feelings of guilt or out of favor, loss of concentration and thoughts of death or suicide. Some authors report that the decrease in libido and sexual dysfunction is common in this context. The erectile dysfunction (ED) is one of the most common and distressing situations that afflict the male population. It is a growing problem, not only in developed countries but also those in development. Aim: To identify the association between erectile dysfunction and postpartum depression in men. Method: This is a cross-sectional study nested in a cohort, which the fathers are assessed from 30 to 90 days after delivery. International Index of Erectile Function (IIEF-5) was used to detect signs of erectile dysfunction, and Edinburgh Postpartum Depression Scale (EPDS) for an indication of depression. Results: We analyzed data from 524 parents ageing  $36.8 \pm 22.18$  years, 50% from middle class; 86.1% lived with the mother of the baby; 39.9% of parents show signs of erectile dysfunction and 23.5% had depression symptoms. There was a statistically significant association between paternal depression and erectile dysfunction (OR 10.93; 6,71-17,81), 78.9% of depressed parents had erectile dysfunction. Conclusion: The erectile dysfunction is particularly prevalent in males with postpartum depression. As it is a cross-sectional study, the direction of this association, however, is uncertain. To clarify this point, longitudinal studies are needed.

**Brief Comm.**  
Practice

## **Premature Termination, Appointment Use, and Outcome Patterns Associated with Intake Therapist Discontinuity**

*John Okiishi - Brigham Young University, Provo, USA, Stevan Nielson, Dianne Nielson, David Smart, Michael Buxton*

We examined out archival client visit data and compared clients assigned to outpatient psychotherapy with treating therapists different from their intake therapists (intake therapist discontinuity and discontinuity clients) with clients assigned to therapy with their intake therapists (intake therapist continuity and continuity clients). Discontinuity clients were twice as likely as continuity clients to terminate by missing the appointment after intake. Discontinuity clients who continued in treatment were 25% less likely than continuity clients to improve by their 2nd appointment and 13% less likely to improve by their 3rd appointment. Though more likely than continuity clients to terminate, discontinuity clients used 2 sessions more than continuity clients, on average, making treatment of discontinuity clients 19% more expensive than treatment of continuity clients. The extra sessions used by discontinuity clients did not yield better outcomes. Intake therapist discontinuity appears to disrupt the beginning of psychotherapy, dissuading some clients from returning after intake, slowing early improvement among those who do return, and unnecessarily lengthening treatment. In response to these data, our Center abandoned intake for one year. Where during previous years 55% of clients entered treatment with different initial and treating therapists, during the past year 21% of clients experienced discontinuity; that is, 79% of clients entered therapy with the first therapist they encountered compared with 45% of clients during previous years. During the 14 months after this shift from formal intake sessions, cases decreased in length by 11% without a deterioration in outcomes as measured with the OQ-45. Methods for future examination of the effects discontinuity will be discussed.

**Brief Comm.**  
Neuroscience

**Biochemical Markers in Mood Disorders**

*Jean Pierre Oses - Universidade Católica de Pelotas, Brazil, Luiz Motta, Juliano Fernandes, Lian Abrão, Carolina Wiener, Larissa Silveira, Pedro Paixão, Marta Gazal, Renata Pelizzaro, Juliana Santos, Ricardo Silva, Ricardo Pinheiro*

**BACKGROUND:** The maternal and paternal depression during pregnancy and the postpartum period is widely studied. The most frequent symptoms of this psychopathology are: decreased libido, sleep disorder and / or food, lack of energy and feelings of guilt or inadequacy in relation to the newborn. Associations between inflammatory activity and depressive symptomology have been documented in a number of studies. Support for this is found in multiple lines of evidence, such as the effects of cytokines (IL-1, IL-2, IL-6 e TNF-alfa) on the activities of the hypothalamic-pituitary-adrenal axis, serotonin and brain-derived neurotrophic factor, and hippocampal function, all of which are implicated in the etiology of depression. In addition, it is known that changes in levels of neurotrophins (BDNF, GDNF, NGF and NSE) have direct relationship with the onset of mood disorders. **AIM:** To identify the association between depressive symptoms in pregnancy and postpartum period with changes in levels of cytokines and neurotrophins. **METHODS:** This is a case-control study nested in a cohort, consisting of a sample of 250 couples who received gestational monitoring services for the SUS (Public Health Care System) in the city of Pelotas-RS. After the application of questionnaires to parents in home visits, blood and saliva samples will be collected in other previously scheduled visit by academics and properly trained. After centrifugation of the blood sample collected, the resulting serum and the saliva will be stored in a freezer (-20 C) for further analysis and dosages of neurotrophins and cytokines. The instruments used are: a questionnaire composed of variables related to economic conditions, education, information on health and EPDS Scale (Edinburgh postnatal Depression Scale), this in turn will be the tool for screening the sample to case or control . For the analysis of cytokines is the technique of ELISA (Enzyme Linked Immuno Assay Sorbentia). After typing and encoding of the questionnaires will be held dual typing the data in Epi Info 6 for further consideration in the statistical package SPSS 10.0 for Windows. For ethical reasons was collected only the saliva of women who have age <18 years.**RESULTS:CONCLUSION:**

**Brief Comm.**  
Personality

**Extrasensorial experiences and hallucinatory experience: Links with personality and perceptual measures**

*Alejandro Parra - Universidad de Ciencias Empresariales y Sociales (UCES), Buenos Aires, Argentina*

Numerous studies have found that normal, healthy individuals may experience hallucinations, which reveal that a substantial number of nonclinical participants (i.e., people who have not been clinically referred or have never received a psychiatric or neurological diagnosis) report having typical hallucinatory experiences. In contrast, an extrasensory experience is one in which it appears that the experient's mind has acquired information directly, that is, seemingly without either the mediation of the recognized human senses or the processes of logical inference. The extrasensory experience pertains to appearances and not necessarily to reality, whereas the "extrasensory" in extrasensory perception refers to the nature of a hypothesized paranormal reality. Research on predisposition to extrasensorial experiences has evaluated differences between nonexperients and experients. The similarity between symptoms of schizotypal personality disorder and characteristics of ESP experiences is marked. These experiences do not occur in a vacuum but are closely interwoven with many other psychological processes. A total of 648 undergraduate psychology students at Faculty of Psychology of the UAI from Argentina, 494 (76%) females and 154 (24%) males, ranging in age from 17 to 57 years (M = 25.11, SD = 7.23), who completed six scales, Hallucination Experiences Scale; the Schizotypal Personality Questionnaire, the Eysenck Personality Questionnaire; the Dissociation Experiences Scale ; the Tellegen Absorption Scale; and the Creative Experiences Questionnaire. The present study examined the

differences between persons with and without Precognitive dreams (N Yes= 46%) and Extrasensorial experiences (N Yes= 45%) on different cognitive and psychological measures. The findings suggest that especially cognitive-perceptual aspects of schizotypy (both experiences  $z = 4.68$ ;  $p < .001$ , one-tailed) are essential features of persons who had Precognitive dreams and Extrasensory Experiences; also suggesting that the dissociational model of extrasensorial experiences, which assumed that under lying dissociative processes such as absorption and fantasy proneness are associated with ESP Experiences and Precognitive dreams. The cognitive-perceptual aspects of schizotypy, dissociation, and absorption seem to be present in the personal predisposition for experiencing an ESP Experiences. A possible theoretical model that seems to emerge from the present results is that of a “happy schizotype”. Positive schizotypy, reflecting hallucinations and altered perceptual experiences, has been related to subjective anomalous and para normal experiences and beliefs. It is tentatively concluded that the constellation of interrelated factors which make up the construct of the “fantasy prone personality” provide a psychological predisposition for the extrasensorial experiences experience.

**Brief Comm.**  
Depression

### **Psychological interventions in post-partum depression: Randomized controlled trial**

*Ricardo Pinheiro - Universidade Católica de Pelotas - Programa de Pós-Graduação em Saúde e Comportamento, Pelotas, RS, Brazil, Ricardo Azevedo da Silva, Luis Botella, Karen Amaral Pinheiro, Karen Jansen, Luciana de Avila Quevedo, Luciano Mattos de Souza, Olga Herrero*

Background: Psychological interventions for post-partum depression can be beneficial in the short- and long- term impact. Objective: To examine the effectiveness of two models of brief intervention for the treatment of postpartum depression. Methods: A randomized controlled trial was conducted on university hospital in a city in southern Brazil. Sixty women at 4-8 weeks postpartum with an Edinburgh Postnatal Depression Scale (EPDS) score above 12 agreed to participate. They were allocated alternately to an intervention: Relational Constructivist Psychotherapy (n=28) or Cognitive Conductual Psychotherapy (n=32). The two models of brief intervention were composed of seven sessions of psychotherapy. The outcome measure was the EPDS score at closure psychotherapy, 6 and 12 months follow-up. Results: Women's postpartum depression measures were significantly better after intervention ( $P=0.005$ ). The means through EPDS were 12.8 ( $\pm 4.8$ ) in baseline, 7.7 ( $\pm 5.8$ ) post-intervention, 9.6 ( $\pm 6.7$ ) 6 months and 9.4 ( $\pm 6.4$ ) 12 months follow-up. However, was not significant difference between two models of intervention. Conclusions: Both interventions had a significant impact at post-intervention on maternal depressive symptoms. The benefit of treatment was presented at 6 and 12 months follow-up.

**Brief Comm.**  
Attachment

### **Clinical Implications of Interparental Conflict: Intervention with adolescents from different family contexts.**

*Catarina Pinheiro Mota - Faculty of Psychology and Science Education- Universidade do Porto, Portugal, Paula Mena Matos*

Aim: Despite its widely accepted clinical importance, interparental conflict seems not to be understood by parents as a harm variable, who remain together according to beliefs of traditional family benefits. The current study will examine the importance of attachment quality and the interference of interparental conflict on psychosocial adaptation of adolescents, namely the complexity and relevance of intervention in self concept, self organization with themselves and with others, besides the capacity to solve problems. These relations will be analysed in adolescents from different family contexts (intact and divorced), proposing a therapeutic intervention according to attachment theory and a systemic perspective of development. Method: Data derive from an empirical study conducted with adolescents

from different family contexts (intact and divorced, N=216), that will be differentially compared through structural equation modelling analyses, showing the relevance of quality of attachment to parents and clinical implications to psychosocial adaptation of adolescents. Additionally Mancova analyses show the significant influence of interparental conflicts on adolescent's adjustment. Results: As expected, interparental conflict seems to be better predictor of adolescent's adjustment compared with family configuration. Insecure attachment quality bonds were associated with low self-esteem, difficulties in development of coping strategies and social competencies (namely self-control), requiring specific interventions. Discussion: Results suggest that interparental conflict influences the parent-adolescent relationship, "building" inconsistencies in parental practices which indirectly affect adolescent's adjustment. The relevance of clinical intervention will be discussing according to the point of view of family and individual therapy.

**Brief Comm.      Dynamic analysis of a psychotherapy process**

Narrative

*Grassi Rossano - Università del Salento, Lecce, Italy, Alessandro Gennaro; Ahmed Al-Radaideh, Aloia Nicoletta, Diego Rocco; Sergio Salvatore (presenter)*

Aim: In a dialogical and semiotic approach the psychotherapeutic process can be described as an intersubjective dynamics of co-construction of meaning (Valsiner, 2001), in which sensemaking consists of the creation of specific configurations within and between the levels of meaning (lexical, semantic, syntactic). Perspectives sharing this assumption have not developed a method that can capture the dynamic aspects of the psychotherapy process and its effects: the process is more complex and dynamic than the traditional model suggests (Mahoney, 1991), and has to be seen as patterns of elements interacting (Grawe, 1992). Method: The present work presents an analysis of patient's narrative production by means of the UMA (Utterance Multidimensional Analysis), a tool developed to identify semantic and logical indexes (theme, syntactic forms, lexical markers, positioning markers) of patient's narrative production. The UMA was applied to verbatim transcription of a good outcome single case. Results: Cluster Analysis, preceded by Multiple Correspondence Analysis shows that over time there is a clinically significant change in the patterns of association among the indexes used. In order to verify convergent validity, the UMA trend will be analyzed according to Referential Activity (Bucci, 1997) Discussion: The results show that research into process variables can be helpful to understand outcome if both the dynamic aspects of patterns identified and the clinical value of pattern's change is taken into account.

**Brief Comm.      The role of the therapeutic alliance, transference work, and their interaction in reducing cold-submissive interpersonal problems among psychotherapy patients with Cluster C personality disorder**

Alliance

*Truls Ryum - NTNU, Trondheim, Norway, Tore C. Stiles, Martin Svartberg, Leigh McCullough*

The aim of the present study was to examine whether the therapeutic alliance, transference work, and their interaction predicted a reduction in cold-submissive interpersonal problems at treatment termination. Forty-nine patients with Cluster C personality disorders from a randomized controlled trial investigating the effectiveness of short-term dynamic psychotherapy and cognitive therapy were included. The therapeutic alliance was measured with the Helping Alliance Questionnaire (Luborsky, Crits-Christoph, Alexander, Margolis & Cohen, 1983), while transference work was measured with the Inventory of Therapeutic Strategies (Gaston & Ring, 1992). Higher ratings of the therapeutic alliance and less intense transference work both predicted a positive outcome independently. An interaction effect between the therapeutic alliance and transference work was also demonstrated, indicating that more intense transference work with patients with lower therapeutic alliance ratings was associated with poorer treatment outcomes. Clinical implications of the findings are discussed.

**Brief Comm.**  
Cognitive

**Criticism, perfectionism, control and humiliation in eating disorders: A structural model analysis**

*Sandra Sassaroli - Studi Cognitivi, Milano, Italy, G. M. Ruggiero, S. Bertelli, L. Boccalari, S. Scarone*

A particular cluster of factors underlying eating disorders gathers perfectionism, self-criticism, and desire of control. These three factors are strictly related with each other. In addition, a possibly related psychological factor may be the sense of humiliation. In this study we tested a structural model in which perceived criticism, sense of humiliation and perception of lack of control were the initial exogenous variables, maladaptive perfectionism the intervening intermediary variable and measures of eating disorders the endogenous variable. In addition, rival hypotheses are tested. Method: Forty-nine individuals with eating disorders completed the Multidimensional Perfectionism Scale, the Anxiety Control Questionnaire, the Perceived Criticism Inventory, and the Humiliation test, and the Eating Disorders Inventory. Results: Path analysis confirmed the model. Other analysis rejected the rival models or evaluated them as less explicatory. The results suggest a model in which the path from perceived criticism, low perception of control and feelings of humiliation to eating disorders is mediated by perfectionism. This model provides suggestions regarding the assessment and the treatment of the cognitive beliefs related with eating disorders.

**Brief Comm.**  
Emotion

**Affect exposure as a mechanism of change in affect phobia treatment**

*Elisabeth Schanche - University of Bergen, Norway, Geir Høstmark Nielsen, Leigh McCullough, Asle Hoffart, Hal Sexton*

The short-term dynamic psychotherapy model "Affect Phobia Treatment" (APT) assumes that exposure to, and desensitization of previously avoided affects is a central mechanism when patients change their negative self-representation. This study aimed to test this underlying assumption through an investigation of six APT treatments. Video tapes of the three first, every third and the two last sessions of each treatment were rated with the Achievement of Therapeutic Objectives Scale (ATOS). ATOS is designed to assess shifts in a patient's behaviour related to the achievement of specific objectives in therapy hypothesized to facilitate therapeutic change. Results from this study will be presented and discussed.

**Brief Comm.**  
Practice

**Tracking dysfunctional core interpersonal schemas in treatment process: Two case studies involving different diagnostic characteristics and similar primary interaction patterns.**

*Elena Scherb - Faculty at UADE University, Buenos Aires, Argentina*

Over the years, since 1998, a group of patients with complex, severe and chronic diagnostic characteristics were followed along in a longitudinal outcome study, where cognitive integrative interventions derived from the integrative model (Fernández – Alvarez, 1992) were applied as a new treatment to previous state of problems. The evolution of the effects of the interventions was followed along since the treatment started till the end of it in each patient, utilizing different kinds of measures. The original sample was composed by 13 patients and treatments and currently bears 22 patients and treatments. The basics of the clinical research design will be described, and focus will be placed in two cases that belong to this sample that will be described in more detail. It is known that primary dysfunctional interaction patterns can be associated with persistent difficulties in adulthood and eventually develop different types of psychological disorders. The aim of this presentation is to relate treatment process and outcome to change in dysfunctional interactional patterns, showing examples of reenactment and change across life events, and relating them to other outcome measures.

**Brief Comm.**  
Training

### **Brief Focal Psychotherapy through Clinical History**

*Olinda Serrano de Dreifuss - Centro de Psicoterapia Psicoanalítica de Lima, Peru*

Patients who attend sessions at the Specialized Service Program of the Centro de Psicoterapia Psicoanalítica de Lima (CPPL – Lima Psychoanalytic Psychotherapy Center) require brief and focal approaches, as they are not usually in the position or willing to receive long and expensive treatments. In this approach, as well as in other, classic psychoanalytic psychotherapy requires implementing changes related to the demographic and clinical characteristics of patients. Likewise, therapists in training require being trained in different technical procedures that go beyond initial prejudices and resistances. This research looks for assessing both clinical and educational effectiveness of an original, brief and focal psychoanalytic-based psychotherapeutic design, which consists of a 10-session process with Focused Therapeutic Interventions through Clinical History. The effectiveness of this approach is assessed through the test–retest of the K. Machover Human Figure Drawing Test, which is conducted before and after the process, and through the clinical progress of the patient, which is evaluated by an interviewer other than the therapist. The training of the therapists is performed through group supervision. Its first objective is to listen to and elaborate the countertransferential aspects of the therapists, which arise from the brief focal work in general and, particularly, from their patients. The group sets itself as the elaboration environment of scenes that result from the patient-therapist relationship, as well as from the patient’s own history.

**Brief Comm.**  
Supervision

### **Research on Clinical Supervision: The improvement of therapeutic strategies using therapist and supervisor cognitive and emotional reactions in an empirical research context**

*Acosta Silvia R - Universidad de Buenos Aires, Argentina, Clara M. López-Moreno*

It is well known that supervision is an essential tool to improve the therapeutic relationship between therapist and patient and to keep patient in psychotherapy. An accurate comprehension of the patient’s difficulties and therapeutic strategies are a useful indicator of a good supervision process, which is highly associated with lower levels of dropout. The setting of supervision offers an opportunity to investigate the patient’s relational patterns, his/her level of mental functioning, his/her impulsivity level and the corresponding and/or complementary cognitive and emotional reactions provoked in therapist and supervisor. Our aim is to find a bi-dimensional approach combining a psychoanalytic standardized method the Karolinska Psychodynamic Profile (KAPP) and a descriptive method the Differential Elements for a Psychodynamic Diagnostics (DEPD) in order to include a supervisor context. Aims: 1) To explore the psychodynamic profile of patient, including object relationships, personality traits and personality organization. 2) To obtain more knowledge concerning cognitive and emotional reactions provoked by BPD patients on therapist and supervisor and their differences with non-BPD patients. 3) To compare the supervisors’ and therapist’s evaluation of treatment difficulties made at first month, at second month and third month supervision sessions and the development of their evaluation over time (if any). Sample: Two groups of 20 patients each, one BPD and other non-psychotic non-BPD patients in private practice and supervision. Results: We present dropout ratings, qualitative and quantitative analysis of both samples, with BPD and non-BPD patients in order to analyze concordances and differences between therapist strategies and results.

**Brief Comm.**  
Child

### **The ecology of a bully child's mother**

*Su-Fen Tu - National Taiwan Normal University, Taipei, Shuh-Ren Jin*

The current study was attempted to explore the ecological system's influencing on the parenting styles of a bully child's mother using a narrative study approach. A 38 year-old mother, her spouse and child were invited to participate in the research. The 10 year-old male child of the mother was reported having severe bullying and conduct problems by school counselor. The mother was interviewed 3 times, each for 1.5 hours; her child and spouse were interviewed once separately, each for 1 hour. All interview transcripts were analyzed through narrative data analysis procedure. First, the mother-child interactions were analyzed; the ecological impacts to those interactions were then understood. There were two major themes found in the mother-child interactions: (1) mother's belief that children should be controlled and corporal punishment was allowed, and (2) mother's inconsistency in disciplining the child's 'taking responsibility'. The findings of ecological impacts to the mother-child interactions included (1) the experiences with family of origin and ex-husband suggested that taking responsibility was the most important issue in mother's family experiences; (2) the mother-school collaborative experience suggested that the school system had only limited strategies in helping the family. The mother perceived both the child and herself as the victims in the collaborating process with the elementary school teachers; (3) friends, parents' volunteer group, and the psychiatrist was perceived as mother's helping resources, but education system was not. The ecology of mother-child interaction was discussed by adopting Bronfenbrenner's (1979, 1989) human ecology model. In particular, the mother's parenting belief within the context of Chinese culture influences were discussed, such beliefs including the definition of what a responsible mother is, the belief in old Chinese saying 'save the rod, spoil the child', the prestigious status of teacher and medical doctor, and the importance of maintaining harmonious relationships with other, etc. Finally, suggestions for mental health professionals who work with children with bully behavior and their family were also provided.

**Brief Comm.**  
Depression

### **Personality disorder and treatment outcome in patients with unipolar depression**

*Theresa Unger - Humboldt University, Berlin, Germany, Sabine Hoffmann, Stephan Köhler, Thomas Frydich, Arthur Mackert, Barbara Roß*

Background: There is conflicting evidence regarding the influence of comorbid personality disorder (PD) on the treatment outcome of patients with major depressive disorder (MDD). Objective: The purpose of this naturalistic study was to compare the acute treatment outcome of depressed inpatients with and without a personality disorder. Method: 67 patients diagnosed with MDD (58% women; age: M=52.6, SD=12.5) were assessed before and after a standard treatment for unipolar depression (that included pharmacotherapy and cognitive-behavioural therapy) using the Hamilton Depression Rating Scale (HAM-D), Beck Depression Inventory (BDI), Brief Symptom Inventory (BSI) and Short-Form 12 (SF-12). Axis II diagnoses were made using the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II). Results: 43.8% of the patients met criteria for at least one comorbid PD. Both patients with and without a PD showed a significant symptomatic response to acute treatment for depression. Post-treatment results indicated that patients with a PD had a significantly worse outcome concerning general psychopathology (BSI). This can be explained by their more severe symptoms at baseline. There were no significant differences in mean depression scores (HAM-D, BDI) or psychological and physiological health (SF-12) at treatment termination. Conclusions: Depressed inpatients both with and without a comorbid PD showed similar treatment responses. Nevertheless, because they showed more severe symptoms at baseline, patients with a PD showed more general psychopathology at treatment termination.

**Brief Comm.**     **Denial in breast cancer patients**

Other

*Berta Varela - Department of Medical Psychology, Montevideo, Uruguay, Ana Ibañez*

The effectiveness of the adaptational process in breast cancer patients depends on the capacity to cope with the emotional reaction and to search the help needed to face this menace. We will report some results concerning the use of denial and its implications for psychotherapy. In a longitudinal study we identified defence and coping mechanisms used by women who were facing breast cancer diagnosis and treatment. Procedures: A demographic questionnaire, Semi structured interviews regarding the stressors related to the illness and treatments. Interviews were evaluated according to the Manuals DMRS and ULMER coping Manual. And Hads Interviews explored feelings, fears and ways of coping with the stressors. MEASURES: Scale of clinical evaluation of Defence mechanisms. Christopher Perry, and Ulmer Coping Manual. Results: Denial is the prevailing defense in patients facing different events related to the illness. Denial correlates positively with Stimulus control (coping)  $0.38 p < 0.001$ . rationalisation  $0.28 p < 0.02$ , affiliation  $0.29 p < 0.02$ , humour  $0.35 p < 0.005$ . Denial no showed correlations with anxiety or depression. Future Directions : Better knowledge of harm or benefits of denial may help in establishing a better doctor-patient relationship and will allow to design psychotherapeutic interventions adjusted to patients' needs to cope with cancer. The adaptive use of denial should be analyse using results measures like compliance with treatment.

**Brief Comm.**     **Remoralization in addition to symptom reduction for outpatients with panic disorder and agoraphobia**

Measures

*Wiede Vissers - de Gelderse Roos, Wolfheze, Netherlands, Giel Hutschemaekers, Ger Keijsers*

Aim: Many CBT treatments are effective, but, unfortunately, outcome measures as used in research are largely restricted to symptom reduction. In clinical practice we observe that successful treatments typically produce a broad range of additional beneficial effects, including 'remoralization effects'. The current study examined whether symptom reduction as a result of treatment, and remoralization as a result of treatment are related. Do both treatment effects largely overlap, or are they fairly independent? Besides and, in line with Kenneth Howard's phase hypothesis, this study investigated whether a treatment first aimed at remoralization and second aimed a symptom reduction is more effective than the other way around. Methods: Data were derived from a randomised clinical trail in which 70 panic patients were assigned to one of three treatment conditions, namely 1) remoralization treatment followed by exposure treatment, 2) exposure treatment followed by remoralization treatment, or 3) a waiting list. Dependent variables were change on remoralization and reduction of panic symptoms Results: To assess the relationship between remoralization and symptom reduction, correlations and partial correlations were analyzed. Additionally, to investigate the phase hypothesis of Kenneth Howard, i.e. treatment first aimed at remoralization and secondly at symptom reduction is more effective than the other way around, MANOVAs with condition as between-subjects variable, time as within-subjects variable and remoralization and symptom reduction as dependent variables were analysed. Discussion: Findings are discussed with respect to their implications for research as well as for clinical practice.

**Brief Comm.**     **The Interpersonal Model of Biographic Trauma (IMT), to treat women with severe depression and early trauma presenting to public mental health services in Chile.**

Trauma

*Veronica Vitriol - Universidad del Desarrollo, Santiago, Chile, Cancino C, Florenzano R, Ballesteros S, Iturria I, Nuñez C, Weil K*

This paper describes a structured, stepped multimodal intervention focused on handling interpersonal

difficulties – understood as compulsions to repeat – in patients who present with depression and antecedents of childhood trauma to public mental health services in Chile. The crisis intervention format is structured in stages and lasts three months; it is addressed to patients who enter treatment with emotional turmoil and personal risk. At intake, early traumas are actively explored as well as present interpersonal problems, establishing a treatment focus centered on an interactional pattern of abuse and aggression that comes as a repetition of the traumatic past. This intervention has been more cost effective than treatment as usual. In a second stage, a group therapy format led by a clinical psychologist, patients who are refractory or present with residual symptoms are treated over one year. In this time, change is induced around the personal narrative, encouraging devictimization, empowerment, resiliency and legitimizing rage. Transgenerational gender issues become central in this phase. A third stage of psychosocial rehabilitation is led by a social worker, and is directed to patients who can focus on their personal narrative, with mild residual symptoms. It is oriented to perpetuate reparatory bonds achieved through the previous work, fostering integration of self-help groups. The final objective is family and social reinsertion. The empirical foundations, advantages and problems in implementing this format in public health services are reviewed.

**Brief Comm. Mindfulness training for patients with anxiety disorders**

Group

*Jon Vollestad - University of Bergen, Norway, Geir Høstmark Nielsen, Børge Sivertsen, Per-Einar Binder*

Mindfulness meditation is a self-regulation practice aimed at facilitating well-being and coping with adversity. Mindfulness can be defined as “awareness of present experience with acceptance”. It entails a moment-by-moment awareness of the subject’s cognitive, affective and physiological information flow that is non-directive and non-elaborative. Available research indicates that mindfulness-based interventions lead to symptom reduction and increased quality of life for participants with anxiety disorders. The present study examines the effects of Mindfulness-Based Stress Reduction (MBSR) on patients with anxiety disorders. The main emphasis of the program is the introduction of mindfulness exercises designed to facilitate present-moment awareness and acceptance, and discussion of experiences and challenges in doing these exercises. 60 self-recruited patients were randomized to a treatment group and a delayed-treatment wait list control group. Treatment consisted in an 8-week psychoeducational program where participants meet once a week in groups of 15. Participants were asked to commit to practice at home between sessions for approximately 45-60 minutes daily. It was hypothesized that participants would show reductions in anxiety and related symptoms as evaluated through self-report measures. It was further expected that participants would have an increased ability to accept and live with symptoms of anxiety, as reflected by a mindfulness inventory. This brief communication will present findings from this study.

**Brief Comm. Do we really need the fathers in parents-infant psychotherapy?**

Child

*Agnes von Wyl - Zurich University of Applied Sciences, Switzerland, Sikkina Winteler*

Since 1998, the Basel clinic for parents with infants and toddlers provides a specialized interdisciplinary service for early regulatory and relationship disorders. Early childhood interventions usually focus on the mother-child dyad. Due to research on triadic family processes, in our clinic fathers are always asked to take an active part in the treatment. Our clinical impression was positive about the benefit for the treatment. The current study deals with the central question of the effective impact of the fathers’ participation. This question was part of our evaluation and follow-up data. The sample consists of 180 families. At the beginning of the treatment, parents filled out the German version of the Edinburgh Postnatal Depression Scale (EDP) and the Infant Characteristic Questionnaire (ICQ). Once the therapy was com-

pleted, the therapist filled out our Improvement Scale questionnaire. The follow-up investigation includes the EDP, the Child Behavior Checklist (CBCL) and a questionnaire about the parents' satisfaction with the treatment and the child's actual symptoms. Preliminary results indicate that the improvement in relation to parent-child interaction was better if the father was present in the intervention, but not the improvement in relations to symptoms. In the follow up, those mothers who were accompanied by the father/ partner to the intervention evaluated the treatment more helpful and would recommend the centre more often to others (difference almost significant). The results are discussed with regard to the significance of the involvement of fathers in early childhood intervention, also predicting outcome variance.

**Brief Comm.**  
Emotion

**Developing a dual-cultural child emotional management measure in Taiwan**

*Li-fei Wang - National Taiwan Normal University, Taipei*

Emotional management is not only critically important in all cultures around the world, but different cultural norms around the world require different behaviors associated with emotional management. However, most emotional management measures in the world are based on western values, and reflect an individualistic perspective. There is no measure of emotional management based on East Asian values and norms, which greatly inhibits an accurate assessment of this important construct in this region of the world. The purpose of this investigation was to develop a dual-cultural child emotional management measure in Taiwan. A scenario-based format was applied because of the collectivistic and relationally oriented culture: twelve scenarios were developed based on previous research findings that interpersonal situation of child emotion regulation mainly happened in interaction with teachers, parents, and peers. In addition, because contemporary Taiwanese culture is a blend of eastern and western influences, it was decided to assess children responses based on dual cultural hypothesis what is encouraged and discouraged in both individual and collective perspectives. Thus, four responses were then developed for each scenario that reflected the four emotional management responses (Suppression: individualistic culturally discouraged response (SUP); Impulsiveness: collectivistic culturally discouraged response (IMP); Expressiveness: individualistic culturally encouraged response (EXP), and Forbearance: collectivistic culturally encouraged response (FOR)). Study 1 developed a scale for measuring the dual-cultural model of child emotional management. Seven experts examined the cultural appropriateness of the four responses. Each scenario and four responses were evaluated by the children and the new emotion management measure was formed when a) more than half of the children responded on all situations, b) less than 50% difficulties of every response, c) no significant difference of encouraged responses between individualistic and collectivistic culture, d) no significant difference of discouraged responses between individualistic and collectivistic culture, and e) all experts agreed the cultural structure of four responses. In Study 2, the construct validity was supported by the Item Response Theory (IRT;  $n=580$ ). A three-week period of test-retest ( $n = 68$ ) also revealed very good stability of the scores over time ( $r = .85$ ). A third data set was collected to examine criterion-related validity of the measure ( $n=393$ ). The discriminant validity and convergent validity were supported by the analyses of correlation with social desirability, psychological adjustment family adjustment, school adjustment, interpersonal relationship, and emotional management measure. The results revealed that the fourth emotion management response (forbearance) served as a better predictor of psychological adjustment, family adjustment, and school adjustment in the study. Implications of the results for counseling interventions as well as further research will be presented in the conference.

**Brief Comm.**  
Therapist

**Who should do What for Whom? Therapists' professional/ personal characteristics in relation to clients' level of impairment.**

*Sue Wheeler - University of Leicester, UK, Thomas Schröder & David Orlinsky*

Aim: 'Improving Access to Psychological Therapies' (IAPT) is a recent UK government programme aimed at a massive, centrally driven expansion of psychological therapies (predominantly CBT) for sufferers of depression and anxiety disorders. The rapid roll-out of IAPT is underpinned by training initiatives; however, shortages of newly trained staff might potentially be mitigated by the existing workforce of counsellors and therapists. This has sparked a renewed debate about the competencies and experience necessary for dealing with differential levels of clients' impairment. The study reported here contributes to this debate but has implications beyond national boundaries. Method: We draw on self-report data from members of the largest organisations for counsellors and CBT practitioners in the UK regarding the nature of their caseloads and relate these to professional/personal characteristics, work patterns and indices of well-being. Survey data were collected with the Development of Psychotherapists Common Core Questionnaire (DPCCQ) of the SPR Collaborative Research Network (Orlinsky & Ronnestad, 2005). Accredited counsellors and accredited CBT therapists, together with equal-sized random samples of non-accredited practitioner members, were invited to opt into the study. Opt-in rates ranged from 24% to 45% , return rates from 47% to 80% (total N = 915). The DPCCQ inquires about impairment levels using the Global Assessment of Functioning scale and employs a wide range of measures on professional/personal development as correlates. Results: Data analyses are underway. Discussion: We will discuss the relation of impairment levels in respondents' caseloads to professional characteristics in a national context but also relate them to comparators from the international set of DPCCQ data. Reference: Orlinsky, D. & Ronnestad, H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. Washington DC: American Psychological Association.

**Brief Comm.**  
Depression

**Constructivist-Cognitive Brief Psychotherapy Group for Depression**

*Juan Yañez - Universidad de Chile, Ñuñoa*

This investigation presents a modality of psychotherapeutic workshop in 12 sessions, of intensive application, for subjects that suffer depression and consult in state institutions of Public Health. The design implies 12 sessions of 90 minutes each one. The first 45 minutes are dedicated to personal experiences activities associated to principal characteristics of depression. The 45 remaining minutes correspond to group discussion, and it works the cognitive and emotional aspects, associated to the experiences lived in the preceding module. The dynamics of this therapy implies a rigorous frame that regulates the relation between the members of the group and the therapists. With this technique it is tried to produce symptomatic lightening and some changes of deep level of the depression in patients. This program has been applied in 6 groups of 12 patients each one, in 3 public hospitals.

**Brief Comm.**  
Psychodynamic

**Clinical Psychoanalytical Research on Somatic Affections**

*Jaime Yasky - University of Chile, Santiago, Marcelo Balboa, Pablo Cabrera, Liliana Messina, Carolina Piola*

This is an ongoing long term clinical research on patients with different types of somatic affections. Being faithful with the nature of the psychoanalytical method, as a simultaneous clinical and research method, clinical processes of patients are analyzed, both individually and with a psychoanalytical supervision group. The researchers are trying to figure out the sense of the somatic affections of the patient as part of the whole wide context of their psychological experience. The scope of the free association and of the freely floating attention methods are extended to include all sort of somatic

allusions and manifestations. This research includes a dialectic relation between with clinical data and different theoretical models concerning the psychosomatic affections, such as the conversion and the actual neuroses models, in order to find the best way to represent patient's experiences. Control supervision with outside clinical experts, and other type of similar measures are intended to assure reliability of the research from its epistemological standpoint.

**Brief Comm.** **Women's anger expressions and their self-esteem, interpersonal intimacy, and depression**

Emotion

*An-Hua Yeh - Chang Gung Institute of Technology, Taoyuan, Taiwan, Su-Fen Tu*

The purpose of the study was to investigate the relationship between women's ability to express anger, interpersonal intimacy, self-esteem, and depression. Women's anger expression in interpersonal relationships was defined as the level of expressed feelings when disagreeing, feeling uncomfortable, upset, or angry in a relationship. The participants were 228 female college sophomore students. Each was asked to provide their socio-economic status, family living condition, as well as personal and parent's medical condition in regard to mental health. There were three measurement tools employed in this study: the anger expression ability scale, Chon and Wu (1998)'s interpersonal intimacy scale, and the K's depression scale. The anger expression ability scale is a 30 item, 7 point Likert-Scale which includes six subscales of anger expression: ability to refuse others, ability to express opinions, negative feelings, ability to elicit needs and wants, guilty feeling for anger expression, and emotion condition. The data analysis will focus on: (1) using extreme group design to compare participants' mean anger expression abilities according to their interpersonal intimacy, self-esteem, and depressive condition levels. (2) Conducting regression analysis to explore the variance of the anger expression ability accounted for participants' depression. (3) Conducting path analysis to understand how anger expression abilities and interpersonal intimacy play a part in women's depression. The results will be discussed and further suggestions will be made for mental health professionals to attend to women's anger expression in their mental health issues.

**Brief Comm.** **Diagnostic and treatment challenges when working with survivors of torture**

Trauma

*Sandra Zakowski - Argosy University/Clinical Psychology, Chicago, USA, Vivien Eisenberg*

**Aim:** Individuals who have suffered severe trauma often challenge generally accepted treatment models. When working with survivors of torture, a number of complex issues need to be taken into account. Survivors frequently suffer from classic symptoms of PTSD and depression which we consider normal reactions to abnormal circumstances. However, at times, symptoms emerge that may be interpreted as reflective of thought disorders that require careful consideration. We will discuss complex issues surrounding trauma-related symptoms that pose diagnostic challenges to those working with survivors of torture.**Method:** Clinical examples from our work with torture survivors show symptoms such as severe mistrust of people and surroundings, the feeling of being watched, and being generally unsafe. Other symptoms requiring special considerations are those that may be interpreted as either auditory or visual recollections of the trauma (flashbacks) or hallucinations that are removed from the trauma context. **Results:** It is important to conduct careful examination to determine the extent to which these symptoms are based in the survivor's reality of past persecution (an adaptive "paranoia") and reexperiencing of actual traumatic events or whether diagnoses of thought disorders need to be taken into consideration. **Discussion:** Symptoms in survivors of torture need to be interpreted within the context of their culture of origin, belief systems, acculturation and complex trauma history. Without those considerations, symptoms may be either misinterpreted as indicative of other disorders such as

thought disorders or conversely disorders other than those typically seen in trauma survivors may be missed thus leading to inadequate treatment.

**Brief Comm.**  
Interpersonal

**Can you see what I see? Tapping into the discrepancy between patients' and observers' interpersonal problem descriptions using a Q-sort-approach**

*Johannes Zimmermann - Heidelberg University, Germany, Michael Stasch, Rebekka Rost, Christina Hunger, Henning Schauenburg, Tilman Grande, Manfred Cierpka*

**Aim:** As Leary (1957) pointed out in his seminal monograph, an interpersonal diagnosis should take into account the multi-level nature of personality. Put simply, the clinician should (a) focus on both patient's and others' behavior, and (b) integrate data from both patient's and others' perspective. Whereas the former claim has been realized by various self-report-inventories and coding systems, the integration of both perspectives has seldom been done – leaving Leary's "dynamics" of personality organization surprisingly unexplored. An important reason for this lack of research might be the dubious effect of response sets when combining two measures into a single score (Cronbach & Gleser, 1953). As a solution, we propose to adopt the Q-sort-method (Block, 2008) for interpersonal diagnostics, which forces participants to use respective scales in the same manner. Thus, the psychological meaning of the discrepancy between experiential perspectives can be studied in its own right.  
**Methods:** We developed a 32-item Maladaptive-Interpersonal-Patterns-Q-Sort (MIPQS) by deriving clinically relevant problem formulations from the Operationalized Psychodynamic Diagnostics system (OPD Task Force, 2008). Applying a mediated-ranking procedure (Thompson, 1980), a sample of 40 depressed inpatients provided MIPQS-descriptions of both their own and their significant others' problematic habits. Additionally, two independent observers assessed patients' maladaptive patterns on the basis of videotaped OPD-interviews.  
**Results:** Preliminary results regarding the interrater reliability and criterion validity of the MIPQS will be presented. Furthermore, we will explore the discrepancy between patients' and observers' descriptions both at item and person level.  
**Discussion:** Results will be discussed regarding their conceptual and clinical implications.

**Poster**  
Personality

**Specific measure of psychotherapy outcome assessment. Neurotic personality inventory KON-2006**

*Jerzy W. Aleksandrowicz - Jagiellonian University Medical College, Cracow, Poland, Jerzy A. Sobanski, Katarzyna Klasa, Dorota Stolarska, ukasz Muldner-Nieckowski, Krzysztof Rutkowski*

Aim: Presentation of the instrument build specifically for assessment of neurotic personality traits and their reduction due to psychotherapy. Methods: Construction by clinicians and researchers of scales oriented on typical neurotic traits started 12 years ago with large pool of items, then after procedures of clustering and factor analysis on small samples of patients and non-patients, and finished with evaluation of the scales. Final version of the questionnaire was filled by a large group of patients and nonclinical population. Data were analyzed in terms of internal and external validity of scales. Cut-off points for discrimination between clinical vs nonclinical sample were determined. Results: In the groups of 794 patients vs 520 non-patients, as well as in the core groups of symptomatic vs nonsymptomatic respondents, scales of KON-2006 questionnaire were proved to be consistent and valid (alpha Cronbach's coefficients and item-scale correlations were high in almost all scales). Change after therapy proved to be very large and significant in majority of personality scales, and also correlated with symptom improvement. Discussion: Neurotic personality questionnaire KON-2006 is psychometrically valid and useful instrument for personality traits present in patients suffering neurotic disorders. It was also demonstrated to be sensitive and useful for psychotherapy effectiveness assessment. Some inconsistency between personality and symptom improvement can be interpreted as the result of placebo-like nonspecific symptom relief in patients without personality restructured i.e. non-optimal psychotherapy effect. Further research of KON-2006 in other disorders as well as in other psychotherapy settings are scheduled.

**Poster**  
Assessment

**"Criterion Validity and inter-rater Reliability of the Operationalized Psychodynamic Diagnosis (OPD2)**

*Luis Alvarado - Department of Psychiatry, Santiago, Chile, Guillermo de la Parra, Paula Dagnino, Francisca Perez*

Introduction: since its introduction, the Operationalized Psychodynamic Diagnosis (OPD) has been widely used all over the world. In the meantime has proved to be a reliable and useful clinical assessment tool. Psychotherapy relevant issues like relationship patterns, psychodynamic conflicts as well as personality structure, are specifically addressed, just allowing clinicians to design tailor-made psychotherapy. Objectives: few data regarding reliability and validity of OPD-2 are still available. Findings concerning those issues from an ongoing research are briefly exposed. Methods: after preliminary OPD-2 training, 15 psychotherapists rated a videotaped diagnostic interview (T1). After training conclusion -3 months later they were asked to re-rate the same interview (T2). Results: Axis I (Experience of Disorder) and Axis IV (Personality structure) shows the higher reliability (.61 and .64), whereas Axis II (Relationship pattern) display the lowest (.30). Conflict axis (.51) reaches only a modest reliability. Inter-rater reliability tends to increase at T2. Conclusions: figures are similar to those previously reported, although lower for Relationship and Conflict Axis. Increasing reliability after training suggests its efficacy as an educational and research instrument. Affiliations: Luis Alvarado (Universidad de Chile), Guillermo de la Parra (Universidad Católica), Paula Dagnino (Universidad Católica), Francisca Pérez (Universidad de Chile)

**Poster**  
Body

### **Analysis of drives and defenses in psychosomatic patients.**

*Liliana Haydee Alvarez - UCES, Buenos Aires, Argentina, David Maldivsky*

Goal: to detect similarities and differences in drives, defenses and their state in psoriatic and asthmatic patients. Sample: responses of 6 patients diagnosed as psoriatic and 6 diagnosed as asthmatic to the white sheet of the Phillipson Test. Method: The David Liberman Algorithm (DLA), a systematic method for discourse analysis. It allows to detect drives and defenses as well as their state. Procedures: 1) analysis of drives and defenses (and their state) in the patients' production, 2) comparison of the corresponding results, 3) connection of this comparison with the type of ailment and the grade of symptomatology of the patients. Results: Coincidences can be found between the impossibility to construct narratives and the impossibility to control somatic symptoms with medication. Also it is possible to find significant correlations between the state of the defenses and the magnitude of the somatic symptom.

**Poster**  
Narrative

### **Constructivist therapy of mourning and innovative moments models of change: a case-study of the meaning reconstruction os loss**

*Daniela Alves - University of Minho, Braga, Portugal, Miguel Gonçalves, Eugénia Fernandes, Robert Neimeyer*

The confrontation with an experience of mourning requires that the survivors be able to assimilate loss into their existing self-narratives. However, when such assimilation is not possible, they can be confronted with self-narrative disruption, which seems to be a precursor of complicating grief reactions. Several studies in psychotherapy suggest that i-moments (as exceptions to the meanings of problematic self-narratives) are elaborated and expanded in the conversation leading up to meaning transformation. This poster presents an analysis of a successful case of complicated grief, in Constructivist therapy – Sandra's case. All six sessions were analysed with the Innovative Moments (i-moments) Coding System. The aim of this study is the exploration of the therapeutic change process, by tracking the emergence of five different types of i-moments (IMs): action, reflection, protest, reconceptualization and new experiences. This research will be the first one that uses this coding system with a case of grief. Our aim is to identify the way new meanings are constructed in constructivist therapy, and if the model of change that we were able to find in several cases and samples replies with this case.

**Poster**  
Child

### **Meanings associated to the presence of an alimentary dysfunction in adolescents and young adults in a therapeutic process**

*Paulina Araneda - universidad del desarrollo, santiago, Chile, alejandra matorana*

Due to the few studies that approach the alimentary dysfunction in the I generate masculine, it highlights the relevance of the present study, since although scarce antecedents referred to the topic exist, if they are in the diagnoses clinical men that they suffer of this dysfunction. Some investigators have established that among the tests that evaluate dysfunctions of the alimentary behavior, the EAT-40, traditionally demonstrates lowers points in men compared with the women. This way, the males seem to show with less probability features of alimentary dysfunctions than the women (for example: the desire to be thin). Also, in the EDI, the men generally obtain inferior points in other items that directly reflect motivation for the thinness or distortion of the corporal image. However, the authors suggest that it is possible that these disparities can reflect the influence of social and cultural factors (Behar, Of the Barrier & Michelotti, 2002) on the other hand, in tally there are investigations that have established that a high masculinity associates with high levels of you disorder alimentary. The above-mentioned makes but sugerente to identify and to understand like the men vivencian this dysfunction and which is the

theory subjetiva that you/they conceive about the development and consequences on its illness. It is of interest to explore and to understand the dynamics and main agents that predispose this population to the dysfunction. Therefore, the information gathered in the literature motivates to elucidate the data recabados in order to approach to explanatory answers on a phenomenon that every time is presented with but frequency in the masculine poblacion

**Poster**  
Instruments

### **Screenin Psychotherapy Evolution: Chilean adaptation of Duncan & Miller ORS scale**

*Sergio Arias - Universidad Gabriela Mistral, Santiago, Chile, Iván Armijo, María Cecilia Donoso, Alejandra Grez*

ORS is a self report questionnaire developed for process evaluation in Psychotherapy by Duncan & Miller (2000). It measures the client's report on 4 areas: Individual, Social, Interpersonal and Global. It's a very brief measure that can be used either as an assessment or as an intervention tool. The objective of this work is to evaluate ORS behavior in Chilean patients. Method: a panel of 22 patients (14 female) were evaluated session to session using ORS and Lambert's OQ-45 (used as golden test). In total 10 sessions of brief strategic psychotherapies were evaluated. Results show that ORS achieves good correlation rate with OQ-45 scores ( $r > .5$  in all corresponding scales), with stable results in time. It's proposed the advantages of using ORS scales for screening purposes, and the clinical implications and purposes are discussed.

**Poster**  
Therapist

### **Key characteristics of therapist of successful processes: The patient's vision**

*Sergio Arias - Universidad Gabriela Mistral, Santiago, Chile*

This research aimed to know the vision of patients in the therapeutic process, the role of the therapist and his own role in this process. To achieve this goal it was considered appropriate to use qualitative methodology, as it would allow us to know the meanings associated with the experiences of people. We interviewed 12 patients (11 women and 1 man, adults) who have positively assessed its therapeutic processes. These 12 people participated in therapeutic processes with 6 therapists of different approaches: 2 systemic, 2 strategic, 1 cognitive-behavioral and humanistic. The research findings indicate that patients consider the therapeutic process as a meeting place between two human beings and that the success of this process depends in equal measure patient and therapist, the patient is taking a very active role in therapy. This role is characterized by the willingness and commitment to the process, in addition to the ability of the latter during the process. The key characteristics of the therapists, for patients, are: listening skills, willingness and degree of involvement in the therapeutic process. The information obtained is consistent with the tenets of the authors who defend the idea of common factors in psychotherapy, in which the patient or client is the main factor common to all approaches to psychotherapy.

**Poster**  
Couple

### **Measuring couple's conflict dimensions: CCDS-31-R**

*Iván Armijo - Universidad del Desarrollo, Santiago, Chile, Ximena Pereira, Luis Tapia, Gianella Poulsen, Patricia Sotomayor, Claudia Cruzat, Carolina Aspillaga*

A revision of a Chilean scale for measuring Dimensions associated to the arising and maintenance of couple's conflict is presented. Formerly, the test measures 5 dimensions: Self Differentiation (SD), Caring/Attachment (CA), Emotional Intimacy (EI), Loving Passion (LA), Power /submission (PS), in 45 items. Although good overall reliability was obtained (Cronbach's  $\alpha > .75$ ), a revision of Self-Differentiation Scale was considered necessary due to low reliability (Cronbach's  $\alpha < .6$ ) and to

cultural issues. AIM: Adjust the scale structure of a couple's conflict dimensions test previously designed in order to: 1. Reduce the total number of items. 2. Refine the dimension's definitions and configuration based on clinical and statistical criteria. METHOD: A panel of expert panel therapist made a revision of the scales. In order to check the definition and item structure of each one of them. The final test was applied to a sample (the second replication in the study) of 200 persons. The results of the new scales and its psychometric properties are shown, including reliability scores for total test and each scale, content validity issues, convergent validity with MSS and construct validity (via factor reconstruction) are presented.

**Poster**  
Child

### **Aggressive behavior in adolescence – A population-based study in the city of Pelotas/ RS**

*Ricardo Azevedo da Silva - Universidade Católica de Pelotas, Brazil, Bernardo Lessa Horta, Ana Laura Cruzeiro, Russélia Godoy; Augusto Faria, Luciano Souza, Inácia Moraes, Giovanna Del Grande da Silva, Thaise Campos Mondin, Ricardo Tavares Pinheiro.*

Objective: Evaluate the prevalence and associated factors to aggressive behavior in adolescents between ages 15 and 18 in the city of Pelotas/RS. Methods: Transversal, population-based study with a representative sample of 960 adolescents between ages 15 and 18, living in Pelotas. Randomized, 90 census sectors among 448 of the city of Pelotas have been selected and 86 houses of each sector have been visited. Two dichotomic variations of aggressive behavior have been considered individually: carrying a gun or getting into a fight with aggression in the last year. The association of these behaviors with gender, socioeconomic level, work, religious practice, use of drugs, smoking, physical activity, alcohol consumption, use of contraceptive methods, sexual behavior of the adolescent and also the presence of common mental disorders has been investigated. As statistical analysis, the Poisson regression has been used as a hierarchical model for each variation and control for a defining effect. Results: The prevalence of the behaviors studied in the present sample was 22,8% for participation in fights with aggression and 9,8% for gun carry. After the analysis, according to the hierarchical model proposed, the risk factors for the variation carrying a gun in the last 12 months were: male gender, not living with the father, paid job, use of alcohol and drugs in the last month and the presence of common mental disorders. As for getting involved in a fight with aggression in the last year, an increased risk has been shown by: male gender, paid job, use of drugs and alcohol in the last month as well as the presence of common mental disorders and gun carry in the last year. Conclusions: Male adolescents who consume alcohol and/or drugs and with common mental disorders have more chances to carry a gun and get involved in a fight with aggression.

**Poster**  
Child

### **Incorporation of parents in the process of adolescents' psychotherapy: Work in process**

*Cristian Bahamondes - Universidad Del Desarrollo, Santiago, Chile, Claudio Martínez*

A research project in clinical psychology, specifically, within the field of psychodynamic psychotherapy, is presented. The proposal will inquire into the participation of parents in the psychotherapeutic process with adolescents, from the perspective of the parents themselves and from that of adolescent patients. The problem of having to cope with the demands of parents in the psychotherapeutic process is reviewed. It is shown that this problem has been studied mainly from the perspective of the therapists, without taking into account the view of adolescents and that of their parents as relevant parties in the definition of this aspect of the therapeutic process. A qualitative research design with a descriptive scope is presented. Six adolescents, who attend individual psychodynamic therapy and their respective

parents, are to be interviewed using a semi-structured qualitative instrument. The data produced will be analyzed using the Grounded Theory that includes open, axial and selective coding. Preliminary results of a descriptive analysis show different ways in which parents in the study report taking part of the psychotherapeutic process, as well as the positive and negative aspects of the inclusion of the parents to the therapy from the perspective of the adolescents. These results are discussed, because of their value for psychology and considering the way in which these aspects imply the creation of an intersubjective space.

**Poster**  
Group

**Group Specialty Practice**

*Sally H. Barlow - Brigham Young University, London, UK*

Arthur M. Nezu and Christine M. Nezu have astutely responded to the need for in-depth information about the growing specialties in professional psychology by editing a series of books to be published by Oxford Press: Behavioral, Clinical, Clinical Child, Clinical Health, Clinical Neuro, Counseling, Family, Forensic, Group, Psychoanalysis, Rehabilitation and School psychology. Each of these specialty areas is “characterized by a pattern or configuration of competent services to specified problems and populations. Practice in a specialty requires advanced knowledge and advanced skills acquired through an accredited doctoral program and/or organized sequence of education and training in postdoctoral programs” according to the Council of Specialties in Professional Psychology webpage ([www.cospp.org/](http://www.cospp.org/)), which is sponsored by the American Psychological Association, and its sister councils of the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, CRSPPP, and the Committee on Accreditation, CoA. Until recently, recognition in specialty areas has been conducted in a de facto fashion. Not so anymore. Both the public and the profession need clear information about the appropriate training of psychologists in these ever-increasing specializations. Negotiating the nomenclature alone, whether referred to as emphases, tracks, or subfields, has been daunting. Add to this the need to come to consensus about what the specialty entails; what constitutes adequate education, training and subsequent credentialing, one can see that the task of delineating specialties stretches far beyond mere naming. The Group Psychotherapy Specialty Practice text will include an Introduction to the broad areas of group psychology and group psychotherapy, a review of a century of research that has developed from case studies—when Pratt first treated tuberculosis patients in a group setting—to sophisticated quasi-experimental designs conducted by internationally known group researchers such as Burlingame, Forsyth, Kivlighan, Piper, Shechtman, and Strauss. The Functional Competencies of Assessment and Intervention will follow. Topics such as case formulation—from psychoanalytic to behavioral—as well as strategies for assessment—from Lewin and Bion to Yalom and Corey—will be reviewed. The additional Functional Competencies of consultation, supervision, and teaching (including unlearning individual intervention biases) will be addressed. Final chapters will review Foundational Competencies, including professional identity.

**Poster**  
Change

**Patients’ and Therapists’ Voice in Psychotherapy: The Patients’ View**

*Susanne Bauer - Escuela de Psicología, Pontificia Universidad Católica de Chile, Santiago, Alemlka Tomicic, Claudio Martínez, Alejandro Reinoso, Hanna Schäfer, Angela Peukert, Aspasia Fragkouli*

The results of an exploratory research about the use of voice in psychotherapy from the patient’s view are shown. The importance that depressive and anxious patients assign to their own vocal expression and that from their therapists’ for the construction of the therapeutic relationship is emphasized. The study was a qualitative one, based on an eleven open question self report applied to 20 patients, men and women from 25 to 61 years old, which were attending individual or group therapy treatment. Additionally, two in-depth interviews were performed with patients from the same mental health out

door institution in Berlin, Germany. The answers were analyzed using a qualitative and descriptive procedure that allowed the categorization of different voice dimensions distinguished and depicted by the participants. Some patients had difficulties to describe their therapists' voice more than the voice of other significant persons. Nevertheless, the results showed the value that patients assign to the voice as an important element regarding the therapeutic relation. Patients were also able to describe the voice they need to feel comfortable and in confidence with the therapist. The consequence and the scope of these results are discussed and associated with the results of a previous study by the same authors about the therapist's view on the same topic (Bauer et al., 2008). The projections of this research and future lines of study will be related with the voice as an instrument to regulate affects and interpersonal relations in the psychotherapeutic process with depressive patients and patients suffering from anxious symptoms.

**Poster**  
Personality

**Approaching toward the present characteristics of personality in youths that are frequently connected to the internet**

*Guillermo Berner - Universidad del Desarrollo, Santiago, Chile, Mauricio Campos*

Did the present study explore on the phenomenon of the frequent use of Internet to give answers to the investigation question that characteristic of personality they are present in youths that are connected frequently to Internet?, excluding those that are connected with labor and academic ends. The qualitative methodology was used, because she will allow to have shortcut to the information from the significance that they give the youths to the phenomenon in study, being located this since from the understanding level describing each aspect it will allow to detail the characteristics of these, motivations and linking relationships that settle down, from the own speech of those investigated for that which was used as technique the gathering of data of the interview in depth, respecting as approach the principle of saturation of the speech. The sample will be deliberate and it counted with an initial number of 10 youths' that fulfill the approaches of the study initial. The analysis of the information will be descriptive with open code, that which is sustained in the objective of the Grounded the authors' Theory Glasser and Strauss.

**Poster**  
Trauma

**Childhood Trauma Questionnaire (CTQ) at pretherapy and its merits as a predictor of psychotherapy outcome**

*Agnieszka Bialas - Jagiellonian University Medical College, Cracow, Poland, Krzysztof Rutkowski, Jerzy A. Soba ski, Lukasz Muldner-Nieckowski*

**Aim:** To research the influence of traumatic experiences severity, the kind of maltreatment and the age, where of abuse or neglect occurred, on the severity of symptoms, and the therapy effectiveness. **Methods:** Group of 70 patients with neurotic and behavioral disorders and personality disorders, was treated with intensive, complex, integrative psychotherapy in the Psychotherapy Department. Two self-descriptive measures: the Neurotic Personality Questionnaire and the Symptom Checklist "O" were filled before and after treatment to compare personality indexes and symptoms levels in patients with different histories of maltreatment (emotional, physical and sexual abuse or neglect) reported in the Childhood Trauma Questionnaire. **Results:** Analysis in the group of 45 patients (study in progress) with neurotic (37) and personality (8) disorders, showed that the experience of emotional neglect was the most frequent and present in 78% of patients. The physical and sexual abuse were the least frequent traumas, and were experienced by every fifth patient. The more severe experience of the emotional abuse and the physical neglect, the higher initial symptoms level and personality disintegration were observed. Patients with the tendency to deny the traumatic experiences (in the

denial scale of the CTQ) reported significantly lower level of traumatic experiences in 3 of 5 scales. Discussion: We expect that patients with the history of severe maltreatment are less compliant to psychotherapy. The younger age when maltreatment occurred, the greater was the difficulty therapeutic relationship and the lower probability of improvement. The CTQ is a suitable tool to predict the psychotherapy outcome.

**Poster**  
Narrative

### **Change processes in narrative therapy: Patterns of innovative moments centered on the problem and centered on change**

*Raquel Borges - Department of Psychology, University of Minho, Braga, Portugal, Miguel Gonçalves, Anita Santos*

In this study, we explore, in a sample of women that were victims of intimate violence, the patterns of change in 5 good and in 5 poor outcomes cases. This sample was analysed before from the perspective of the innovative moments (i-moments) model of change and the patterns that emerged from this comparison made it clear that different types of i-moments occur in these two groups. However, there are three specific i-moments (action, reflection and protest) that emerge both in good and poor outcome cases. Thus, the aim of this research is to study if these types of innovation have different features in each of the two groups. Previous research has made it clear that reflection and protest i-moments can have very different features; namely they can be centered on the problem (e.g., representing the struggle clients have with their problems) or they can be centered on the change process (e.g., representing the way change is being constructed). The same distinction can also be applied to action i-moments: they can be an adaptive reaction to the problem or innovate outside the sphere of the problem. We hypothesized that the first type of these i-moments are more typical of poor outcome cases, while in the good outcome cases the first type emerge more at the beginning of therapy, but in the middle of the process it is replaced with i-moments of the second type. Implications of this research to the model of change of i-moments will be discussed.

**Poster**  
Assessment

### **The Treatment Outcome Package (TOP): An investigation of its validity.**

*James F. Boswell - The Pennsylvania State University, University Park, PA, USA, David R. Kraus, Louis G. Castonguay*

The Treatment Outcome Package (TOP) was designed to measure outcomes in naturalistic settings and to meet the requirements of a core outcome battery as defined by the Society for Psychotherapy Research (SPR) and American Psychological Association's (APA) Core Battery Conference (Horowitz, Lambert, & Strupp, 1997). As recently shown by Kraus, Seligman, and Jordan (2005), the TOP clinical scales have demonstrated very good psychometric qualities in a wide range of treatment settings and clinical populations; however, the quality of the TOP total score has not been investigated. The present study was an attempt to further evaluate the psychometric qualities of the TOP by attempting to demonstrate the validity of its total score by testing its relationship with similar, commonly used global outcome measures, the global symptom inventory of the Base Symptom Inventory (BSI-GSI) and the BASIS Total score. Participants were administered the TOP, BSI, and BASIS, and the total scores from each were correlated. The TOP Total score correlated  $r = .91$  with the BSI-GSI and  $r = .89$  with the BASIS Total, indicating good concurrent validity. This provides preliminary evidence for the clinical and research utility of the TOP Total score.

**Poster**  
Body

### **Psychotherapy, body image, and cosmetic surgery**

*Luis Botella - FPCEE Blanquerna, Barcelona, Spain, Maite Duran*

In clinical practice there is a number of patients requesting psychotherapy for body image related problems and also a number of them requesting cosmetic surgery for psychological problems associated to their body image. This poster analyzes the social construction of cosmetic surgery and psychological problems related to body image. We present a study in which psychotherapy with different types of patients with body image related problems and requesting cosmetic surgery is analyzed from a social constructivist framework and methodology. The study consists basically of a personal construct repertory grid comparing different types of patient in terms of their underlying psychological difficulties. Implications for psychotherapy with patients complaining from body image related problems are proposed and explored.

**Poster**  
Ethics

### **Exploring what Latin American researchers do and know about ethics in psychotherapy research**

*Magdalena Braun - Universidad de Belgrano, Buenos Aires, Argentina, Andres Roussos*

A pilot study among psychotherapy researchers was performed in order to picture the current state of affairs. We found disagreement among researchers as to what practices are considered unethical. Moreover, in our pilot study researchers admitted to various forms of ethical flaws, that, although minor, helped us understand why ethical transgressions occur. The causes for these violations ranged from unintentional mistakes due to lack of information to active disregard and opposition to the norms. In the current project an electronic survey (and the paper version of that survey) are being distributed among Latin American researchers in psychotherapy. This survey inquires in aspects related to: ethical research training, institutional requirements, external consulting in ethical matters, data management (storing, sharing and recording), data distribution and presentation (use of clinical excerpts or vignettes, ensuring confidentiality, criteria for authorship), among others. Also, semi-structured interviews will be conducted to researchers in order to deepen our understanding in key issues.

**Poster**  
Linguistic

### **Therapist's empathic approach to aphasic patients**

*Rita Brui de Duran - UCES, Buenos Aires, Argentina, Jorge Cantis, Horacio Garcia Grigera, David Maldavsky*

Goal: to research the issue of empathic approach with aphasic patients. Patients suffering aphasic speech perturbations exhibit a combination of regressive drives and defenses (like disavowal and foreclosure of the affect), similar to the addicts or to the PTSD patients. The therapist's attempts to introduce psychic changes in the patient need to take into account the implied patient's delicate and fragile equilibrium that can be easily broken. This fact is especially evident at the moment of tuning in during the first interview. Sample: the first interview of 7 aphasic patients (3M, 4 F), 5 of them as consequence of a CVA and 2 as consequence of a traumatic impact. We mainly focused on the episodes of the therapist's attempt of empathic approach to the patient. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses in patient and therapist manifestations. Procedure: we focused on the moments of the therapist's attempt of empathic approach to the patient and the aphasic patient response to it. Outcomes: the patients interfered with the therapist's attempt of an empathic approach. They displayed successful or successful/failed pathogenic defenses. When the therapist finally managed to tune in with the patients, the patients' defenses failed. Consequently because of the relevancy of their anxiety the therapist needed to deal with the emerging affect.

**Poster**  
Neuroscience

**Patients' experiences of change during psychotherapy: Reported visual metaphors of change and their possible relation with the process of being able to see oneself from another person's point of view.**

*Bibiana Buchbinder - Asociación Psicoanalítica de Buenos Aires , Argentina*

Patients' spontaneous expressions of change during psychotherapy are the starting point of my research questions. These expressions often involve visual metaphors: e.g., the way the patients "saw" themselves from a different perspective, how they imagine the therapist "watching" them interact with others in emotionally meaningful, problematic situations, or having gained a new "viewpoint" on a problem that produces emotional relief. Could such reported visual metaphors of change involving being able to see oneself from another person's point of view represent a central process in psychotherapy? If that is the case, to what extent are they associated with the participation of the mirror neuron system as the biological correlate of psychological processes described as "identification" in psychodynamic theory or a "change in core beliefs" in CBT? My main interest is to understand the experience of change, not by starting from a theoretical or technical perspective, but from the patient's own perspective, and afterward to correlate this with theoretical hypotheses, especially with those coming from the perspective of neurobiological and evolutionary psychology. To begin with an exploratory study, I propose to quote clinical vignettes based on narrative reports of cases referring to spontaneous expression of change, and categorize the reports in groups based on the patients' subjective viewpoint. Simultaneously, as part of the termination process, I propose to inquire: "What aspect of the treatment do you think helped you most?" "Which moments do you remember as meaningful for you?" "Which of the psychotherapist's interventions helped you most?" "Do you think of any other facts were meaningful to the treatment?"

**Poster**  
Family

**Research of drives and defenses in the exchanges of a homeless with his dogs and with the interviewer**

*Diana Bueno - UCES, Buenos Aires, Argentina, David Maldavsky*

Goal: to research drives and defenses (as well as their state) of a homeless interacting with his three dogs and with the interviewer. Sample: taped interviews in a public park. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses (as well as their state) in narrated and enacted scenes, including paraverbal components and movements. Procedure: analysis of the connection between the homeless and his dogs and between the homeless and the interviewer. Outcomes: in the exchange of the homeless with his dogs some drives and successful functional defenses (as well as their state) are detected, and in the exchange between the homeless and the interviewer some drives and successful/failed pathological mechanisms are inferred. Also the complex exchange between the homeless and the others was studied from the proxemic perspective. This research can contribute to better understanding of the psychodynamic and ecological exchanges of a less known population and consequently to the design of more adequate clinical strategies of psychotherapy.

**Poster**  
Change

**Lower psychopathology scores in Borderline Personality Disorder patients treated with Dialectical Behavior Therapy**

*Francisco Bustamante - Universidad de los Andes, Santiago, Chile, Angelica Muniz, Diego Herreros, Alejandra Cardenas, Nicolas Hayes, Ramon Florenzano and Alejandro Castillo*

Dialectical Behavior Therapy (DBT) is one of the most successful therapy for treating borderline personality disorder patients. Our objective was to apply DBT in Chilean borderline patients and measure their psychopathological change through therapy. Methods: Women patients from a psychiatric service

from a public hospital in Santiago, Chile, whom participated in a DBT treatment for a year (2006-2008). The instrument administered was the OQ 45 (Lambert, 1996: evaluates general psychopathology) properly translated and validated for Chilean people (von Bergen and de la Parra, 2002). The OQ was administered at the beginning (0-1 month), at the middle (3-5 months) and at the end of the therapy (8th month). The data was analyzed with SPSS v17.0 using linear regression and considering a  $p$ -value  $< 0.05$ . Results: The sample was 79 women with an average age of 35 years. We observed lower global OQ scores (less psychopathology severity) at the end of treatment (70,10) than the beginning (96,77;  $p < 0,001$ ). The lower scores with statistical significance was also for the 3 areas of the OQ (symptoms, social role, and interpersonal relationships). Conclusions: After a year of DBT, borderline patients showed significant lower scores of psychopathology measured with the OQ 45.

**Poster**  
Linguistic

**A comparison of linguistic manifestations of aphasic and non aphasic patients with regard to drives and defenses**

*Jorge Cantis - UCES, Buenos Aires, Argentina, Rita de Duran, Horacio Garcia Grigera, David Maldavsky*

Goal: to research the specific effect of the patient's aphasic impairment and the reaction to it. Sample: the first interview of 7 aphasic patients. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses (as well as their state) in the narrated and enacted episodes of the patients. Procedure: The analysis involved 1) the patients' capacity to narrate and 2) the patient's words with the technology aid of the computerized DLA dictionary. The same kind of research was done with other patients without an aphasic impairment. Then both outcomes were compared. Outcomes: the patients suffering from an aphasic impairment had a specific linguistic restriction in their capacity of referred narrations and causal links. These restrictions lead to a failure of functional defenses, replaced by failed foreclosure of the affect. The patients resorted to this state using some compensatory techniques, like histrionic, violence or avoidance attitudes. These resources corresponded to a successful or successful/failed state of foreclosure of the affect.

**Poster**  
Emotion

**The Observer Alexithymia Scale (OAS) and the TAS: A convergent validity study with substance dependence in Brazil**

*Berenice Victor Carneiro - PUC-Campinas, Campinas, SP, Brazil, Elisa M. P. Yoshida*

Alexithymia is a concept used to refer to those who have difficulties recognizing, processing and regulating emotions. It is viewed as a personality trait associated with risk for medical and psychiatric disorders (e.g., substance dependence). The Toronto Alexithymia Scale (TAS), a self-report to assess alexithymia, has been adapted to several countries including Brazil where Yoshida (2007) developed the TAS-22 for clinical population. Another instrument is the Observer Alexithymia Scale (OAS) designed by Haviland, Warren and Riggs (2000). It's been adapted to Brazil by Carneiro (2008) and is a brief observer-report that may be used by clinicians and or by patient's relatives/acquaintances. Its original version has 33-items rated on a 4-point, Likert type, scale and five factors: Distant, Uninsightful, Somatizing, Humorless, and Rigid. Aim: A convergent validity study to verify the correspondence between both versions, OAS-30 (Carneiro, 2008) and TAS-22 (Yoshida, 2007), in a clinical population with substance dependence or abuse. Methods: Data were collected in an outpatient clinic for substance dependence treatment. The OAS was administered to two groups of observers - clinicians ( $n=9$ ) and relatives/acquaintances ( $n=39$ ) - who rated 39 patients under treatment, and the TAS was completed by those 39 patients. The OAS-30 and TAS-22 association was estimated using Spearman correlation. Results: The results indicated negligible association between TAS-OAS relatives ( $r = 0.29$ ;  $p > 0.05$ ) and lack of association between TAS-OAS clinicians ( $r = -0.18$ ;  $p > 0.20$ ), suggesting that both scales would

be measuring different constructs. Discussion: Additional studies involving the OAS and the TAS among substance dependence patients are encouraged.

**Poster**  
Therapist

### **Psychotherapist Secure Base Questionnaire (SBQ): Contributions of developmental history and clinical practices**

*Helena Carvalho - Faculty of Psychology and Education, Porto University, Portugal, Paula Mena Matos*

The success of the therapeutic endeavour is contingent on the counselor emotional availability and this availability is, in turn related to the counselor own history of receiving care in attachment relationships (Bowlby, 1988). A therapist who functions as a safe haven and secure base allows a client to master the confidence for self-exploration and to develop greater self understanding (Bowlby, 1988, cit in Shaver & Mikulincer, 2007). Although Mallinckrodt et col. (1995) had develop a scale to examine the client's attachment to the psychotherapists', no measure was conceptualized to examine the psychotherapists' representations as secure base figures. The central aim of this communication is to present psychotherapists Secure Base Questionnaire (SBQ). This measure is a self-administered inventory, constructed by the authors to assess the psychotherapists' representations to serve as secure bases, responsive and available, that provide the conditions for the exploration and review of the internal models of the clients' self and others. The questionnaire was administered to a sample of 384 psychotherapists from different theoretical backgrounds and levels of experience. The construct validity of the instrument was conducted through exploratory factorial analysis, that evidenced a four-factor solution with adequate internal consistency. The psychometric properties of the instrument will be presented as well as the relationship with other variables of the developmental history of the psychotherapist and clinical practices. Results stress the importance of considering the attachment theory as an heuristic framework to understand psychotherapists' representations of clinical practices and the psychotherapeutic relationship.

**Poster**  
Narrative

### **Multiplicity of Self Voices and Innovative Moments in Narrative Psychotherapy: An exploratory study**

*Cláudia Cavadas - Psychology Department, University of Minho, Braga, Portugal, Miguel Gonçalves, Daniela Alves, Marlene Matos*

This exploratory research aims to study the relationship between innovative moments (i-moments) and the voices/positions of the self, from a dialogical perspective. The Innovative Moments Coding System (IMCS, 2007) allows the systematic identification of i-moments along the therapeutic process. The research done until the moment with this system suggests that different i-moments have different roles in the process of change and emerge differently in good and poor outcome cases. Thus, one interesting question is if the i-moments, that systematic are related to therapeutic success (re-conceptualization), involve a higher complexity in terms of voices of the self (e.g., I as a victim, I as a mother). All 12 sessions of a good outcome case from a sample of women victim of intimate violence were analysed, simultaneous for the type of i-moments that emerge along the sessions and the voices of the self that are narrating them (e.g., I as a victim). For the analysis of i-moments it was used the Innovative Moments Coding System (IMCS) – version 6.1. The analysis of the different positions/voices was done consensually between two judges. The results are consistent with our hypothesis: significant differences between the number of voices emerge in the different types of i-moments.

**Poster**  
Emotion

**Differential recognition of emotions in an attentional context: Behavioral and electrophysiological evidence**

*Francisco Ceric - Universidad del Desarrollo, Santiago, Chile*

The selection and processing of perceptual information coming from the environment, are regulated by the mechanisms of attention. At the same time, these mechanisms have a relationship with the natural context. Among all the perceptual information that we received, perhaps the most relevant are emotions. We need a lot of neurocognitive resources to process emotional information and, a successful comprehension allows the conservation of our existence and communication with others. We present two experimental settings to study the neurocognitive process underlying perception of emotions in faces. For this, we used a novel set of faces constructed and validated for a Chilean sample. We did two experiments. A first experiment just took behavior information. In this, we used a simple task of spatial attention, which displayed faces with gestures (emotional, neutral and deictic gestures). During the task persons had to give answers about the special localization of faces. A second experiment included measures at electrophysiological level (EEG/ERP). Participants saw the same faces that was present in Experiment 1, and had to recognize a non-specific target. The main results of this investigation was: (1) when participants answered the simple space attention task, reactions times was short when they saw faces with emotion; (2) when participants saw faces with emotion, we found an early differential amplitude modulation in early event-related potential (ERP). It is interesting to think that emotions can modulate attention in a dynamical way. Faces with emotional gestures attract resources from attention and, in the same way; attention can change if we present emotional information. According to the type of task and the emotional load and context, stimuli would be able to drive the assignation of the neurocognitive resources for perceptual selection and processing of contextual information.

**Poster**  
Emotion

**Recognition of positive and negative emotions in schizophrenic patients: An experimental paradigm with faces**

*Francisco Ceric - Universidad del Desarrollo, Santiago, Chile, Francisco Pizarro, Pamela Parada, Martin Casassus, Marcela Tenorio*

The emotional recognition is neurocognitive ability basic for human communication. Some pathologies are characterized by dysfunctional recognition of facial emotions, specially them in the psychosis continuum. An experimental paradigm of facial gestures recognition, standardized for Chilean sample, was applied to patients with chronic Schizophrenia. The diagnosis was made according to ICD-10 criteria by a multi professional health team. In this study was used a simple task of spatial attention, which displayed faces with gestures (emotional, neutral and deictic gestures). During the task, persons had to give answers about the special localization of faces. Reaction time (RT) and accuracy of response (Acc) were registered. The main results show a different pattern of recognition between normal people and patients with schizophrenia. The axis of this difference is in negative emotions recognition where it was found a significant difference. These results give an opportunity to gain comprehension about emotional substrate in schizophrenia, to generate a neurocognitive model and to think in new forms for treatments.

**Poster**  
Supervision

**The developmental stages for the creation of a supervision model**

*Paola Ceruti - Universidad Gabriela Mistral, Santiago, Chile, Andrea Huneeus*

The aim of this work is to identify and describe the relevant practices of supervision that supervisors of Center of Specialists in Strategic Intervention make in indirect supervision. The methodology utilizes qualitative design, specifically, Grounded Theory. Four supervisors of the Center were selected and filmed. A preliminary model of supervision emerged characterized by an objective of the supervision (the

“what”) and a particular way to achieve it (the “how”). The objective of this supervision is to solve the therapist needs in two aspects: answer his supervision question and develop his clinical competencies. About the “how” this supervision shows a temporary evolution that has two stages, the first one evaluative and the second one with emphasis in the delivery. It also appears a set of features in this supervision characterized by being focalized in the therapist, contents are co-constructed, is active and directive, with teaching style, careful with the therapist and the patient, and centered in practical guidelines in what to do with the patient. It is concluded that in the preliminary model of supervision emerged supervisor and therapist have a role, being the first one the leader of the encounter of supervision and the second the client of it. This supervisors show competencies like give formative feedback, careful attitude towards the therapist and the patient, give practical tools to use with the patient. As suppositions, emerge in this type of supervision, constructivism, pragmatism, and a optimistic view of the person.

**Poster**  
Psychodynamic

### **Study of a Method of Evaluation of Psychoanalytical Psychotherapeutic Group Process of Children and of Orientation to Adults in charge**

*Nélida Cervone - Facultad de Psicología, Universidad de Buenos Aires, Argentina, Vanina Aguiriano, Valeria Canale, Laura Ramos, Ana Luzzi*

Objectives: to improve a method of evaluation of psychoanalytical psychotherapeutic group process of children and of orientation groups to adults in charge. Different methodological strategies have been made up in previous investigations and in a first stage codes grouped in families and based on the theoretical framework have been built and applied to sessions' records. Qualitative analysis was carried out with the assistance of the Atlas ti software. Method: The first stages of the method's revision are the following: Obtention of codes's frequency applied to the whole sample made up of 96 sessions of 4 children groups and 4 orientation groups for adults in charge. Analysis of the handbook, study of definitions, comparison in codes's application to different sessions and application criteria according to the researchers. Results: the family codes with greater frequency are: Therapist's interventions: 2956 Answer to therapist's intervention: 2060 Manifest subjects: 1751 Types of action: 1107 Types of verbalization: 1046 The analysis points out some disagreements in the application of a same code in different sessions, difficulties in the definitions which relate theoretical corpus and clinical observables; absence of specific codes to categorize phenomena of group clinic. Discussion: The higher frequency of certain families of codes is related to the theoretical clinical framework used. It is considered as an important point to continue with codes purification and to polish definitions including more clinical aspects; to train researchers and to perform new codifications.

**Poster**  
Change

### **How to Qualitatively Account for Patient-Therapist Vocal Patterns?: Work in Progress**

*Diego Chacón - Pontificia Universidad Católica de Chile, Santiago, Alemka Tomicic, Claudio Martínez, Alejandro Reinoso, Marco Guzmán, Susanne Bauer*

Patients and therapists' vocal quality could be one of the key elements to depict psychotherapeutic processes of change. It has been stated that patients and therapists exchange psychological meanings through speech and also through the sound of their voices. Psychotherapists have assigned relevance to their own voice quality as well as that of their patients as a tool for communication and change (Bauer, et al, 2008). Besides, some studies have proved significant effects of the therapist's voice quality on the client's (Wiseman and Rice, 1989, Bady & Lachmann, 1985; Beebe et al., 2000). Nowadays, there is a lack of instruments to qualitatively analyze voice quality in Spanish speaking psychotherapeutic contexts. A work in progress is presented, whose purpose is to generate a coding system of pattern of vocal quality

applicable to psychotherapeutic conversation. The classification developed by Rice and Wagstaff (1967) is employed as a starting point to develop an emergent one, more appropriate for this cultural context. A set of vocal parameters, identified as relevant to describe the patient's and the therapist's vocal quality and the preliminary construction of vocal quality patterns, are presented. The design and the methodology employed to develop this coding system is discussed as well as the scope and projection of an instrument for the auditory assessment of vocal quality patterns within psychotherapeutic conversation.

**Poster**  
Alliance

**The Development of Therapeutic Alliance: Assessing Rupture Events through Different Methods and Perspectives**

*Joana Coutinho - University of Minho, Braga, Portugal, Eugenia Frnandes, Jeremy Safran*

We present a study focused on the development of the therapeutic alliance. The main goal of the study is to compare different ways of evaluate that development, particularly in what concerns the emergence of alliance ruptures. Following the alliance concept proposed by Bordin's (1979), an alliance rupture may be seen as a deterioration in any of the alliance components, that is to say, as a disagreement on the goals and/or tasks of therapy or as a strain in the bond between therapist and client. Thirty five therapeutic dyads participated in the study. At the end of each session, alliance was measured using the WAI (Horvath and Greenberg, 1989) and a quantitative study of its quality was conducted. Attention was paid to fluctuations on the WAI across sessions, indicating the emergence of a rupture episode. Two other methods of rupture identification were used: the direct inquire to the patient and the therapist about their perception of the emergence of a rupture event, in a post-session questionnaire and the use of an observational system of rupture markers in the session. Comparing the results obtained with these three different methods we found that they do not necessarily coincide, that is, the observational system seems to be able to detect the greater number of ruptures. We think these results suggest the observational system can be used by therapists and supervisors, as a reliable way of evaluating the emergence of alliance ruptures, which can lead to therapeutic failure or a dropout when not adequately addressed.

**Poster**  
Disorder

**Subjective meanings and experiences associated to the presence of an eating disorder, from the perspective of those who suffer it.**

*Claudia Cruzat - Universidad del Desarrollo, Santiago, Chile, Carolina Aspillaga, Marcela Rodríguez, Maite Torres, Paulina Araneda, Alejandra Maturana*

Eating disorders are highly prevalent diseases, relatively poor diagnosis and difficulties in their approach. Considering the particular characteristics of these patients and the problems presented in the psychotherapeutic process, is important to understand the meanings and subjective experiences associated to the presence of an eating disorder, from the perspective of those who suffer it. A qualitative approach is used, with an exploratory descriptive and analytical relational design, based on the grounded theory, using a theoretical sampling, where participants are patients at the final stage of treatment or already recovered. 6 interviews in depth have been conducted so far and the sample size is determined by the saturation theory. Preliminary results highlight the perception of chronicity and the feeling of an inability to escape from the disease. However, it refers to feelings of ambivalence in front of the disorder, as though the patients are aware of the damage, they feel empowered towards the control and dominion over their dietary intake. Referring to the salient aspects of the therapy as facilitators and mobilizers of change, highlighting relational aspects, such as the perception of a real concern, the experience of a therapeutic relationship and the perception of availability.

**Poster**  
Disorder

**Antisocial Personality Disorder and associated factors in young: A population-based study**

*Ana Laura Cruzeiro - Universidade Católica de Pelotas, Brazil, Ricardo Azevedo da Silva, Luciano Dias de Mattos Souza, Daniele Campelo Tavares, Liliane Ores, Karen Jansen*

This study purposed to estimate the prevalence and the behavioral factors associated with the Antisocial Personality Disorder in young aged between 18 and 24 years old. A cross-sectional study was carried out with young in Pelotas, RS, Brazil. The adolescents answered a self-administered questionnaire. The Antisocial Personality Disorder was assessed through the M.I.N.I. – Mini International Neuropsychiatric Interview. It was assessed whether this pathology was associated with gender, age, socioeconomic status, young schooling, religion, use of tobacco, alcohol consumption, drug use and depression. The ordinal regression will be used for the statistics analysis with a hierarchic model for the outcome. Results will be presented at the meeting.

**Poster**  
Attachment

**Facing Child Biopsychosocial Risk: Clinical needs for Mental Health early Prevention.**

*Susana Cubillos - Hospital San Jose, unidad de neonatologia, Santiago, Chile, Alejandra Gutierrez*

The Biopsychosocial Development Support Program begins its installation in Chile, standing on evidence of social determinants of early years child development and on infant rights to the best health. An interdisciplinary group, with a mental health team has worked at neonatal unit of a main public hospital under the paradigm of vulnerability and resilience, introducing psychosocial dimension in daily medical practice. Protection and risk factors were studied on families of hospitalized new born providing orientation toward clinical needs thinking in primary prevention. Focus on attachment conditions and reproductive situation shows a high frequency of father presence on deliveries (87%), evidence of structural change in public health system as well as on population mentalities as main protection factors. High rates of women unwanted pregnancy and presence of depression/anxiety disorders suggest need of systemic approach upon romantic love, mother and fatherhood in life project as sensible primary topics for common therapies. Personality disorders claim for facing a cultural “normalization” of violence as a matter of daily prevalent problem. Yet verbal and psychological violence could be undervalued topic for therapists.

**Poster**  
Assessment

**Cross-cultural Adaptation of a Psychological Evaluation Procedure for the Emotional Disorders in Adolescence**

*Geanina Cucu Ciuhan - University of Pitesti, Romania, Alina Vasile*

The poster presents the process of developing a psychological evaluation procedure for the emotional disorders in adolescence. The procedure include: clinical structured interviews, clinical scales assessing aspects of emotional disorders (Beck Anxiety Inventory, Beck Depression Inventory-Revised) and experiential diagnosis techniques. Self-image was a core aspect of personality investigated, a poor self-image being associated with a wide range of emotional disorders. A set of experiential diagnosis techniques assessing aspects of the self-image were created and validated. There were two phases involved: the creation of the experiential diagnostic techniques and the development and validation of the video records check list for the self-image. The created checklist assessed dimensions like: affect display; easiness and willingness to reveal aspects of the self; emotional evaluation of past experiences; attitude towards the future; expressed hope and well-being. The validation of the video records check list for the self-image consisted in the evaluation of its psychometric properties. The checklist was completed on the basis of psychotherapy sessions video records, both at the beginning and at the end of

a six-months therapeutic group process (pre-post test design) conducted with a number of 36 adolescents presenting moderate to high depressive and /or anxiety symptoms. The paper includes the description of the qualitative research instrument and statistical data of its validation.

**Poster  
Change**

**Therapist and client interventions and narrative innovative moments: An exploratory study**

*Carla Cunha - University of Minho & ISMAI, Braga & Maia, Portugal, Eunice Barbosa, João Brito, João Salgado & Miguel M. Gonçalves*

**Aim:** The recent developments around the notion of unique outcomes in psychotherapy (White & Epston, 1990) have lead several researchers to describe how changes in self-experiences happen and are consolidated through psychotherapy, leading to the creation of new self-narratives. Recent studies on the alternative concept of narrative Innovative Moments (i-moments) have demonstrated that the emergence of specific types of i-moments can differentiate between good and poor-outcome psychotherapy (Gonçalves, Matos & Santos, in press). A recent research interest that derives from this global research project is the need to understand how these narrative novelties are promoted through the dyad in the therapeutic conversation. The present exploratory study tries to contribute to this goal by analyzing how specific therapist and client verbal interventions are related to i-moments.**Methods:** Focusing on the classic videos of Carl Rogers, Fritz Perls and Albert Ellis' demonstrations with Gloria (Shostrom, 1965, series Three Approaches to Psychotherapy) we identified the i-moments that emerged in the conversation (using the Innovation Moments Coding System) and categorized the different verbal interventions of each of the therapists and the client Gloria (using the Hill Process Model). Afterwards, a statistical analysis of the correlation between specific therapist and client interventions and the identified i-moments was conducted.**Results:** At this moment, this project is a work-under-progress and the preliminary results will be presented in this poster presentation.**Discussion:** We will discuss the results focusing on the similarities and distinctions between the three therapeutic approaches and their correlation with i-moments.

**Poster  
Change**

**Therapist and client interventions and the promotion of narrative innovative moments in emotion focused therapy: a preliminary study**

*Carla Cunha - University of Minho & ISMAI, Braga & Maia, Portugal, Miguel M. Gonçalves, Lynne Angus, & Leslie Greenberg*

**Abstract:** In a narrative framework, successful psychotherapy tends to promote the emergence and narrative elaboration of unique outcomes (White & Epston, 1990). Focusing on the analysis of unique outcomes in psychotherapy, Gonçalves, Matos and Santos (in press) have been using the alternative concept of Innovative Moments (i-moments) to describe how changes happen and are consolidated through psychotherapy. While latest studies have demonstrated that specific i-moments can differentiate between good and poor-outcome therapy, we assume the need to understand how i-moments emerge and are consolidated in the dyad through the therapeutic conversation. The present exploratory project tries to contribute to this goal by analyzing how specific therapist and client verbal interventions are related to i-moments' emergence and maintenance in emotion focused therapy.**Methods:** We selected six sessions (the first two sessions, two middle sessions and the last two sessions) from a good-outcome case and a poor-outcome case in EFT for depression; we identified the i-moments that emerged (using the Innovation Moments Coding System) and categorized the different verbal interventions of the therapist and client in these sessions (using the Hill Process Model). Afterwards, a statistical analysis of the correlation between specific therapist and client interventions

and the i-moments was conducted. Results: At this moment, this project is a work-under-progress and the preliminary results will be presented in this poster presentation. Discussion: We will discuss the results focusing on the similarities and distinctions between the three therapeutic approaches and their correlation with i-moments.

**Poster**  
Alliance

**The therapist's attunement during the first session: A clinical research on 20 cases using the David Liberman algorithm (DLA)**

*Irene Cusien - APA, Buenos Aires, Argentina, David Maldavsky*

Goal: to research the combination of patient's defenses and achievements and failures of the therapists' attempt to achieve attunement. Sample: the first session of 20 patients with their therapists. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses (and their state) in the patient's and therapist's discourse. Procedure: 1) analysis of the patient's drives and defenses during the session, 2) analysis of the therapist's prototypical interventions: 1. establishing contact and collecting information, 2. attuning with the patient, 3. establishing links, generalizations, inferences. Outcomes: 1) to connect the therapist's difficulties to tune in with the patient and the type of the patient's defense and mainly its state). 2) to investigate the functional or pathogenic defenses determining the therapist's activity.

**Poster**  
Psychodynamic

**Focus in psychotherapy: Characteristics and Trajectories through therapeutic process.**

*Paula Dagnino - Pontificia Universidad Catolica de Chile, Santiago, Andrea Jaramillo, Guillermo de la Parra*

Contemporary therapists have been called to deliver treatments with higher levels of effectiveness and briefness. To fulfil these demand, brief psychodynamic psychotherapy practice has emphasize the importance of establishing a psychodynamic specific focus for the treatment (Scaturo, 2002). The "Operationalized Psychodynamic Diagnosis" (OPD) (OPD Task-Force, 2001) arises allowing for an initial dynamic formulation and to focalize in the dysfunctional relational pattern, internal conflicts and structural vulnerabilities. From empirical studies, psychotherapeutic processes seem to have an irregular trajectory, with advances and backward movements. This has been demonstrated especially in studies that use the assimilation model of Stiles (Stiles, et al, 1990). Aim: Determine foci in a therapeutic process, and its level of integration in change episodes, establishing relations with therapeutic results (measured through the Generic Change Indicators, GChI, Krause et al., 2007) in one psychotherapeutic process. Method: A descriptive design will be used. Results: The different foci and the way they appear during the process will be shown, although the level of integration of them by the patient showing an irregular pattern but with a progressive increase. Some relationships between characteristics of this dimensions and the hierarchical level of Change Indicators are expected. Discussion: Observing the process results to be a contribution for the training of therapists and the better understanding of how psychotherapies develop.

**Poster**  
Depression

**Depression: prevalence and associated factors in young people from 18 to 24 years in the urban area of Pelotas, RS – a population based study**

*Luciano Dias de Mattos Souza - Universidade Católica de Pelotas, Brazil, Karen Jansen, Liliane Ores, Rosângela Lima, Ricardo T Pinheiro, Ricardo A Silva*

Introduction: Depression is characterized by loss of sense of control and a subjective experience of great suffering and can be observed loss of energy and interest, depressed mood and decrease the desire to

perform tasks that brought pleasure before. Literature shows that depression in adolescence may be related to academic problems, sexual problems of order, substance abuse, disorders of conduct, of anxiety disorders, attention deficit, among others. Aim: To assess the prevalence and associated factors with depression in young people from 18 to 24 years living in the urban area of Pelotas-RS. Method: The study was a cross-sectional study, which is part of an extensive survey that assessed "Health Behavior in young people from 18 to 24 years, living in the urban area of Pelotas-RS". In this population based study, sample selection was done by conglomerates, for the study covering a larger number of sectors, young people identified with a leap of two homes between 97 randomly selected sectors. Participants who had scores more than 11 points in the Beck Depression Inventory (BDI) were considered as depressive. Results: Of the 758 youths included so far, 59.6% were female, 53.8% were not studying, and 50.8% owned by socioeconomic classification C. The prevalence of depression was 18.8%. In bivariate analysis, depression is linked to females ( $p = 0000$ ), have lower socioeconomic status as classification ( $p = 0000$ ) and have separated parents ( $p = 0005$ ). Conclusion: The depression has a high prevalence among young people. Social and cultural issues as gender, social condition and family composition might interfere in depressive symptoms.

**Poster**  
Attachment

**Influence of emotional valence and rumination on attachment-related psychophysiological stress reaction**

*Johannes C. Ehrenthal - University of Heidelberg, Germany, Sarah Frank, Maria Irgang, Maria Zöckler, Henning Schauenburg*

Aim: In recent years, the focus on attachment for understanding stress reaction has stimulated an increasing body of research. Results on psychophysiological measures from psychosomatic medicine, social, and clinical psychology confirm its general relevance for stress regulation. However, as methods and experimental paradigms differ widely, the influence of attachment on different aspects of up- and down-regulation of stress, such as emotional valence or rumination, remains poorly understood. On the other hand, these areas might be of special interest for research in psychosomatic medicine and psychotherapy. Methods: In two independent samples, psychophysiological reaction (ECG, ICG) to an attachment-related short-term stressor ('separation recall', SR) is continuously monitored in healthy volunteers using a standardised design of baseline – SR – rest, each phase lasting five minutes. In study 1, emotional valence of the SR is experimentally manipulated, in study 2 the ability to ruminate about the stressor. Phase-specific mean values of the groups (valence high vs. low, rumination high vs. low) are compared, as well as the influence of attachment, rumination and self-disclosure as measured by self-report. Results and conclusions: The results will be discussed against a background of an integrative multi-level model of attachment-related stress regulation. Experimental research in this area might broaden our understanding of specific pathological aspects of insecure attachment for psychosomatic medicine and psychotherapy.

**Poster**  
Therapist

**Studying the link between psychotherapeutic interventions and their rationale in non-manualized-treatments for patients with Generalized-Anxiety-Disorder (TAG).**

*Ignacio Etchebarne - Universidad de Belgrano, Buenos Aires, Argentina, Alejandra Birger, Gabriel Genise, Andrés Roussos*

The following poster presents the results of a pilot study focused on exploring the link between psychotherapeutic interventions and their rationale, in cognitive-behavioral and psychoanalytic non-manualized-treatments, for patients presenting a Generalized-Anxiety-Disorder (TAG). For the data

recollection, audio recordings of 4 therapeutic sessions were made and semi directed interviews were conducted with the treating psychotherapists (2 cognitive-behavioral and 2 psychoanalytic). Psychotherapeutic interventions were analyzed with the Multidimensional Classification of Psychotherapeutic Interventions (MCPI) designed by Roussos et al. (2003; 2006; & 2008). The therapists' rationales, were grouped in different categories through content analysis techniques. Qualitative and quantitative analysis were performed to study the relationship between these factors. Research questions: How do therapists explain or justify their clinical interventions within naturalistic settings? Do therapists implement similar interventions within different rationales? Do therapists implement different interventions within similar rationales? Is the link between psychotherapeutic interventions and their rationale different in treatments for TAG, conducted by therapists adherent to the same theoretical framework? Is the link between psychotherapeutic interventions and their rationale similar in treatments for TAG, conducted by therapists adherent to different theoretical frameworks?

**Poster**  
Prevention

**The Baby Signs Program: Applications in Child Care Settings across Cultures**

*Chamarrita Farkas - Pontificia Universidad Catolica de Chile, Santiago, Claire Vallotton (USA)*

The Baby Signs Program had been developed and implemented with normally hearing children for two decades and consist in the systematic use of symbolic gestures to promote communication between preverbal children and their caregivers (parents, educators), offering the infants an alternative form of communication until verbal language is possible. This Program is understood like a clinical primary intervention, considering that this intervention promote a better mental health for the caregivers and a better development for the children. In this line, several studies have shown its benefits to the caregiver-child relationship, and children's cognitive, linguistic and socio-emotional development. This Program began in United States and has been generalized in many countries, applied with parent-infant dyads or childcare settings, with families from different socio-economical levels, including high social risk families. Research from both the United States and Chile presents interesting results about the program's adaptations, considering differences in settings and cultures, and the benefits to children and caregivers. This poster will focus on the applications of the Baby Signs Program in childcare settings. Include presentations from both countries, which together will provide: (a) Cultural context of the childcare settings; (b) How the interventions were implemented to be sensitive to cultural context; (c) How Baby Signs were used in the classrooms by children and by caregivers; and (d) The benefits to children, caregivers (self efficacy, stress related with the care, children perception) and the caregiver-child relationship (early interactions). Discussion will focus on the program applications, cultural and social aspects, and the implications of its benefits.

**Poster**  
Alliance

**The Therapeutic Alliance as moment to moment participant's actions coordination: A comparative analysis between dropout and continuing cases**

*Eugenia Fernandes - University of Minho, Braga, R union, Ana Luisa Azevedo*

Psychotherapy research findings consistently have demonstrated the quality of the alliance as a strong predictor of therapy outcomes (e.g. Horvath & Bedi, 2002) and the early alliance has been considered a better predictor of outcome, when compared with it's evaluation in other moments in psychotherapy. Studies focused on terminations in psychotherapy have suggested the importance of the alliance for client's decisions regarding continuation of therapy. Recently the challenge for researchers on alliance has been reconsidered, orienting them to focus on the specification of therapists and clients actions that promote and maintain the alliance. Based on the conceptualization of the alliance as collaboration we designed a research project which the main goal is to understand the alliance moment to moment, in the

first phase of therapy (3/4th sessions), and to analyse the relation between participant's collaboration and client's continuation in therapy. In this project we defined therapeutic collaboration as clients and therapists actions coordination (Gergen, 2006). We selected two indicators for set this action coordination: client's verbal expressions of familiarity or of novelty. In this poster we will present the results from the pilot study. Ten therapeutic dyads, five continuing cases and five dropouts, participated in the pilot study. The first session was videotaped and transcribed. The alliance was measured using the WAI (Horvath and Greenberg, 1989). A conversation analysis is in course. We will discuss the results, looking at the alliance in a moment to moment and in a session levels, and looking at the continuation in therapy.

**Poster**  
Attachment

**Profiles of attachment in dyads mother - daughter with anorexia**

*Karolina Fernandez - Universidad del Desarrollo, Santiago, Chile, Andrea Tschauer, Claudio Martínez Guzmán, & Ivan Armijo*

In the last years eating disorders have received an increasing attention as a mental pathology that had has a significant growing in the epidemiological representation in the world (Hoek and Wijbrand, 2006). In its origin, it is a multifactorial pathology in which there come together cultural, social and psychological factors. From the latter perspective, there are antecedents that highlight conflicts in the early relationship as an important source of its etiopathogenic. In a particular way, the literature has emphasized a problematic mother and daughter relationship during the patients' infancy (Favaro, Tonconi, and Santonastoso, 2006). This study takes the Attachment Theory as a theoretical frame to evaluate the profiles of attachment of a group of patients with anorexia nervosa and its respective mothers. The Adult Attachment Prototype Rating (AAPR) (Strauss & Lobo-Drost, 2001; Martínez and Nuñez, 2007), was applied to a sample of 10 dyads mother - daughter with anorexia in order to identify the association between mothers and daughter's profiles. We present the preliminary results of this evaluation and the findings are discussed from the perspective of the attachment theory, since also of the current literature about the genesis of anorexia as an eating disorder. In addition, the implications of these results for the psychotherapeutic treatment of this type of patients are pointed out.

**Poster**  
Depression

**A comparative study of psychotherapeutic and psychoeducation interventions in Santiago de Chile.**

*Ramon Florenzano - Universidad del Desarrollo, Santiago, Chile, Pamela Leiva, Martín Casassus, Josefina Reynal, Ernesto Alvarez, Paola Mazuera*

Depressive symptoms and self-inflicted lesions are growing among young people globally. In Chile this increase has been documented and led the Ministry of Health to foster public health programs aimed to diagnose and treat affective disorders. In this study a battery of measures was administered to adolescents presenting to a Psychiatric Service of a teaching hospital in Metropolitan Santiago de Chile: the Outcome Questionnaire (OQ 45.2) as validated in Chile by Von Bergen and De la Parra and the WHO SUPREMISS in Spanish. Suicidal behaviors and characteristics are described and changes are compared between a group receiving brief cognitive therapy and another psychoeducational group. Fourteen patients attempted suicide in an impulsive fashion, and nine warned about their plans. The socio-demographic characteristics of the 33 cases were similar for both groups; median age was 19.3 (SD 3.35). With regards to mean scores in the first measurement (M1), there were no significant differences between the mean changes of the psychoeducational and the psychotherapy group. Reliable Change Index (RCI) was higher in the psychotherapy group though they also presented higher attrition rates than the psychoeducational group.

**Poster**  
Development

**The First Behaviors of Affect Attunement, and their Role in Infant Development**

*Jose Agustin Flores Caceres - UCES Universidad de Ciencias Empresariales y Sociales, Mendoza, Argentina*

Aim: The present study aims to determine the temporal emergence of affect attunement in infants, and a deeper understanding of analogy, the basis of attunement (Stern, 1985). The working hypothesis is that affect attunement begins between two and eight months of life. This starting date of two months matches the position of Colwin Trevarthem (Trevarthem, 1979), and the completion before the date classically fixed by Daniel Stern (Stern 1985). From an evolutionary perspective, interactions in the parental dyad can create interactive behavior patterns and thus contribute to early detection of diseases in the developing infant, which makes it an important tool for psychotherapy in early childhood. Methods: We propose an observational methodology of the dyad. Results: Preliminary estimates suggest that there are affect attunement behaviors in the infants' first months of life. Discussion: To the extent that progress in the first investigations is successful, the results may be suitable for determining the timing of the temporal emergence of affect attunement and further our understanding of analogical processes.

**Poster**  
Alliance

**Weakening of the therapeutic relationship: An investigation process in psychotherapy (work in progress)**

*Pablo Fossa - Universidad del Desarrollo, Santiago, Chile, María Elisa Molina*

This research project is the area of knowledge clinical psychology, specifically, the field of psychotherapy. As a central objective is intended to explore and describe the moments of weakening of the therapeutic relationship that occurs in the dialogic interaction between patient and therapist from the sequences of meanings built there. History will be presented to substantiate the significance of the therapeutic relationship in psychotherapy, as well as background to show that what matters is the resolution of a break to tie the success of the psychotherapeutic process. On the other hand, the approach of the weakening of the therapeutic relationship from different theoretical models in psychotherapy. This study used a qualitative methodology based on a micro-genetic model of the mind, in which one seeks to explore the meanings constructed in dialogic interaction during the immediacy of subjective experience between therapist and patient. To be tested extracts of the psychotherapeutic dialogue, so as to describe the meanings involved in moments of weakening the therapeutic relationship. Results will be presented to describe how they are deployed the therapeutic relationship between patient and therapist. In addition, it is intended to characterize the moments of weakening of the therapeutic relationship, and identify the meanings constructed in interaction at the time when the bond is weakened. Finally, we will discuss the results and the value that they have in the field of psychotherapy.

**Poster**  
Change

**Network meta-analysis on the comparative efficacy of individual psychotherapies for PTSD**

*Heike Gerger - Institute of Social and Preventive Medicine, Bern, Switzerland, Raphaela Zurkinden, Peter Jüni, Thomas Munder & Jürgen Barth*

Background: Meta-analyses investigating the comparative efficacy of different psychotherapies for PTSD have yielded inconsistent results. Based on treatment vs. treatment and treatment vs. control group comparisons Bisson et al. (2007) and Van Etten and Taylor (1998) found EMDR to be more efficacious than other psychotherapies. By contrast, using only direct comparisons of different psychotherapies Benish, Imel and Wampold (2008) did not replicate this finding and concluded equal effects. Aim: The

present study aims at reanalysing the primary studies of these three meta-analyses using a novel method in order to come to more precise estimations. Methods: Meta-analyses on the comparative efficacy of psychotherapies are usually restricted to direct comparisons in order to avoid confounding by study characteristics. The network meta-analytic approach takes into account more information by integrating evidence from direct within-study and indirect across-study comparisons of psychotherapies. Out of the 70 Studies analyzed in the three meta-analysis 35 met the inclusion criteria for the present study. On this basis effect sizes are extracted and analysed in STATA and WinBUGS. Results: The use of the novel approach of network meta-analysis provides an extended summary of the available evidence regarding the comparative efficacy of psychotherapy for PTSD. Integrating direct as well as indirect comparisons in the case of EMDR and CBT increases the number of available comparisons from 7 to 17 in the present study. Results regarding comparative efficacy are presented. Discussion: The utility of integrating indirect and direct comparisons with regard to assessing relative efficacy of psychotherapy for PTSD is discussed.

## Poster

Depression

### **Depression and correlates during pregnancy, Brazil**

*Inácia Gomes da Silva Moraes - Universidade Católica de Pelotas, Brazil, Luana Barbosa, Renata Amaro, Etiane Mendes, Giovanna da Silva; Karen Jansen, Jean Osés; Elaine Tomasi; Luciana Quevedo, Liliane Ores, Luis Motta; Mariane Lopes; Juliane Ribeiro; Taiane Cardoso; Luciano Souza, Ricardo Silva, Ricardo Pinheiro*

Objective: To estimate the prevalence of depression and correlates in the pregnant taken care of for the public services of health in the city of Pelotas, RS, Brazil. Design, setting and participants: This is a cross-sectional study, and it focuses on pregnant population assisted in the highest demand public service in the one city of Brazil. In order to verify the screening of depression it was used the Edinburgh Postnatal Depression Scale (EPDS - 13). Main results: In a sample composed by 1264 pregnant women between 12 and 46 years old, 21.1% were diagnosed with EPDS 13 depressive disorder during pregnancy (n=255). In the multivariate analyzes, the presence of depression was associated to be older ( $p=0.002$ ), to have lower schooling ( $p=0.000$ ), not to be married or to live with a partner ( $p=0.000$ ), not to be in the first pregnancy ( $p=0.016$ ), to plan the pregnancy ( $p=0.003$ ), to have thought in abortion ( $p=0.000$ ), to be in therapy with psychology or psychiatric ( $p=0.000$ ), to smoke ( $p=0.000$ ), and to consume alcohol during pregnancy ( $p=0.021$ ), as well as to have suffered any stress events ( $p=0.000$ ). Conclusions: Pregnant taken care of for the public system of health in Brazil presents a high prevalence of depression. Psychiatric history, absence of support, and stressors events presence increase the probability of gestational depression.

## Poster

Depression

### **Depression, Anxiety and Minor Psychiatric Disorders in teenagers pregnant attending in primary care in Pelotas – Southern Brazil**

*Inácia Gomes da Silva Moraes - Universidade Católica de Pelotas, Brazil, Ricardo Silva, Luciano Souza, Karen Jansen, Liliane Ores, Luciana Quevedo, Mariana Matos; Taiane Cardoso; Juliane Ribeiro; Giovanna da Silva; Russélia Godoy, Mariane Lopes, Luana Barbosa; Alessandra Rodrigues; Ricardo Pinheiro*

Introduction: Adolescence is a time of physical and emotional changes. When the pregnancy occurs during adolescence is the potential problem. The situation of poverty is add to a lack of emotional structure of the young pregnant, who often do not have the support of the father of the child or of her family itself. In Brazil, the fertility rates in this age group have been growing in recent years, especially in the poorest. Aim: To assess the prevalence of depression, anxiety and minor psychiatric disorders in

pregnant teenagers. Method: In a cross-sectional study, pregnant women (under 18 years) were interviewed in the main clinics of the National Health System (SUS) from the city of Pelotas-RS. The instruments used for evaluated main constructs were HAD (Hospital Anxiety and Depression Scale) and SRQ-20 (Self Report Questionnaire). Results: At the moment, a total of 135 adolescents have been interviewed and its data analyzed. The age of the participants ranged from 12 to 18 years, with an average 16.67 years, 54.8% of pregnant teenagers did not complete primary school, 53.3% are married or living with a partner, and 80.7% never have psychological or psychiatric treatment. In this sample, the prevalence of anxiety symptoms was 30.4%, depression was 21.5% and 44.7% have some indication of minor psychiatric disorder. Conclusion: The symptoms of anxiety, depression and minor psychiatric disorders have high prevalence in pregnant teenagers. Specific treatments must to contemplate mental health in pregnant youths.

**Poster**  
Depression

### **Narrative Therapy: An efficacious treatment for depression?**

*Miguel Gonçalves - Centro de Investigação em Psicologia - CIPsi, Braga, Portugal, Tiago Bento Ferreira, Rodrigo Teixeira Lopes, João Salgado*

This poster presents the first preliminary data of a research project on the efficacy and the processes of change in narrative psychotherapy for depression currently being conducted at University of Minho, Portugal. Re-Authoring Narrative Psychotherapy (RNP) is a psychotherapeutic approach based on the notion that people tell stories in order to define themselves and give meaning to their experiences and life events. Psychopathology is viewed as a problem-saturated way of telling those life stories. The purpose of psychotherapy should be to help people to shape new identities and to tell those stories in a richer and different way. Although well described by clinicians, no clinical trials with this psychotherapeutic approach are found within literature, as far as we know. On the other hand, Cognitive-Behavior Therapy is the most established psychological treatment for depression so far. Thus, the specific purpose of this poster is to present the outcome data from a clinical trial, which compared manualized RNP with CBT for depression. 40 clients diagnosed with Major Depression Disorder were randomly assigned to both experimental conditions. Two therapists took part in this study. To minimize the effects of therapist variables, they received training and saw clients in both treatments. Adherence to manuals was assured by weekly supervision. The preliminary comparative results between these two models will be presented.

**Poster**  
Supervision

### **“I Feel Stupid and Contagious:” Quantitatively Based Methods of Assessing Student Competence and Adherence to Theoretical Orientation in Clinical Supervision and the Clinical Curriculum**

*Geoff Goodman - Long Island University, Brookville, USA*

Clinical supervision can harness the power of quantitatively based methods to assess the competence of supervisees. These methods could provide an objective assessment of 1) the extent of the supervisee's knowledge base of technique, 2) the appropriateness of the supervisee's typical interventions given the patient's presentation, and 3) the supervisee's improvements over time—regarding growth of knowledge as well as increased specificity of interventions in response to the patient's verbal and nonverbal behaviors. The Psychotherapy Process Q-Set (PQS; Jones, 2000) and Child Psychotherapy Process Q-Set (CPQ; Schneider, 2004; Schneider & Jones, 2004; Schneider, Pruetzel-Thomas, & Midgley, in press) are two powerful and easy-to-use 100-item instruments that help therapists and researchers quantify auditory or auditory/visual observations of the psychotherapy process. In this poster presentation, I report data from these two instruments in two different contexts. First, I applied the PQS and CPQ to psychodynamic clinical supervision with four clinical psychology doctoral students. Specific

transference-countertransference paradigms were identified by examining the Q-sort profiles of the students' sessions. Awareness of these paradigms produced positive changes in students' interventions, and, in turn, increased awareness in the patient. Second, I applied the PQS and CPQ to the work of third-year doctoral students enrolled in a course designed to help them prepare a psychotherapy case for presentation to a review panel. I used the PQS and CPQ to test students' knowledge of their preferred theoretical orientation and to assess their adherence to this theoretical orientation in a sample psychotherapy session.

## **Poster**

Psychodynamic

### **Processes of Therapeutic Change in Transference Focused Psychotherapy**

*Geoff Goodman - Long Island University, Brookville, USA*

In this poster presentation, I highlight results from two related studies using the Psychotherapy Process Q-Set (PQS; Jones, 2000), a 100-item instrument that assesses psychotherapy process. In the first study, a group of three expert raters in transference-focused psychotherapy (TFP; Clarkin, Yeomans, & Kernberg, 2006) process arranged the 100 PQS items to characterize an ideally conducted TFP session, while a group of three expert raters in dialectical behavior therapy (DBT; Linehan, 1993) process also arranged these same items to characterize an ideally conducted DBT session. The resulting prototypical TFP and DBT Q-sorts were compared to each other. In the second study, my doctoral students and I used the PQS to code 127 sessions of five psychiatric inpatients diagnosed with borderline personality disorder (BPD) who participated in approximately six months of three-times-per-week naturalistic TFP. I measured weekly symptom outcome using the Symptom Checklist-90—Revised (SCL-90-R; Derogatis, 1983). These 127 Q-sorts were correlated with outcome data and prototypical Q-sorts (i.e., PDT, CBT, IPT, TFP, and DBT). Conclusions: 1) TFP process was similar but not identical to psychodynamic therapy process; 2) DBT process was similar but not identical to CBT process and PDT process; 3) four interaction structures were identified; 4) each BPD treatment reflected a unique constellation of interaction structures; 5) TFP therapists were more adherent to CBT than to TFP; 6) TFP therapists differed in their adherence to TFP; and 7) therapists adjusted their technical approaches "on the fly" to facilitate symptom reduction.

## **Poster**

Narrative

### **Grief in abortion: Subjective construction of the spontaneous abortion and the induced one.**

*Marina Gual - Ramon Llull University, Barcelona, Spain, Meritxell Pacheco*

Aim: Departing from a constructivist standpoint, we pretend to qualitatively analyze the subjective construction of abortion attributed by women who experienced it. We pretend to compare the meaning attributed to abortion in the case of spontaneous abortion and in the case of the induced one. We are going to depart from the results of our research in order to elaborate implications for psychotherapy with women who experienced abortion. Method: Participants are eight single cases. Four of them are women who experienced spontaneous abortion and the other four are women who decided to abort. We work with a transcript of an interview with each of the women. The interview has been designed to include the cognitive, emotional and physical consequences of abortion, in order to fully explore the subjective construction of this experience. The transcripts will be analyzed by means of Grounded Theory Method (Glaser & Strauss, 1967), and the results will be arranged as a concept tree. Results: The results will be commented with reference to the preexistent theory about abortion, and will be used to suggest strategies or interventions for psychotherapy with women who experience abortion.

**Poster**  
Alliance

**An Examination of Therapist Cultural Competence in a Primary Care Motivational Interviewing Intervention for Substance Use Disorders**

*Liza Guequierre - University of Wisconsin, Madison, USA, Bruce E. Wampold, Richard L. Brown, Dan Bolt*

Therapist cultural competence is a therapist effect that needs to be examined further in alliance-outcome research. The purpose of the proposed study is to empirically estimate therapist cultural competence in a SAMSHA-funded intervention with a primary care population with substance use disorders. The patient-rated WAI will be given early in treatment, and demographic and cultural measures will be given to therapists (N=24) and patients. Multilevel models take into account the hierarchical structure of therapy data and will be used to separate out multiple sources of variability in the alliance and specifically examine therapist effects. It is predicted that there will be significant treatment outcome variability among therapists in cross-cultural interactions, and we will next examine whether the working alliance predicts the therapist ethnicity effect. We will define cultural competence as the achievement of positive outcomes with patients from different cultural backgrounds than the therapist. We hypothesize that the ability of therapists to form a strong working alliance, specifically the ability of therapists to negotiate the culturally appropriate tasks of treatment, is what will account for therapist cultural competence, which will thus be associated with therapeutic outcome. Preliminary results are expected at the time of conference and are expected to be of great relevance in advancing our ability to provide culturally competent and effective interventions for substance abuse in primary care patients. The study has the potential for answering the general psychotherapy question of the role of alliance in cultural competence and outcome.

**Poster**  
Change

**A study of the Effect of Solution- Focused Brief Counseling on low self-esteem clients in Taiwan**

*Hui-Chun Hsieh - National Chi Nan University, Nantou, Taiwan, Wen Hsiao, Shu-Hsien Huang*

The purpose of this study was to explore the effect of solution- focused brief counseling (SFBC) on low-esteem clients in Taiwan. The study is based on three clients who accept SFBC and adopts qualitative research approach. After scrutinizing the verbatim counseling transcript, the major findings were as follow 1. The clients identified the important events in counseling process. The clients of the counseling identified the important events which were provision of personal meaning, description and exploration of feeling, emergence of significant material, expression of insight-understanding, expression of strong feeling toward the therapist, expression of strong extra-therapy feelings, expression of new ways of being or behaving, and learning about therapeutic process. 2. SFBC elicited the important events. The timing and goal of using "positive starting" and "exception" was to elicit "provision of personal meaning". The timing and goal of using "positive starting", "exception", and "hypothetical solution" was to induce "emergence of significant material". The timing and goal of using "hypothetical solution", "cheerleading", "scale question", "reframing" and "externalizing the problem" was to elicit "expression of new ways of being or behaving". The timing and goal of using "exception", "hypothetical solution", "coping question", "reframing" and "positive feedback" was to elicit "learning about therapeutic process". The timing and goal of using "goal setting", "exception", "coping question", "reframing" and "positive feedback" was to elicit "expression of insight-understanding". The timing and goal of using "hypothetical solution" was to induce "expression of strong extra-therapy feelings". The timing and goal of using "cheerleading", "coping question", and "externalizing the problem" was to elicit "description and exploration of feeling". 3. The important events induced the promotion of clients' self-esteem. The important events contributed to a) Expanding their self-knowledge b) A more objective view of the surroundings c) Knowing events with positive attribution d) Positive feelings about themselves e) Being conscious of their own value and significance f) Experiencing their powerfulness g) Expressing their

opinions h) Making decision or taking action for themselves i) Expressing their true feelings j) An ability to stave demands. Meanwhile, the research also showed that the emergence of the clients' self-esteem was attributed to the 11 important events Discussion is based on the above results of the study and that provides suggestions for counselors and post-researchers.

**Poster**  
Family

**A study of resilience effects on parents adaptations with autism children**

*Shu-Hsien Huang - National Chi Nan University, Nantou, Taiwan, Wen Hsiao, Hui-Chun Hsieh*

The purpose of this research is to understand how the parents reaction with autistic children when they first found their children have autism, explore their resilience while they are in the process of adaptation, and how the resilience affects the parents adjusting to this situation. By using depth interview method of qualitative research, important informations based on four parent-interviewees are collected and carefully analyzed. Research results are not just revealing the four respective interviewees' resilience and how it affects the adaptation process, but also the differences and similarities of them put into order. Findings are as follows: First, when the parents first find out their children have autism, both positive and negative responses usually occurred. Negative responses include feeling worried, nervous, hesitant, shock, confused, angry, anxious, depressed, lost, avoidant and other similar emotions were found. Positive responses such as maintaining a normal attitude, seeking for help and planning ahead were included. Second, resilient factors of the parents with autistic children include fully accepted, optimism, self-encouragement, seeking resources, active communications, cherishing the present, rationalism, stress-resistance, insistence, appreciation, empathy, social support and religious belief. These resilient factors can help parents to maintain and obtain a well adaptation. The last, resilient factors can also help the parents with autistic children to generate more mood stabilization and less delinquency, cease to worry, respect and toleration, and become more responsible, positive attitude and life growth, and so on. Based on the results mentioned and discussed above, researchers can provide a certain amount of suggestions to people such as the parents with autistic children, professional counselors and future researchers who are in need of such information as reference.

**Poster**  
Therapist

**Therapeutic Practice Positions and Associated Variable Affecting Therapist Disclosure to their Clients.**

*Alfred Hurst - Hackney Social Services, London, UK*

This poster reflects research submitted for the degree of Doctor of Systemic Psychotherapy (D.Sys.Psych) at the Tavistock Clinic London and University of East London. It used grounded theory analysis as its methodology. It enquired into the circumstances as to when it is appropriate for systemic therapists to use self-disclosure to their clients. It has wider implications for therapy in general. A range in the readiness to self-disclose was found amongst the research participants. This poster shows the 'self-disclosure framework' which identifies the place of variables that inform the therapist of their options in their use of self-disclosure. The literature generally does not differentiate between the use of self-disclosure in different clinical scenarios. The research identified a culture in therapy that often encourages caution in using therapist self-disclosure that has its origins in a number of areas including being overly influenced by Freudian thought. The poster shows 3 distinct ways of being a therapist which help to determine the type of therapeutic inventions that are appropriate to be used or not. Three therapist positions influence the different self-disclosure types that have been identified in the research. Other variables, in relation to self-disclosure in therapy, are also shown. The presenter currently is a clinical supervisor in a Social Services Department and the London-wide Westminster Drugs Project. He is also the family therapist at the drugs treatment agency the Core Trust and the LGBT organization PACE

**Poster**  
Change

and as well as running therapeutic groups for gay and HIV+ men in UK & US.

**The Observation of Clinical Facts as Precursors of Psychic Change in Psychoanalytic Psychotherapy**

*Rogelio Isla - Instituto Psiquiátrico "Dr. José Horwitz Barak", Santiago, Chile*

Our aim here is to describe, with the aid of a naturalistic method, a way of investigating on a specific experience. This is the emergence of a clinical fact from a psychoanalytic point of view. This is defined as a moment that is ostensible in every patient-therapist interchange that sets the ground for a new meaning of the patient's subjective experience through the reformulation in a metonymic way of his discourse. This means that the focus of the observation is on the structure of the discourse not his content, (metaphoric). A definition and differentiation between meaning and signification is needed. The first in relation with an unconscious position and the second with an imaginary and conscious construction about the self. The observation is made upon sequences of a once a week psychoanalytic psychotherapy. All 112 sessions are video registered. The selected sequences pretend to show the emergence of a clinical fact as a precursor of psychic change. A new way of association and discourse construction is observed in the patient following the emergence of these selected moments in psychotherapy.

**Poster**  
Training

**Teaching Psychotherapy in Medical school: Bridging the gap between psychotherapy and medical training**

*Elisabeth Jandl-Jager - University Clinic for Psychoanalysis and Psychotherapy, Medical University Vienna, Austria, Stefan Herzog, Henriette Löffler-Stastka*

Objective: The aim of the study was to evaluate and analyse the implementation of teaching psychotherapy in the curriculum of the medical school of Vienna University and to analyse the problems of reaching the objectives of the course. Previous studies showed that the medical curriculum with just two exceptions is not geared towards a psychological or psychotherapeutic understanding of diseases and that the students were dissatisfied with the courses. The medical curriculum intends to teach basic medical understanding in knowledge, skills and attitudes for further training as general practitioner as well as specialist. Methods: The students are encouraged to evaluate online after the end of the course. The data from this online evaluation is available to the teachers. A further evaluation has taken place in which 524 students (2 consecutive years) have participated focusing on attitudes to psychotherapy and connected connotations and associations. This study has used the semantic differential technique to give better insight into the attitudes. Finally a third study using the focus group approach (before and after the course) and one focus group of students who had gone through the course a year earlier were analysed with the help of grounded theory to find new aspects and hypotheses. Results: It can be shown that the expectations of most students at the beginning of the course are high; at the end many feel frustrated. The fact that psychotherapy as much as other areas of medicine uses specific terminology, operates with complex theories and requires self reflection leads to frustration. Possibilities of improving the teaching under these circumstances are discussed.

**Poster**  
Disorder

**Bipolar disorder: neurochemical and psychosocial factors. A methodological proposal**

*Karen Jansen - Universidade Católica de Pelotas - Programa de Pós-Graduação em Saúde e Comportamento, Pelotas, RS, Brazil, Jean Pierre Oses, Luis Souza Motta, Ricardo Tavares Pinheiro, Pedro Vieira da Silva Magalhães, Ricardo Azevedo da Silva*

Introduction: The Bipolar disorder (BD) is a serious mental disorder, recurrent and occasionally chronic,

characterized by periods of mania (euphoria) and depression. The diagnostic categories proposed through DSM-IV are two or more episodes in that mood and activity levels are severely disturbed. Objectives: To evaluate neurochemical and psychosocial factors of bipolar disorder in a population-based study in young adults between 18 and 24 years old, living in the urban area of Pelotas (RS) city. Methods: A cross-sectional population-based study whose probabilistic sample is with young adults between 18 and 24 years old identified in their homes in the urban area of Pelotas-RS; and whom were assorted in multiple stages. In a first phase, they were interviewed through a structured-interview MINI to track mood disorders. In a second phase, this diagnostic will be confirmed by a psychologist or a psychiatrist as a gold standard for it. And finally, in a third phase, it will be taken a blood sample to evaluate neurochemistry factors correlated in this pathology. Conclusion: The evaluation of the childhood trauma, the comorbidity and biochemical changes in a population sample will allow a more refined understanding of the genetic and neurobiological changes in consequences of this disease in a pioneering way.

**Poster**  
Disorder

**Bipolar Disorder: Prevalence, correlates and comorbity in young: Population-based study**

*Karen Jansen - Universidade Católica de Pelotas - Programa de Pós-Graduação em Saúde e Comportamento, Pelotas, RS, Brazil, Liliane da Costa Ores, Jean Pierre Oses, Luciano Dias Mattos Souza, Ricardo Tavares Pinheiro, Rosangela Lima, Ricardo Azevedo da Silva*

Introduction: The epidemiology of bipolar disorder (BD) has been better delimited in the last few years, and technologies of cross-sectional each time more sophisticated has been favoring a better problem view. The BD is a serious mental disorder, recurrent and occasionally chronic, characterized by periods of mania (euphoria) and depression. The diagnostic categories proposed through DSM-IV are two or more episodes in that mood and activity levels are severely disturbed. Objective: To evaluate the prevalence correlates and comorbity of BD in this subtypes I and II, in a population-based study in young adults between 18 and 24 years old, living in the urban area of Pelotas (RS) city. Methods: Cross-sectional population-based study whose probabilistic sample is with young adults, inserted in a major study which evaluates "Comportamentos de Saúde em jovens de 18 a 24 anos, residentes na zona urbana de Pelotas-RS". The sample selection has been made by multiple stages, in accordance with the data of the tax division of IBGE. For evaluate BD, as well as, comorbity disorder a short-standard diagnostic interview was taken, Mini International Neuropsychiatric Interview (MINI), compatible with the criteria of DSM-IV and CID-10. Conclusion: Besides the BD causes negatives consequences, as like social, family and school/profession of young with such pathology population-based study are scarce. O BD also might be considered a public health problem by its substantial economic impact and high death rates.

**Poster**  
Group

**Relationships among Members' Self-Concept, Verbal Behaviors, and Group Climate Early in the Group Counseling Process**

*Peter Jen Der Pan - Chung Yuan Christian University, Chung Li, Taiwan, Christine Suniti Bhat*

The focus on group interactions, including verbal and nonverbal behaviors, can be seen as choosing the most important variables in studying group process. When the verbal behaviors are examined, considerable attention has been paid to the contribution of Hill Interaction Matrix (HIM). Based on the HIM and the group practitioner's needs, the Group Verbal Interaction Inventory (GVII) was developed in Taiwan by Pan, Lin, and Wang (2003). All verbal statements made during a group session are categorized accordingly into 16 cells of a matrix, which can be further divided into four quadrants, and Silence. This study examined relationships among group members' self-concept (Psychological, Family, Social, and

Action), verbal behaviors (four quadrants [Q] and Silence), and group climate (Engagement, Avoidance, and Conflict) early in the group counseling process. Twenty-seven college participants volunteered to participate in this study and were randomly assigned to one of four counseling groups. Results indicated that there were moderate significant correlations between self-concept, group climate, and verbal behaviors, respectively. Relationships included that members' Family, Social, and Action self-concepts and several verbal behaviors ranging from .38 to .49; Engagement, Avoidance, and Conflict self-concepts and several verbal behaviors ranging from .37-.62. Moreover, Silence and Q4 verbal behaviors significantly predicted and explained 43 % variances of Engagement group climate. Silence, Q3, and Q1 verbal behaviors explained 66 % variances of Avoidance group climate, and Q4 and Silence verbal behaviors explained 33% variances for Conflict group climate. The self-concept did not predict amounts of the group climate. Implications for future research and group counseling practices are suggested.

**Poster**  
Couple

**Memory of Partner Interactions: Reality-Based or Schema-Dependent?**

*Anita Jose - Stony Brook University, Stony Brook, NY, USA, K. Daniel O'Leary, Suparna Rajaram, Mathew C. Williams*

Sentiment override (Weiss, 1980) is a clinical phenomenon whereby the recall of specific relationship events is biased by individuals' overall sentiment toward their partner. However, few studies have studied this phenomenon empirically. Research on sentiment override using laboratory-based stimuli (adjectives) has been varied; one study has found married individuals' recall of negative adjectives is schema-consistent (Whisman & Delinsky, 2002), and another has found schema-consistency in college students' recall of positive adjectives (Jose, Rajaram, O'Leary, & Williams, 2008). In an effort to translate laboratory findings to a clinical context, students from a large pool (n = 337) were selected to participate if they were highly dissatisfied (n = 30) or highly satisfied (n = 35) steadily dating individuals. Participants were asked to record the frequency of occurrence of positive and negative relationship behaviors, chosen through extensive pilot testing (n = 341). Behaviors were recorded daily for five days, and then recall was assessed. Satisfied individuals' daily reports indicated they experienced more positive and fewer negative daily events than dissatisfied individuals. However, after controlling for daily reports, retrospective reports did not differ significantly as a function of relationship satisfaction. Instead, daily and retrospective reports were highly correlated. These findings suggest that event memory is heavily reality based in early stage relationships. These results contrast with the laboratory-based results discussed earlier, and highlight the importance of translational research in external validity. These findings may also have implications for retrospective reports of behaviors in a clinical context, for couples and in other areas.

**Poster**  
Culture

**Cross-cultural comparative study on self-esteem, depression and eating disordered attitudes**

*Ioanna Katsounari - Frederick University, Nicosia, Cyprus*

The evidence suggests that eating disorders in countries that fall outside the western template are not immune to eating disturbance as previously thought. It has been argued that the social and psychological tensions, which underlie the development of eating disorders appear to be highly culture-particular. This cross-cultural study investigated self-esteem and depression in relation to eating disordered attitudes across similarly constituted samples from two different cultures, Cyprus and Great Britain. This study explores the native influences and possible vulnerability factors which may contribute in the development of eating disturbances in Cyprus. Among the most important vulnerability factors remain the identification with western cultural norms in relation to weight and shape preferences for women. Possible native influences include the degree of affluence and modernization of this particular

**Poster**  
Disorder

culture, the increased rejection of obesity, the ambivalence caused by different cultural values, the influence of media as well as the importation of new dietary habits.

**Solitude of not feeling oneself as being thought of: Intersubjective roots of autism.**

*Liliana Kaufmann - Universidad de Ciencias Sociales y Empresariales, Buenos Aires, Argentina*

This presentation is a summary made on an investigation work; its object is the treatment of small children with clinical signs of autism and their parents. It outlines the links between the autistic child's initial retreat and the parent's moment of the most solitude. It remarks the double scheme of the autistic solitude due to the deep involvement for the feelings that the parents suffer before a not demanding child. It was proved that the process of emotional regulation between the studied children and their parents is altered in one point: they have reciprocal lack of representations about affective states and thoughts. As a consequence the personal experience of solitude is shared. This new alternative helps to think that the roots of autism are intersubjective. A critical analysis of the ideas held by Kanner(1943), Fonagy (2007). Frith (1998) and Meltzer (1975) allow us to consider solitude as the personal experience of not feeling oneself thought of by the other one in his desires, emotions and thoughts. The starting point is a longitudinal exploratory design comprised in the limits of "single case" (Kazdin, 1982; Spence,2007; Almond,2007) and a demonstration in three children, ages between two or three years old with clinical signs of autism. It is remarked the usefulness of implementation of the table, inspired in the works by Riviere and Martos, IDEA R/K (Kaufmann,2004) to evaluate the therapeutical process and the algorithm David Liberman,ADL (Maldavsky,2004),to evaluate the validity of content of factors described in it. The principal arrived conclusion is that the implemented clinical methodology allows the child to revert the clinical signs of autism when the parents overcome the intersubjective reasons that promote the subjectivity difficulties of a son initially little connected to empathic relationships.

**Poster**  
Emotion

**Self-Compassionate, Self-Energizing, and Self-Controlling Approaches to Smoking Cessation**

*Allison Kelly - McGill University, Montreal, Canada, David Zuroff, Clare Foa, Paul Gilbert*

Background and Objectives: Gilbert (2000) posits three evolved affect regulation systems – threat-focused, drive-focused, and affiliation-focused – that can be stimulated by both inter- and intrapersonal signals. The current research applies his model to study the impact of various intrapersonal processes on self-regulation. Based on the work of Gilbert and Irons (2005), three self-help interventions for smoking cessation were designed to stimulate one of these three proposed affect systems. Methods: 126 smokers were randomly assigned to a baseline self-monitoring condition or to one of three enhanced conditions involving self-monitoring combined with self-controlling (threat), self-energizing (drive), or self-compassionate (affiliative) imagery and self-talk. Results: Hierarchical linear modelling revealed the following over the three-week study period. First, the enhanced interventions reduced smoking more quickly than the baseline condition. Second, high self-critics reported faster drops smoking in the self-compassion and self-energizing conditions compared to low self-critics. Third, imagery vividness facilitated smoking reduction in the self-compassion condition. Discussion: Findings support the application of Gilbert's model of affect regulation to the development of imagery-based self-talk exercises for smoking cessation.

**Poster**  
Depression

**How Do Patient Beliefs About the Causes of Their Depression Affect Their Treatment Preferences?**

*Shabad-Ratan Khalsa - University of Pennsylvania School of Medicine, Philadelphia, USA, Brian A. Sharpless, Kevin S. McCarthy, Marna Barrett, Jacques P. Barber*

This study examined the relation between the specific reasons for depression endorsed by patients, preferences for treatment, and whether various demographic variables including patient race, gender, and previous experience with treatment are associated with the reasons for depression that are endorsed and preference for treatment. Data were drawn from a randomized controlled trial of treatments for depression (Supportive-Expressive Psychotherapy vs. medication vs. placebo) which included 156 subjects, with a large sample of African-Americans. A shortened version of the Reasons for Depression Questionnaire, the Work History Inventory (used for estimating SES), and an attitudes and expectations measure containing questions regarding preference for treatment were administered at intake. It was found that depressed patients who preferred counseling over medication endorsed more strongly that their depression was caused by childhood factors. However, patients who preferred counseling did not endorse biological, characterological, or relationship factors more strongly as causes of their depression than patients who preferred medication. Endorsing more total reasons for depression was also associated with a preference for counseling. Minorities were less likely to endorse characterological and biological reasons for depression than non-minorities, but no gender differences were found in the reasons for depression endorsed by depressed patients. Unlike some findings from previous studies, race and gender did not appear to affect preference for treatment. Finally, those who preferred medication had tried counseling in the past more times on average than those who preferred to receive counseling in the study.

**Poster**  
Measures

**The Therapeutic Cycles Model: Developing a Portuguese version of the Narrative Style Dictionaries for adolescents in conflict with the law.**

*Eduardo Khater - Pontificia Universidade Católica, Campinas, Brazil, Elisa Yoshida*

The Therapeutic Cycles Model or TCM (Mergenthaler, 1996) is a method of texts analysis by computer that identifies the key-moments in the speech of a patient, the therapist, or both of them interacting. Due to the specific characteristics of communication among adolescents in conflict with the law, concerning the use of slang expressions and verbal unusual verbal sentences; an adaptation of the narrative styles dictionary which is being developed for the Portuguese language is required. Aim - To develop a customized dictionary for TCM to adolescents assisted by a community educational program in Campinas, Brazil. Methods- The same process that has already been applied to develop other standardized dictionaries will be adopted: 1. Emotion-abstraction lists of words will be compiled from transcripts of interviews with teenagers and the rap lyrics of songs; 2. The lists of words will be classified according to the following categories: positive emotion (1); negative emotion;(2) abstraction (3); both, positive and abstraction (4); both, negative and abstraction; 3. Four judges will assess independently the words in question; 4. The degree of agreement will be evaluated according to the Kappa coefficient. A kappa .80 will be considered an indication of good agreement among judges; Expected Results: Obtaining a valid and reliable standardized dictionary to identify fluctuations not only in the emotional tone, but also in that of abstraction in adolescent's narratives, in order to allow the identification of moments clinically significant.

**Poster**  
Personality

**NEO-PI-R pretherapy assessment in population of patients admitted to a day hospital**

*Katarzyna Klasa - Jagiellonian University Medical College, Cracow, Poland, Jerzy A. Sobański, Michał Mielimka, Ukasz Muldner-Nieckowski, Krzysztof Rutkowski*

**Aim:** To determine clinical validity of NEO-PI-R in everyday practice in a large psychotherapy department. **Methods:** Analysis of distributions of Polish version of NEO-PI-R [Siuta J. 2006] scale scores in population of patients, predominantly with neurotic, personality and behavioral disorders. Selected single cases are also analyzed in search for specific links between prominent clinical features and their NEO-PI-R profiles. Clinically valid extreme scores and cut-off points, as well as correlations with symptom checklist, and other personality questionnaires were analyzed. **Results:** Pilot study on 90 patients assessed at pretreatment indicated large asymmetry in sten and raw score distributions, contrary to expected and observed in general population. Correlations with symptom checklists and other personality tests were high and coherent with scales definitions (e.g. N correlated with GSL in a symptom checklist,  $0,40 p < 0,001$ , with an equivalent coefficient in neurotic personality inventory KON-2006,  $0,62, p < 0,001$ ). Final population of patients should exceed 500 subjects, including those referred to other departments and dropping out from the waiting list. **Discussion:** Results supported hypotheses on clinical validity of NEO-PI-R inventory in terms of significant differences between scores in patients and scores in general nonclinical population sample. Higher Neuroticism (N) with subscales, accompanied by lower Extravertism (E) was the most typical, as well as specific subscales in some clusters of individuals (e.g. high subscales scores in factor S in population of success and work-oriented hypercompensating individuals). Results were controlled for sex and age.

**Poster**  
Change

**Changes in lifestyle for psychiatric patients three years after the start of short- and long-term psychodynamic psychotherapy and solution-focused therapy**

*Paul Knekt - National Public Health Institute, Helsinki, Finland, Maarit A. Laaksonen, Raimo Raitasalo, Peija Haaramo, Tommi Härkänen, Olavi Lindfors*

**Aim:** Lifestyle is less favourable among individuals suffering from psychiatric disorders. We study whether psychotherapy brings along changes in lifestyle during a 3-year follow-up and whether these changes differ between two short-term and one long-term psychotherapy. **Methods:** The Helsinki Psychotherapy study comprised 326 outpatients, 20–46 years of age, with mood or anxiety disorder which were randomly assigned to long-term psychodynamic psychotherapy, short-term psychodynamic psychotherapy, and solution-focused therapy. The lifestyle variables considered were alcohol consumption, smoking, body mass index (BMI), leisure time exercise, and serum cholesterol. The patients were monitored for 3 years from the start of treatment. **Results:** During the 3-year follow-up, BMI and serum cholesterol rose statistically significantly although no statistically significant trends were shown for alcohol consumption, smoking or exercise. Short-term psychodynamic psychotherapy showed a disadvantage of increased alcohol consumption and serum cholesterol level when compared with long-term psychodynamic psychotherapy. Solution-focused therapy showed an advantage of reduced smoking in comparison with short-term psychodynamic psychotherapy. **Discussion:** Small therapy-specific changes in lifestyle may be a result from psychotherapy treatment. These lifestyle changes are apparently more common in short-term therapy. More studies are needed to verify these findings.

Poster  
Other

## **Chilean Norms for the Hall/Van de Castle System of Quantitative Dream Content Analysis**

*Walter Kuhne - Universidad de Santiago de Chile, Barbara Caro, Alejandra Ortiz*

The Hall/Van de Castle System of Quantitative Dream Content Analysis was developed to measure dreams in an objective and quantitative way. There are twelve categories in which dream content is measured: characters, social interactions, activities, successes and failures, misfortune and good fortune, emotions, settings, objects, descriptive modifiers, temporal references, elements from the past and food and eating references. Every element in a dream can be classified. This system is broadly used for studies of content analysis of dreams. In the present study 100 dreams of men and 100 dreams of females were coded in order to get Chilean norms. As in the original norms subjects were University students. Chilean norms are presented and a comparison with the original norms of Calvin Hall.

Poster  
Child

## **Psychological Symptoms in Children in Post-Conflict Liberia**

*Cynthia Langley - Argosy University, Chicago, USA, Seren Frost, Steve Ganaway, Sandra Zakowski*

**Aim:** Little is known about psychological symptoms in children in Liberia after the civil war. The present study examined the correlates of symptoms of PTSD and depression and their relation to self-esteem in children who are participating in a broader study on the effects of sports on psychological well-being. **Methods:** Sixty children aged 10 and 11 were recruited to participate in a study on the effects of soccer in Monrovia, Liberia. The present analyses are baseline data, which were collected in August 2008. An investigator interviewed the children using the Washington Self-Description Questionnaire and select questions from the Children's PTSD and Depression Inventories. **Results:** Three or more PTSD symptoms were endorsed by 83.3% of the subjects. And 81.6% endorsed at least one depressive symptom. Depression symptoms were negatively correlated with self-esteem ( $r = -3.94, p < .05$ ). Subjects who reported living with five or more people reported significantly more PTSD ( $r = 4.09$ ) and depression symptoms ( $r = 5.22$ ) than those living in smaller households ( $r = 3.16, r = 3.57, p < .05$ ). **Discussion:** The baseline data show that a large percentage of children exhibit symptoms of depression and PTSD and that depression is associated with poorer self-esteem. The intervention program, Life and Change Experienced Thru Sport (LACES), is a mentorship based soccer league whose aim it is to improve children's psychological well-being. Post-test data will be collected to assess the impact of the program at the end of the soccer season in July of 2009.

Poster  
Emotion

## **Systematization of discoveries and tendencies in the application of experiential alba emoting in the therapeutic context.**

*Sergio Lara - Universidad del Desarrollo, Santiago de Chile, Chile, Gonzalo De La Fuente, Renata Marchant, Ana María Lepeley, María Teresa Rivera*

The Alba emoting is a method developed by Susana Bloch from a discovery made by Bloch, Orthous y Santibáñez (B.O.S.) in the '70's, at the University of Chile. This is an emotional induction method through breathing, gesture and posture. It is defined like a bottom-up system, that is, from the periphery to the nerve centers by way of the effectors. From this beginning, the method expanded, first among the actors, to improve emotional performance and then, in 1997, to the therapeutic context, where could be experimentally controlled. Focusing is a bodily technique proposed by Eugene Gendlin, from a new paradigm called experiential, which proposes phenomenological worldview starting from the body. From this source arises, moreover, Experiential Psychotherapy. In this approach, it is possible to create felt sense symbols, and thus elaborate what arises from real life. The combination of both methods adds a plus to the bodily therapeutic work of Alba emoting, building, by the way of Focusing, everything that

emerges from experience into felt, sense meanings. My integration, called Experiential Alba emoting or Focusing oriented Alba emoting, has developed psychotherapy and has applications in many different therapeutic fields. In the last years, we have had experiences of the method with different types of patients in different situations. This allows us to make a Systematization and use of Experiential Alba emoting in the therapeutic context: \* Catastrophic illness application (cancer, VIH) \* Group and individual work \* Work with post child-birth depression \* Work with children \* Work with children with cancer \* Work with children that have Asperger's syndrome \* Work with adolescents with violent conduct \* Work with patients that do not show progress in psychotherapy.

## Poster Training

### **The Role of Personal Spiritual and Religious Values in Clinical Psychology Students' Integration of Spirituality into the Clinical Encounter**

*Michelle Lee - Midwestern University, Downers Grove, USA, Gloria Workman, Don Workman, David Orlinsky, Vanessa Christian*

**Aim:** The American Psychological Association (APA) recently identified the importance of training graduate students to address patient spirituality and religion (APA, 2003). This study examines which clinical psychology graduate students are most likely to implement spiritual interventions and assessment with their patients. **Methods:** Participants were 1st-year clinical psychology doctoral students (n=18). Upon program entry, participants rated the likelihood that they would implement spiritual interventions and assessments with their patients on an 11-point Likert scale (0= not at all, 10= extremely). Participants also rated the current importance of individual spirituality and communal religiosity in their lives (0 = "not at all important in my life at present" and 10 = "most important in my life at present") using the Religious and Spirituality Experiences scale (Smith & Orlinsky, 2004). **Results:** Participants who rated individual spiritual experiences as more important in their lives currently also rated themselves as more likely to implement spiritual interventions and assessments with their patients ( $r = .79, p < .001$ ). Participants who rated religious experiences as more important in their lives currently also rated themselves as more likely to implement spiritual interventions and assessments with their patients ( $r = .72, p = .001$ ). **Discussion:** At program entry, the importance clinical psychology students place on their own spiritual and religious experiences is positively related to the likelihood that they will integrate spirituality into the clinical encounter. Results highlight the importance of educators being sensitive to individual variability in clinical psychology students' own spiritual/religious values prior to engaging in spiritual diversity training.

## Poster Alliance

### **Relationships Matter: The Interaction of the Quality of the Therapeutic Relationship with Marital Status Predicts Change in Adjustment**

*Michelle Leybman - McGill University, Montreal, Canada, Allison Kelly, David Zuroff, Sidney Blatt, & Bruce Wampold*

The therapeutic relationship has received considerable attention as a factor that contributes to therapeutic outcome, but it is not clear whether the relationship impacts everyone in the same way. Drawing on literature linking social support and therapeutic outcome, we sought to determine how a person's relationships outside of therapy influence the benefits they receive from a good therapeutic relationship. We defined relationship status as either in a stable relationship (i.e., married or cohabitating with a partner) or single. The therapeutic relationship was assessed using the Barrett-Lennard Relationship Inventory. We examined both therapist's average relationship quality and each patient's relationship quality compared to that average. Using a composite measure of adjustment as a measure of outcome in the TDCRP sample of depressed patients receiving CBT, IPT or clinical

management + placebo, we found that whether or not the patient was in a stable relationship interacted with the therapeutic relationship to predict changes in adjustment. Patients who had a good relationship with their therapist showed better response to treatment if they were in a stable relationship. Those who were single did not appear to benefit from a good therapeutic relationship, relative to the therapist's other relationships with patients. Findings suggest that people in relationships may place high worth on relationships and therefore benefit more if they have a good therapeutic relationship.

**Poster**  
Alliance

**Patient Perfectionism Interacts with the Between- and Within-Therapeutic Relationship to Predict Outcomes**

*Michelle Leybman - McGill University, Montreal, Canada, Allison Kelly, David Zuroff, Sidney Blatt, & Bruce Wampold*

Baldwin, Wampold and Imel (2007) have advocated partitioning the therapeutic relationship to examine the difference between therapist and patient contributions to the relationship. This partitioning enables an examination of whether the therapist's mean tendency to form high-quality relationships with their patients (between) and/or the patient's relationship with their therapist relative to the therapist's other patient relationships (within) predicts outcomes. Blatt and Zuroff (1996) found that patient pre-treatment perfectionism moderated the effects of the therapeutic relationship on therapeutic outcome in a curvilinear fashion; the relationship was most helpful at moderate levels of patient perfectionism. We sought to extend this research by examining the interaction of perfectionism with both the between- and within-levels of the therapeutic relationship. Using multi-level modeling in the TDCRP sample of depressed outpatients, we found that perfectionism moderated the link between the between-relationship and outcome linearly, whereas it moderated the link between the within-relationship and outcome quadratically. The lower the patient's level of perfectionism, the more that patient would benefit from having a therapist who tended to form high-quality relationships. However, at moderate levels of perfectionism, the patient's relationship with their therapist relative to other patients was especially helpful to outcomes. The results suggest that partitioning the therapist and patient contributions to the therapeutic relationship is useful, given that they interact differently with perfectionism. Highly perfectionistic people do not benefit from either portion of the relationship, whereas people with medium levels of perfectionism can make unexpectedly large gains if their relationship with their therapist is particularly good.

**Poster**  
Couple

**Research of drives and defenses in a couple's interaction with their baby, using the David Liberman algorithm (ADL)**

*Stoppiello Luis - UCES, Buenos Aires, Argentina, David Maldavsky*

Goal: to research complementarities and contradictions in a couple's interaction while looking after their baby. Sample: a film registration of the interaction between the couple and the baby, on a monthly basis. Method: the David Liberman algorithm (DLA) which allows to detect drives, defenses and their state in speech acts, paraverbal components and movements. Procedure: 1) analysis of certain relevant moments of the motor activity involving the couple and the baby, 2) analysis of the complementarities and contradictions between the activities of the parents. Outcome: both parents' activities involving their baby correspond to the same drive and functional defense and are complementary. The research can contribute either to the methodological approach to the study of the exchanges parents-new born and to the investigation on the normal and pathological relationships in the family determining early perturbations in a baby.

Poster  
Other

### **A preliminary study in alternative and complementary therapies view from psychology.**

*Paola Luzio - Pontificia Universidad Catolica de Chile, Santiago, Andrea Jaramillo*

Psychotherapy research in the last year shows the importance of common factor to all therapies for achieving positive outcome (Wampold, 2001). In 1973, Frank, proposed the presence of healers as the predecessors of psychotherapists. Currently there are many offers of therapies that are alternative and complementary to the psychotherapy, such as reiki, astral letter, bio-magnetism, etc. Many patients that seek psychotherapeutic help, at some point in life, could also search for other ways of healing. The presence of this alternative and complementary treatment has been studied from medicine, stressing out the benefit of this kind of treatment in some physical and psychiatric pathology (cancer, pain treatment, depression and anxiety). Medical science has begun a long list of investigations that have allowed sufficient evidence to support the use of unconventional techniques (Bishop, Yardley & Lewith, 2008). However, this has been insufficiently studied from psychology. That is the reason why it is interesting to study the way that alternative and complementary therapies affects and influence the process of healing of patients and what are the motivations to consult in different treatments. Aim: the present poster will show preliminary qualitative data of the description of the reasons for consultations and procedures of this type of treatment. Method: The design of this research is a qualitative analysis. The way to obtain data is through interviews to patient and alternative and complementary therapists. Results: Descriptive results will be showed, specifically those that relates to the reason of patients to consult this kind of treatments.

Poster  
Child

### **Qualitative study of Children's Play in the context of the Psychoanalytic Psychotherapy Group.**

*Ana Luzzi - Facultad de Psicología, Universidad de Buenos Aires, Argentina, Daniela Bardi, Marcela Jaleh*

Objectives: We present a research which main objective is to carry out a descriptive study of children's play between six and eight years old, in the context of psychoanalytic psychotherapy group. It interests to study the evolution of children's play in a period of six months of psychotherapy. Method: A qualitative study of the sessions is carried out according to some previously proved indicators and analytical categories, codes and sub-codes belonging to the 13th. version of Manual's Codes. Data analysis was assisted by ATLAS.ti software. The "Family of codes": "Play", will be taken into account, as well as the sub-codes that conform it. Results: The individual evolution of children's play in the context of a psychoanalytic psychotherapy group was studied during six months. The type of predominant play is dramatic, characteristic in this age gap. In those cases in which the continuity and punctuality in the concurrence are registered, evolution in playing capacity is observed. It was observed that the delays and discontinuities operated as factors that created obstacles to the development of the playing capacity shown in the diagnostic process. Discussion: The continuity and the stability of the psychoanalytic psychotherapy group's setting, remarkably affect the evolution of the symbolic capacity of children.

Poster  
Narrative

### **Narrative Therapy and Externalizing Conversations in Therapeutic Change**

*Tatiana Magro - University of Minho, Braga, Portugal, Miguel M. Gonçalves, Marlene Matos & Anita Santos*

Externalizing conversation is a specific technique in narrative therapy. The aim of this strategy is the metaphorical separation between the client and the problems that bring the person to therapy. After this metaphorical distinction is achieved, the client is able to see his or her life in a different light. This study

is an empirical exploratory research on externalization. The sample was 10 cases (5 good and 5 poor therapeutic cases) of narrative therapy with women victims of intimate violence. The aim of this research is to track the externalizing conversations throughout the therapeutic sessions. A coding system is being developed in order to separate internalizing, externalizing and neutral conversation. It our hypothesis that in good outcome cases the client spends more time speaking in the externalizing mode than in the internalizing one, when compared with the poor outcome cases. Another hypothesis is that the neutral mode would not discriminate the two groups.

**Poster**  
Family

**Study of the discourse of two mothers of deaf female adolescents. Comparative analysis of the moment after being informed about the diagnosis.**

*David Maldavski - UCES, Buenos Aires, Argentina, Ruth Kazez, G. Melloni*

**Aim:** The therapists that work with deaf children and adolescents with hearing parents, have to face specific problems such as, the particular characteristics that the bond acquires. We suppose that these characteristics have multiple determinations, among them, linguistic differences that affect the communication between them and reactivate the trauma of the diagnosis. Having this scope in mind, the aim of this study is to detect drives and defenses, as well as their state, in the discourse of these mothers, in order to contribute to the study of deaf patients and their families. **Method:** The David Liberman algorithm (DLA), which is a method based on Freudian concepts, that has proven useful for clinical research. It has been designed to investigate two main variables: libidinal fixations and defenses in the discourse. **Sample:** One narrated episode about the moment that succeeds the acknowledgement of the handicap diagnosis. **Procedures:** We analyze and compare two narrations regarding drives and defenses and their state. **Results:** Both mothers combined functional and pathological defenses (mostly disavowal) in the attempt to deal with the problems of their daughters. In both cases the defenses are euphoric. For one of the mothers, the predominant language of erotism is LI (intrasmatic libido); for the other one is O1 (primary oral). In both cases the defense arises against an overwhelming and disorganizing feeling. One of the mothers shows a tendency to overadaptation; the other one, a combination between the search for a holy revealing message and a quarrelsome stand against reality.

**Poster**  
Instruments

**Two convergent validity tests of the David Liberman algorithm (DLA)**

*David Maldavsky - UCES, Buenos Aires, Argentina*

**Goal:** to test the convergence validity of the David Liberman algorithm (DLA) in two different investigations. **Sample:** 1) seven researches on Ms Smithfield's first interview appearing in Psychotherapy Research, 1994, 4, and the research of the same interview using the DLA, 2) Perry's research of Catullo's first interview using DMRS and the research of the same interview using the DLA. **Procedure:** in the first research two successive strategies were used: 1) a one-to-one comparison of the synthesis of the outcomes of 4 of the 7 researches with the synthesis of the results of the DLA, and 2) the comparison of all the analytic outcomes of the 7 papers with the synthesis of the results of the DLA. Both comparisons focus on drives and defenses. In the second research the two main episodes of violence of the patient were selected and Perry's and DLA outcomes on defenses were compared. **Outcomes:** Regarding the first research (Ms. Smithfield), the outcomes of the research with the DLA matched one of the most important papers on the variety of drives and defenses, but the relevance of the main defense was disagreed on, and coincided with a second important paper on the relevance of some defense, but the variety of drives and defenses was a matter of disagreement. In the second research there was agreement with DMRS on the main defense but the DLA also detected some complementary mechanisms and the state of all the defenses.

**Poster**  
Instruments

**A Dialogical Method of Microanalysis: The Development of a Research Procedure**

*Helena Marques - ISMAI, Maia, Portugal, Carla Cunha, João Salgado*

Following a dialogical perspective, the actual poster highlights several general guidelines about the qualitative analysis of interviews. Qualitative research has been growing in its impact within the domain of psychotherapy research. However, the available research methods currently used to study the dialogical patterns of change and stability in psychotherapy seem to have several problems. On the one hand, we have methods which are too prescriptive and reductionist, and on the other hand, we have methods that seem too open to research bias. Therefore, following a dialogical theoretical perspective, this work is devoted to the major goal of creating a manual of codification and interpretation of data, applicable to transcriptions of psychotherapy. This manual, even if based in the dialogical bakhtinian approaches, it is also influenced by several other contributions from several fields. The major expected result is the constitution of a manual that could feed our ability of conducting qualitative research in the domain of psychotherapy and our trust in their validity.

**Poster**  
Depression

**Psychological Intervention to Prevent Symptomatology of Depression of low-income Secondary School Students in Santiago, Chile**

*Vania Martínez - Universidad de Chile, Santiago, Paul Vöhringer, Félix Cova, Viviana Figueroa, Constanza Herrera, Alejandro Figueroa, Alejandro Gómez, Ricardo Araya, Graciela Rojas*

Depression is common and can have devastating consequences on the life of adolescents, especially those who are already socio-economically disadvantaged. Psychological interventions, first-line treatment for preventing and treating depression in adolescence, have proven efficacious in Western studies. There is a need to go beyond the health sector in order to identify and help these youngsters as early as possible before their problems become entrenched and more difficult to solve. Schools in low-income areas offer a great opportunity to access these youngsters. School-based interventions have the additional benefits of reducing stigma, accessing families in need, and facilitating effective collaboration between the health and educational sectors. This study investigates the possibility of preventing depression in adolescents of the lower income socio-economic group through a universal preventive psychological intervention applied in schools. The investigation design corresponds to a controlled clinical trial. This research is carried out in three schools, involving approximately 300 students of the borough of San Bernardo in Santiago, Chile. Four classes of the ninth grade (students aged 14-15), which correspond to two schools, receive the intervention and three classes of the ninth grade that correspond to one school serve as the control group. The intervention consists of 12 sessions of once weekly each with duration of 1.5 hours conducted in each class by two trained professionals or facilitators using cognitive behavioral techniques. The control schools receive their usual counseling classes currently included in the curriculum. For analysis of data, quantitative and qualitative methodology is used.

**Poster**  
Instruments

**Assessment of conflict of romantic relationships of HIV/AIDS patients**

*Ariane Massei - Puc- Campinas, Brazil, Elisa Medici Pizão Yoshida*

The Central Relationship Questionnaire (CRQ 6.0) is a self-report instrument developed to identify the pattern of conflict in romantic relationships patterns according to three components: Wish (W), Response from Other (RO) and Response of Self (RE). Currently, researches for estimating the validity of a Portuguese version of this instrument are being carried out in Brazil. Since HIV / AIDS patients tend to suffer prejudice and discrimination, this study aimed to compare the central pattern of relationship conflict of this population (GC) and that of individuals with no diagnosis of chronic disease (GNC).

Methods: The sample consisted of 50 participants diagnosed with HIV / AIDS (60% male; M= 41.84 years) and 40 participants of GNC (62.5% female; M= 34 years). Results pointed to a significant difference between the amount of RE conflict of participants of GC when compared to those of GNC ( $p < 0,05$ ); and related to the W component women showed much more conflict than men. Discussion Results were interpreted as a first evidence of discriminant validity of the Portuguese version of the CRQ 6.0, but new studies with a higher number of subjects should be conducted.

**Poster**  
Change

**Psychological treatments for Battered Women: Results from a clinical trial**

*Marlene Matos - Centro de Investigação em Psicologia - CIPsi, Braga, Portugal, Rodrigo Teixeira Lopes, Miguel Gonçalves, Anita Santos*

Violence against women in intimate relationships has serious implications for the victims, not only socially, but also in behavioral and psychological terms. Partner victimization is associated with high rates of depression and anxiety disorders. There are several developments in the literature concerning psychological interventions with the aggressor, but the same is not true for the victims. We developed two manualized psychological interventions, intended to be applied individually, to help battered women in heterosexual relationships to cope with the psychological effects of victimization and to promote empowerment. Re-Authoring Narrative Psychotherapy (RNP) is a psychotherapeutic approach based on the notion that people tell stories in order to define themselves and give meaning to their experiences and life events. The main purpose is to help clients to develop preferred identities and to tell those stories in a richer and different way, and hence, to act alternatively. The first manual we developed was based on this assumption. Cognitive-Behavioral Therapy (CBT) with battered women helps to identify and change cognitions (e.g., excessive responsibility and dysfunctional beliefs about violence and human rights) and behaviors (e.g., inadequate social and communication skills) that maintain the victimization. Other CBT interventions normally focus on specific symptoms. We analyze the psychotherapeutic outcomes of these two manualized intervention plans. Each psychotherapeutic group involved 10 participants and was conducted by one therapist, trained in RNP or in CBT. Adherence to manuals was assured by weekly supervision. Results and limitations are discussed.

**Poster**  
Instruments

**Cognitive Conflicts (Dilemmas) in patients diagnosed with anxiety disorders**

*Francisca Melis - Universidad Católica de Chile, Santiago, Guillem Feixas, Nicolás Varlotta, Luz María Gonzalez*

An implicative dilemma refers to the ambivalence of the symptoms. We present a descriptive and transversal study whose objective is to explore cognitive conflicts or dilemmas in patients with Anxiety Disorders, for developing specific therapeutic focuses. As hypothesis, we should expect to look for more dilemmas among patients sample than the non clinic control group. The method is the Repertory Grid, a structured interview directed to explain personal constructs. Operationally, the dilemmas are measured by high correlations ( $r > 0.35$ ) between divergence (characteristics that an individual wants to change) and congruent constructs (non changing characteristics) of the self. The sample group, at this initial stage of study, tries out 45 patients diagnosed with an Anxiety Disorder and a control group of 39, homogeneous to the sample related to sociodemographic aspects, but without psychiatric or psychological treatments in the last year, and with a Hamilton score below 15. The preliminary results detect a higher and significant (chi-square test,  $=0.029$ ) proportion of implicative dilemmas in the sample (48.9%), while in the control group this proportion is 25.6%. The distance between Self and Ideal Self shown also a significant difference, while the number of dilemmas on each patient has no difference between groups. Detecting and arranging dilemmas could be a useful working tool for therapeutic focalization and

also for the comprehension of particular dimensions of these patients. Considering above aspects it could be possible to avoid early drop-out and chronic symptoms.

**Poster**  
Therapist

**Profiles associated with adherence to treatment**

*Francisca Melis - Universidad Católica de Chile, Santiago, Mariana Krebs*

The study aims to explore differences in adherence to psychotherapy in patients with anxiety disorders. Good adherence was defined as staying in treatment until achieving mutually agreed objectives (and discharge) or as assistance to a number of sessions higher than average. Poor adherence was defined as early interruption of treatment. It is intended to outline a possible profile of patients according their good/poor adherence. The sample was composed by 226 patients admitted to the Anxiety Disorders Program from 2005 to 2007. Several variables were studied: Socio-demographic, some related to the diagnosis and treatment, level of disability according to the Sheehan Disability Scale and scores of the Hamilton Anxiety Scale (HAS). Chi-square test and logistic regression test was used to explore the correlation between the variables and adherence to psychotherapy; and to observe the possible predictive value of the variables regarding adherence. The results shown no significant correlations in almost all variables, except for the HAS: patients with highest scores on this Scale at the start of psychotherapy have the worse adherence. The findings are discussed in relation to the importance of adherence to therapy, and guidelines related to the initial tackle of anxious symptoms, which could contribute significantly in increasing adherence, are suggested.

**Poster**  
Assessment

**The Therapy Termination Scale**

*Raquel Mesquita - Universidade do Minho, Braga, Portugal, Eugénia Fernandes, PhD*

**Aims:** The objective of this study is to construct and validate a therapy termination scale. The scale has two purposes: 1) assess what criteria therapists from 3 theoretical orientations (Cognitive-Behavioural, Dynamic and Constructivist) use to determine when to start the termination phase; 2) determine what strategies/techniques therapists from the 3 orientations use during termination phase. Thus, the scale is organized in two parts. **Method:** The participants in the study are, in phase 1, two experts of each orientation, who respond to a questionnaire in order to help eliciting items and in phase 2, the participants are 225 therapists (75 of each orientation) that are asked to respond to the scale. The steps followed to create the scale were: specify the object of the study; definition of the construct; theoretical and empirical elaborations of the items; qualitative and quantitative analysis to choose the final version of the questionnaire; creation of the administration rules, instructions and scoring and finally validation of the scale. **Results:** Results of empirical and theoretical construction of items will be presented, as well as the factor analysis and study of the scale's internal consistency. **Discussion:** The theoretical and practical implications are: create a scale to provide a higher knowledge of how termination is addressed within different theoretical orientations and if there are significant differences between them; to assess if there are trans-theoretical indicators or techniques; to be used as a guide for supervision of the termination phase.

**Poster**  
Assessment

**Berlin Social Support Scales and Bizo 's method of social network and social support assessment. Valuable tools for psychotherapy effectiveness research**

*Micha Mielim ka - Jagiellonian University Medical College, Cracow, Poland, Krzysztof Rutkowski, Jerzy A. Soba ski, ukasz Muldner-Nieckowski*

**Aim:** Initial assessment of interactions between psychotherapy and structural as well as functional

properties of social support. Methods: An analysis of structural and functional social support and personality descriptors evaluated at the beginning and at the end of group psychotherapy has been performed in the group of 40 patients. Social support has been evaluated in terms of informative, emotional and instrumental aspect with the use of Berlin Social Support Scales and in terms of the structure and functional properties with the use of Bizo 's method of social network and social support assessment. Personality descriptors have been obtained using Neurotic Personality Inventory KON-2006 and NEO-PI-R. Results: Successful psychotherapy (in terms of favorable changes in personality descriptors) alters the perceived structure and function of social support. While less populated social support networks become more effectively utilized, the social support offered by individual members appears in a wider range of functional properties. This correlates with an overall increase in patient's satisfaction with available social support. Discussion: Promising results from this preliminary study show the need for further research on the subject matter. However, as of now, observed changes in patient's perception of social support have been limited only to some aspects of social support and perhaps relate to limited personality traits. Therefore, further analysis of larger groups would be required.

**Poster**  
Group

**The impact of a group psychotherapy program measured through physiological and clinical indicators, perception of change and quality of life in patients with rheumatoid arthritis( RA). A randomized and blind study.**

*Laura Moncada - Universidad de Chile, Miguel Cuchacovich, Gabriela Llanos, Andrea Ramirez, Matias Rios, Rosario Santana, Gloria Pelaez*

This project tries to give continuity to a line of research with psychological interventions in rheumatoid arthritis ( RA ) patients. The focus of this study is centered on investigating a treatment that would give a better standard of living to those patients who suffer this illness. The methodological design incorporates a randomized, blinded study with a sample of 64 patients diagnose with RA. Patients will be distributed on an equitable basis and at random in the experimental and control groups. All patients will be assessed prior to the intervention by measuring physiological and clinical indicator or arthritis. Then will undergo a program of 8 sessions where the experimental group will receive the psychotherapy group and the control group will be given a placebo intervention also of 8 sessions. Later the patients will be evaluated on two occasions, within 3 months and after 6 months. Relating to the medical examinations it will be done by medical doctors and also laboratory tests to determine the inflammation through the measurement of the speed of sedimentation an quantification of protein C. With regard to the psychological tests it will be used the OQ-45.2 for perception of change, and to assess the quality of life the SF-36 will be used. Both questionnaires are validated in Spanish. A single semi-structured interview will be added to patients after 6 months the program have finished.

**Poster**  
Instruments

**Prediction of academic faililure of adolescents with a projective personality test**

*Federico Montero - School of Psychology, University of Uruguay, Montevideo, Natalia Lopez, Laura Agüero*

All secondary-schol students who attend any state-run Politechnical School are assessed as their mental health as part of a sanitary status document they must complete to be accepted as first-year students. Some of the assessment tools used are the Wish Questionnaire, the House-Tree-Person Test and the Person Learning Test. The paper presented here is based upon qualitative research of the Wish Test in a self-administered mode, even though it is habitually used in a verbally interactive mode. It explores different areas of personality development from a psychodynamic standpoint. It provides another view of both structural and functioning issues related to core personality. Therefore, the hypothesis that it could

be used to predict academic performance was put forward. The paper presented here discusses whether there is a correlation between academic performance and failures in instrumental mechanisms observed in the test. In this context, academic failure is defined as the inability to perform the tasks and fully fill the institutional academic objectives in the assigned time schedule. Should there be a relation, it is our purpose to put this tool forward as a way to predict and detect an eventual academic failure from a preventive standpoint.

**Poster**  
Depression

**Impact of maternal postpartum depression on paternal mental health**

*Luis Motta - Universidade Católica de Pelotas, Brazil, Luis Motta, Karen Jansen, Russelia Godoy, Luciana Quevedo, Ricardo Azevedo da Silva, Ricardo Tavares Pinheiro.*

Background: The maternal postpartum depression is widely studied, with a prevalence of 10 to 20% in women in puerperium. The most frequent symptoms of this psychopathology are: decreased libido, sleep disorder and / or food, lack of energy and feelings of guilt or inadequacy in relation to the newborn. However, depression in fathers during that period is still little studied, but there is evidence that men also have that framework. The depression affects the interpersonal relationship, when a member of the family is affected probably reaches the others. Aim: To look for an association between maternal and paternal postpartum depression. Method: This variable is part of a cross-sectional study population-based nested in a cohort study, in which the parents are assessed from 30 to 90 days after delivery. Postpartum depression was defined as 12 points in the Edinburgh postnatal Depression Scale (EPDS). Results: The sample consisted of 524 dyads (mother-father), of which 86.1% live together and 50% are in middle social class. The prevalence of maternal and paternal depression in the postpartum period was respectively 20.7% and 23.5%. However, the impact of maternal depression on paternal depression had a rate of prevalence of 2.36 (95% CI 1,75-3,17). Conclusion: The parents where the baby's mother is depressed are twice more likely to experience depression when compared to the non-depressed ones.

**Poster**  
Psychodynamic

**Sexual life related data in patients admitted to psychotherapy. Study based on a structured self-report questionnaire**

*Lukasz Muldner-Nieckowski - Jagiellonian University Medical College, Cracow, Poland, Krzysztof Rutkowski, Jerzy A. Soba ski*

Aim: Presentation of the new instrument used for assessment of the wide spectrum of symptoms, connected with quality of sexual life in population of patients with neurosis and neurotic personality disorders. Methods: During the first week of psychotherapy patients fill the questionnaire, containing statements covering different areas of sexual life as: overall satisfaction, sexual development, present sexual relationships, present sexual activity, dysfunctions of sexual intercourse, experience of sexual trauma, feelings towards own body and attractiveness. Data from the pilot study were analyzed to find preliminary statistical relevance of different groups of symptoms, which were pointed out by clinicians. Results: The pilot study on 54 patients (32 female, 22 male) confirmed the importance of different symptoms connected with sexuality. In overall 58% of patients perceive their sexual life as unsatisfactory. Nearly 50% do not experience pleasure connected with sexual activity. Over 85% regard sexuality as an important matter. 85% expect improvement of sexual life, but only 35% are explicitly interested in considering the subject of sexuality as one of the themes in psychotherapy. Final population of patients is planned for over 150 males and 150 females. Discussion: Results of the pilot study confirm clinical importance of symptoms connected with sexuality in neurotic disorders. Further study, connected with evaluation of group psychotherapy, will be an opportunity to find the proper place for this group of symptoms in diagnosis and treatment.

**Poster**  
Instruments

**Development and Evaluation of an Electronic Search Strategy for Randomized Controlled Trials of Psychotherapy**

*Thomas Munder - Institute of Social and Preventive Medicine (ISPM), University of Bern, Switzerland, Julia Anderegg, Tina Barmettler, Heike Gerger, Jürgen Barth*

Background: Electronic searches in bibliographic databases are one important strategy to identify relevant studies for systematic reviews. To assure the completeness and validity of results search strategies should be empirically evaluated. Aim: To develop and evaluate (sensitivity, precision) a search strategy for randomized controlled trials (RCT) of psychotherapy in bibliographic databases. Methods: Controlled vocabulary and free text terms were combined for searches in Embase, Medline, Psycinfo, Psyn dex and Central. The search strategy consists of separate filters for psychotherapeutic interventions, study design, and type of mental disorder. Two pools of RCTs were used to validate search results: (1) RCTs found by handsearching of four heterogeneous journals (British Journal of Psychiatry, Journal of Consulting and Clinical Psychology, Psychotherapy Research, & Zeitschrift für Klinische Psychologie und Psychotherapie); (2) RCTs included in nine meta-analyses of psychotherapy that used an extensive literature search. Results: Using the newly developed search strategy, N = 44152 references from 1980-2006 were retrieved, containing an expected number of 500 to 700 RCTs of psychotherapy. Handsearching journals yielded N = 2053 empirical articles containing N = 20 RCTs. From previous meta-analyses, N = 321 empirical articles containing N = 197 RCTs were extracted. Sensitivity and precision of the search strategy is reported. Differences in retrieving RCTs from different publication years, journals, and languages (English, German) are explored. Discussion: The validity of the search strategy is discussed. While electronic searches identify large numbers of relevant studies, they are extremely labor-intensive. Alternatives for the retrieval of relevant studies are discussed.

**Poster**  
Couple

**Research on couples, families and groups: The operationalization of the concepts of denegative pact and narcissistic contract**

*Nilda Neves - UCES, Buenos Aires, Argentina, Liliana Alvarez, David Maldavsky*

The French tradition on the clinical studies on couples, families and groups stressed the relevance of two concepts: denegative pact and narcissistic contract. These concepts, proposed by P. Aulagnier and by R. Kaës, are useful to understand intersubjective functional and pathological processes. Narcissistic contract means that two or more persons construct the bond thanks to a reciprocal reinforcement of their corresponding euphoric feelings and the enhancing of their supposed positive traits. Its complement is the denegative pact. It means that two or more persons intend to expel a certain content from their bond and reciprocal exchanges. The successful denegative pact is the condition for feelings of omnipotence to emerge from the narcissistic contract. The systematic research of these functional and pathological processes requires the operationalization of the concepts. We propose that the combination of both complementary concepts coincides with the concept of defense: each mechanism intends (1) to maintain or increase euphoric feelings as a consequence of giving relevance to some supposed positive Ego aspects and (2) to reject from the Ego certain psychic component (a wish, a judgement, a reality, an affect). In consequence we suggest that the David Liberman algorithm, which is a method useful for the detection of the defenses and their state, is a useful tool in the clinical field of couples, families and groups.

**Poster**  
Change

**Working Through Problems: A Dialogical Microanalysis of a Single Case**

*Ana Novo - ISMAI, Maia, Portugal, Catarina Carvalho, Liliana Meira, João Salgado*

The present work follows a dialogical perspective. Within that framework the self is conceived as a process of constant positioning and repositioning, and, therefore, the question of self-organization of

inner multiplicity is brought to the foreground. The present work aims to contribute to the study of patterns of change and stability within such framework with the application of a microanalytical procedure to the intensive study of a single case in which someone seems to develop an ability to cope with an enduring problem. More specifically, we will present the preliminary results of the application of a dialogical method of microanalysis to an intensive case. The person, who was not in therapy, was invited to formulate a specific personal problem and then was interviewed 9 times about the development of that specific concern for a period of 4 months. Our preliminary results will focus in 3 sessions: the initial one, the final one, and one from the middle of the process. Our results highlight the specific patterns of positioning and repositioning about that specific problem and their development in time.

**Poster**  
Crisis

**Suicidal potential and factors associated with pregnant, Pelotas-RS, Brazil**

*Liliane Ores - Programa de Pós-Graduação em Saúde e Comportamento, Pelotas, Brazil, Inácia Moraes, Karen Jansen, Luciano Souza, Ricardo Pinheiro, Ricardo Silva*

Objective: To evaluate the suicidal potential and related factors in the pregnancy in public services in the city of Pelotas, RS, Brazil. Materials and Methods: Pregnant women were interviewed through questionnaire with obstetric information, social-economic situation and how they have been feeling. In order to verify the suicidal potential it was used the question 10 from Edinburgh Postnatal Depression Scale (EPDS). For the depression and anxiety, it was used the Hospital Anxiety and Depression Scale (HAD). Results: In a sample composed by 868 pregnant women between 12 and 45 years old, 26.0% showed a depressive episode, 36.9% an anxiety episode and 15.8% presented a presence of suicidal episode in the previous 7 days, as followed by percentage of time thought: 7.1% few times, 5.2% sometimes, and 3.5% many times. In the multivariate analyzes, the presence of suicidal potential was related to few schooling ( $p=0.017$ ), low socioeconomic class ( $p=0.041$ ), the fact to have thought in abortion ( $p=0.000$ ), anxiety ( $p=0.000$ ), and depression ( $p=0.016$ ). Conclusions: It is evident a high index of suicidal potential in pregnancy, so it should be provided not only the basic cares, but also attention in mental health during pregnancy.

**Poster**  
Crisis

**Prevalence of suicide risk and factors associated: population-based study with young people aged 18 to 24 years, Pelotas-RS, Brazil**

*Liliane Ores - Programa de Pós-Graduação em Saúde e Comportamento (UCPel), Pelotas, Brazil, Karen Jansen, Ricardo Pinheiro, Ricardo Silva*

OBJECTIVE: To study the prevalence of suicide risk and factors associated between young people with 18 to 24 years in Pelotas-RS, Brazil. MATERIALS AND METHODS: A cross-sectional household in which they were interviewed in their homes, 1291 young people from November 2007 to November 2008. The questionnaire addressed figures used socio-economic, demographic, psychological variables, consumption of psychoactive substances and behaviors of risk to health. In addition to this questionnaire, was used a standardized diagnostic interview short - 5.0 Mini International Neuropsychiatric Interview (MINI). RESULTS: The prevalence of young adults at risk of suicide was 8.0%. In multivariate analysis, it becomes clear that know someone who tried to kill themselves ( $p=0.001$ ) and / or who committed suicide ( $p>0.001$ ), Major Depressive Episode submit current ( $p>0.001$ ) and / or Episode (Hypo)Maniac ( $p>0.001$ ) increased by approximately twice the risk of suicide, and have anxiety disorders ( $P>0.001$ ), on three occasions. It is also clear that being female ( $p = 0.005$ ), low socioeconomic status ( $p = 0.02$ ) and consumption illicit psychoactive substances ( $p = 0.006$ ) also showed statistically linked to the risk of suicide. CONCLUSION: It was concluded that the prevalence of risk of suicide at the age of 18 to 24 years is a considerably important and, in particular, know someone who tried to kill

themselves and / or who committed suicide and the presence of mental disorders are factors potentiators this risk. Based in this context, building strategies for prevention and evaluation to strengthen the services of primary care to mental health becomes essential.

**Poster**  
Other

### **Reasons and arguments from people that choose Alternative Therapies instead of Traditional Psychotherapy**

*Barbara Palma - Pontificia Universidad Catolica de Chile, Santiago, Susana Morales, Gloria Pelaez*

**Aim:** The National Institute of Health defines the Alternative and Complementary Therapies (CAT) as the set of systems, practices and medical products for healthcare, which currently are not considered part of Traditional Medicine. This group of therapies has been leader of one of the phenomena which has probably experienced a higher growth in the last time. This growth has occurred in interventions related to health, encompassing areas that include almost all therapeutic interventions, and psychotherapy is being one of them. Studies done in the United States indicate that 95% of females and 87% of men surveyed, say that they would consult with a mental health professional to deal with their psychological problems. This kind of information does not exist in the area of the Complementary and Alternative Therapies. Hence, it arise as an object of study of interest to investigate about the reasons and arguments that mobilize people to choose Complementary and Alternative Therapies to treat their difficulties in Mental Health, instead of traditional options.  
**Methods:** This is a qualitative study. The selected method was interviews and analysis of content based on the Grounded theory. The interviews was applied to consultants of alternative therapies such as Reiki, Bach flowers and Hypnosis, who did not want to address these problems through traditional psychotherapy.  
**Results:** Observed, in a descriptive level, the interviewed consultants opt for the Complementary and Alternative Therapies by the need to experiment with new methods, the lack of effectiveness found in Traditional Psychotherapy and the search for a therapeutic relationship is not found in the traditional way. Besides, they show a desire for integration into traditional and complementary perspectives. It is noted the presence of a mediator object between patient and therapist in the Complementary and Alternative Therapies, which facilitates the process.  
**Discussion:** This understanding can allow therapists to address those needs of patients, in the search for complementary interventions.

**Poster**  
Child

### **Therapeutic Cycles Model – TCM: Applied to children and parents psychotherapy**

*Lilian Pereira de Medeiros Guimarães - Pontificia Universidade Católica de Campinas, Brazil, Elisa Medici Pizão Yoshida*

Although widely practiced, children psychotherapies count on insufficient research data for their effectiveness. Therapeutic process researches are even more rare and restricted to some case studies, not always systematic. Concerning adult psychotherapy, different evaluation models have been proposed. Among them, the Therapeutic Cycles Model-TCM has been showed to be useful in identifying the key moments of the process in different socio-cultural contexts and in different languages. The TCM allows the identification of clinically-significant events. It is based on the occurrence of linguistic markers associated with the expression of emotion and abstraction and present in the narrative transcripts of the speakers. Through computer text analysis, it allows the verbalization of the patient, of the therapist, or both together to be analyzed. So far, the TCM has been implemented only in adult psychotherapy.  
**Aim:** The current research project aims to exploratory the usefulness of TCM in the identification of key moments of a brief psychodynamic psychotherapy for children and their parents (10 to 12 years old).  
**Methods:** Initially, an emotional and abstract tone dictionary will be developed to be used with children. To that end, a broad survey of words will be done on infant-juvenile Brazilian literature. Subsequently,

the session analysis of a child's psychotherapeutic process will be matched up with the parents', and clinically significant moments of each case compared. A clinical analysis of the processes' evolution will complete the study.

## Poster

Psychodynamic

### **Mentalization-Based Treatment for Dual Diagnosis**

*Björn Philips - Center for Dependency Disorders, Stockholm, Sweden, Charlotte Vedin, Peter Wennberg, Johan Franck*

Background: Patients with dual diagnosis constitute a challenge for health care providers because of the severity and complexity of their problems, and the increased risk for destructive and self-destructive behaviour. There is a shortage of research on psychotherapy for this group. Mentalization-Based Treatment (MBT) is psychotherapeutic method for patients with Borderline Personality Disorder (BPD) with empirical support from one clinical trial, including long-term follow-up. Aims: The aim of this on-going study is to examine whether MBT in combination with standard pharmacological treatment with methadone or buprenorphine is more efficacious than only standard pharmacological treatment, for patients with co-morbid BPD and opiate dependence. Methods: A randomized controlled trial including 2 x 40 patients, in which assessors are blind with regard to patients' treatment assignment. The control group receives standard pharmacological treatment including some psychosocial support. The experimental group receives ditto, and in addition MBT, which encompasses one individual therapy session and one group therapy session per week for 18 months. The primary outcome variable is severity of BPD, as measured by the Borderline Personality Disorder Severity Index (BPDSI-IV). Secondary outcome variables include measures for alcohol and drug use, suicidal and self-harming acts, retention in treatment, psychiatric symptoms, interpersonal problems, and social adjustment. Long-term follow up will include cost-effectiveness data, criminality and death rate. Results: Preliminary descriptive results from intake are presented. Discussion: It would be an important clinical progress if we could establish an efficacious treatment for this severe group of patients, for which we currently lack an evidence-based psychosocial treatment.

## Poster

Narrative

### **Assimilation of problematic experiences and innovative moments models of change: A case-study using the Linguistic therapy of evaluation**

*Patrícia Pinheiro - University of Minho, Braga, Portugal, Miguel Gonçalves, Isabel Caro Gabalda*

In this poster we present an analysis of a successful case in Linguistic Therapy of Evaluation (LTE) – Maria's case. All 14 sessions were analysed under two different models of therapeutic change: Assimilation of Problematic Experiences Scale (APES) and the Innovative Moments (i-moments) Model of Change. The aims of this study are the exploration of how these models overlap, how they could enrich each other and the understanding of the change process in psychotherapy. APES model describes the process of change through 8 stages of assimilation of the problematic voice into the community of voices that represents the self; while the innovative moment's model describes change through the elaboration and expansion of exceptions (i-moments) to the main self-problematic narrative. This exploration allows us to identify what the relationships are, in this case, between APES stages and the model of change that results from the development of the i-moments.

**Poster**  
Couple

**Marital adjustment and sexual satisfaction among female clients in a mental health center.**

*Gianella Poulsen - Pontifical Catholic University of Chile, Santiago, Valentina Plaza, Francisco Ibaceta, Ximena Fuentes, Juan Prato, Amalia Grinberg.*

AIM The quality of a couple's relationship has a significant influence on their sexual functioning. It has been shown that sexual dysfunctions are not always the product of individual conflicts, but can also be understood in the context of conflicts generated in the relationship. In particular, marital adjustment has been linked directly to the quality of sexual functioning. The objective of this research was to describe the relationship between marital adjustment and quality of sexual functioning in women with and without sexual dysfunction. METHOD We administered the Adjustment Scale of the Family (DAS) and the Scale of Female Sexual Function Index to 60 women in a consulting unit of the couple's sexuality and mental health center at the Pontifical Catholic University of Chile. Half of the women had a diagnosis of a sexual dysfunction without organic factors. The remaining women were clients from the same school without a diagnosis of sexual dysfunction. RESULTS Results indicate a relationship between low marital adjustment and sexual dysfunction, especially the inhibition of sexual desire. DISCUSSION The results suggest that the presence of sexual dysfunction in women, particularly an inhibition of desire, is related to difficulties in the relationship, which could indicate a primary source of this type of problem.

**Poster**  
Psychodynamic

**Therapeutic efficacy of variable time psychotherapy session (work in progress)**

*Ricardo Pulido - Faculty of Psychology, Universidad Alberto Hurtado, Santiago, Chile, Alejandro Reinoso, Pablo Reyes, Esteban Radiszcz*

Aim: Variation in length of sessions by means of interruption by the psychoanalyst is a frequent practice in Lacanian oriented psychotherapy. Nevertheless, although its use has been the reason of strong debate, there are no empiric studies to prove or refute its effectiveness. This work presents the preliminary results of a trial study aimed at verifying the effectiveness of administration of session length by means truncated therapy session. Methods: The sample is conformed by 24 structurally neurotic patients assigned at random to brief psychotherapeutic treatments (14 sessions) of Lacanian or intersubjective psychodynamic orientation conducted by therapists in formation. Expert psychotherapists supervised every therapeutic process weekly. Therapists of Lacanian orientation were trained for the correct use of truncated therapy sessions. The study hypotheses are: a) the patients treated by both models show significant improvement and b) the therapeutic results of both are equivalent. The instruments applied before the first session and at the end of the treatment are the Outcome Questionnaire (OQ-45) and the World Health Organization Quality of Life (WHOQOL-brief). Results: The preliminary results, which will be analyzed considering the methodological limitations of the study, stimulate future lines of investigation oriented at exploring the use of session cut offs as a therapeutic technique and verifying the specificity of its effects. Discussion: Administration of session length and its use in the psychotherapeutic intervention is discussed as well as its application in institutional contexts.

**Poster**  
Development

**The Impact of Maternal Depression in the Language Development of Childrens to 12 months, in the urban area of Pelotas-RS: A Methodological Proposal**

*Luciana Quevedo - Universidade Católica de Pelotas, Brazil, Ricardo Tavares Pinheiro, Russélia Vanilla Godoy*

Introduction: The end of the first year of life is characterized as an important moment of children development, since the child has further acquisitions in terms of language, movement and exploitation of the environment. The development of verbal communication is one of the most complex learning that many children can not perform successfully. Some factors interfere with the acquisition of the vocabulary of the child, such as environmental, socioeconomic status and interaction with parents. Among the factors interactive, the postpartum depression has been approached by numerous investigations in recent decades, due to evidence that the depressed state of the mother may negatively affect the establishment of the first interactions with the baby and, consequently, the emotional development, social and cognitive of the child. Purpose: To verify the impact of postpartum depression in the language development of children to 12 months and associated factors. Method: It will take place a cross-sectional study nested in a cohort. The sample will consist of women who performed the prenatal care by the Unified Health System, the city of Pelotas-RS, and have their babies between September 2007 and 2008. As the babies from this pregnancy, ie, the sample will consist of dyads (mothers and children). The instruments used in this stage with the mother will be: Scale EPDS (Edinburgh Postnatal Depression Scale) and MINI (Mini International Neuropsychiatric Interview). To evaluate the language of the baby, will be used the protocol Words and Gestures by MacArthur Communicative Development Inventories and the sub-scale of the language of Bayley Scales of Infant Development III (BSID-III). Results and conclusions: The work is being started, so there are no conclusions at the moment.

**Poster**  
Therapist

**Psychometric study of the Personal Style of the Therapist Questionnaire (PST-Q) in a sample of Chilean therapists**

*Alvaro Quiñones - Universidad del Desarrollo, Concepcion, Chile, Patricio Ramirez, Roberto Melipillan*

The Personal Style of the Therapist (PST) is conceptualized as a multidimensional construct which is present throughout the therapeutic process. The PST-Q Questionnaire is an instrument that has several versions in different languages (English, Portuguese, Polish, Chinese, Spanish). In Argentina was developed from a research program of Fundación Aiglé (Fernández-Álvarez y García, 1998). The present research is the first to assess psychometric properties of the instrument in a Chilean therapist's sample. Objective: The main objective of this study is to assess the psychometric properties of the PST-Q Questionnaire in a sample of Chilean psychotherapists from diverse theoretical approaches and compare the personal style of Chilean therapists with therapists from other countries. Methodology: This research had three moments: The first was to make the idiomatic adaptation of the instrument in Chile. The second, to assess the psychometric properties of the instrument in terms of reliability and validity in a sample of Chilean psychotherapists from different theoretical approaches. And the third, to compare the therapist personal style of Chilean therapists with therapists from other countries.

**Poster**  
Psychodynamic

**Application and indication of truncated therapy sessions: A first approximation based on reports by psychoanalysts**

*Esteban Radiszcz - Universidad Alberto Hurtado, Santiago, Chile, Pablo Reyes, Alejandro Reinoso, Ricardo Pulido*

Aim: Introduced by Lacan, the variable time session by interruption of the psychoanalyst has been a controversial practice. Nevertheless, it is interesting to notice how although it has produced strong a debate, the question of its efficacy and the clinical criteria behind the administration of session length has been eluded. As a first step in a trial investigation about the therapeutic use of short sessions, the present study seeks to shed light over both the criteria of application of truncated therapy sessions as well as the principles behind its practice. Methods: A descriptive study, applying Delphi methodology has

been done in order to look for agreements between psychoanalysts in whose practice variable time sessions are applied systematically. The participants are 14 specialists from Argentina, Belgium and Chile who answered a specially designed questionnaire in two different consecutive rounds. The data has been examined based on descriptive statistics and content analysis. Results: A high level of agreement has been reached, both of the conditions of the framework necessary for application and in reference to the clinical indicators used for its indication or counter indication. Furthermore, there are agreements on moments and modes of interruption of session as well as orientation for the evaluation of foreseen and unforeseen effects. Discussion: The obtained results allow us to formulate general principals, which will orientate the application of the technique demystifying a practice for which there is little information. The methodology used permits development of clear guidelines of procedure avoiding rigidity and standardization.

**Poster**  
Change

**A comparison of the verbal activity during change and stuck episodes throughout a psychotherapeutic process.**

*Ivonne Ramírez - Pontificia Universidad Católica de Chile, Santiago, Mariane Krause, Katherine Strasser, Pérez Carola, Orietta Echávarri, Lucía Reyes, Nelson Valdés, Carolina Altimir, Alemka Tomicic, Claudio Martínez, Oriana Vilches, Paula Dagnino*

In trying to better understand how change works in therapy, the antipodal was studied to establish a comparison. This study compares the verbal activity encounter in the change episodes with the verbal activity identified for its opposite: the stuck episodes in an individual therapeutic process. In contrast to the episodes of subjective change, the stuck episodes constitute a temporary arrest in the client's process of change; this is due to a manifestation of aspect(s) of the client's problem appearing during a therapy. The verbal activity was analyzed by qualitative analysis of the conversation: SCAT (System of Codification of Therapeutic Activity). The extreme levels of this analysis consist of "basic forms" and "strategies". The "basic forms" in change episodes were compared with those in stuck episodes using chi square; the same was done for "strategies". Differences between both types of episodes were found. In stuck episodes the following activities were more common than in the change episodes: client denial, both client and therapist were more involved with coordination strategies and therapist performing more asserting. Whereas in change episodes the following activities were found to be more significant than in stuck episodes: the therapist asking more questions, and both therapist and client using more homogenic strategies. It is concluded that stuck episodes offers a distinction which enriches clinical work and the analysis of the therapeutic process. It is necessary however, to replicate this analysis with more cases to establish if these specific results of a single therapy case are applicable to others.

**Poster**  
Development

**The Impact of Caregiver's Narrative Competence on Children's Development: An exploratory study contrasts mother and teacher performances**

*Margarida Rangel Henriques - Universidade do Porto, Portugal, Marlene Sousa, Joana Baptista, Ana Moreira*

Recent studies have been documenting the relevant impact of parents' narrative competence on children's development, specifically in terms of memory, linguistic and literary abilities, theory of mind and socio-emotional development (Fivush, Haden, & Reese, 2006). Within this developmental framework, our study aimed to examine the impact of the caregivers' narrative competence on young children' cognitive development and temperament. The participants were 15 toddlers from 6 to 30 months of age, respectively mothers and their teachers. In order to assess the narrative competence of the caregivers, two kinds of narrative tasks were developed: an autobiographical narrative and a narrative centered upon caregiving (play and daily routine). The narratives were taped, transcribed and analyzed using the

System of Analysis of the Narrative Matrix (Gonçalves, Henriques, et al.) in terms of their structure and process dimensions. All the narratives were rated by trained psychologists, with levels of agreement higher than 80%. The Bayley Scales of Infant Development III were used for assessing children's cognitive development and the Infant Characteristics Questionnaire (Bates, Freeland & Lounsbury, 1979) was used for assessment of their temperament. Preliminary results concerning the normative sample show significant relations between child's temperament and mental development and their mothers' and teachers narrative competence. Comparisons between the two groups of caregivers will be analyzed.

**Poster**  
Narrative

### **The impact of expressive writing on the health of diabetic adolescents**

*Margarida Rangel Henriques - Universidade do Porto, Portugal, J. Paulo Almeida, Rosário Mendes*

The aim of the current study is to explore the impact of three sessions of expressive writing following the Pennebaker Paradigm (Pennebaker, 1999) on the health of diabetic adolescents. This paradigm claims that writing about traumatic events or emotionally intense experiences can bring about benefits to the subjects' physical and psychological health. We hypothesise that the narrative task will contribute to reduce the levels of the main biochemical indicators of diabetes: glycaemia and glycosylated hemoglobin (HbA1c). The participants of this study are 36 adolescents with Type 1 Diabetes, 20 in experimental group (EG) and 16 in the control group (CG), from 12 to 19 years old (M=15.6). The subjects are described and compared regarding some aspects of psychological functioning (anxiety, depression, stress on diabetes and emotional regulation), which are assessed in the initial phase and in the follow-up phase through self-response questionnaires. Glycaemia and HbA1c were measured at different moments in order to study the impact of expressive writing on biochemical indicators. The EG performed the narrative task which consisted of a 10 minute writing session a day, on three consecutive days. The results demonstrate that in the short term, glycaemia levels decreased in the EG, although there are not significant differences in biochemical indicators in the long term. There was an increase in the long term glycaemia levels in the CG. This suggests that writing has benefited health in the short term and has functioned as a protective factor against an increase of glycaemia levels in the long term.

**Poster**  
Prevention

### **Youth Suicide: Social Representations of University Students**

*Margarida Rangel Henriques - Universidade do Porto, Portugal, Inês Rothes, Ana Vila*

The problem of youth suicide has increased the scientific interest, either by its relevance as a main death factor in this age group, either by the expectation that, professionally, is likely to achieve more efficiency in its prevention. This study intends to contribute to the youth suicide prevention. By using the social representation theory (Moscovici, 1976) this research intend to determine how young people in the general population explains youth suicide behaviours and their perception about the resources and support services in this area. The study had 160 participants, university' students from different faculties. The Questionnaire Youth Suicide - Youths' Representations (Rothes, Henriques, & Vila, 2007) was used to access different dimensions of the problem - explanation, types of assistance and difficulties in using the resources. The free association was used in order to obtain the spontaneous responses of participants. Analyses were conducted through a qualitative methodology using Semantics Contents Frequencies and the Factorial Association Analysis. Among the various results some of them stood out by the relevance it may have for prevention strategies. The findings suggest: (1) a distinction between causes and meanings to conduct suicide or a suicide attempt, standing out cal for attention, despair, family problems, and depression as the most common explanations, (2) as types of assistance, the family, the friends and the psychologists, are the most mentioned, (3) as difficulties in using the resources, the lack of them at work and factors inherent the young in itself, such as shame, fear and lack of information.

**Poster**  
Instruments

**Concurrent validity and reliability of the draw-a-person test for anxiety and depressive symptoms, and impulse control, in a sample of obese and overweight patients (work-in-process)**

*Matias Rios - Pontificia Universidad Católica de Chile, Santiago, Paula Repetto, Daniela Nicoletti, Valeria Francesetti, Monica Ugarte*

Since the 80s there has been a decline in the research using graphic tests. The reason for this decline is due to the subjective nature of interpretation that they possess, which makes it a less reliable instrument for clinical and psychotherapy research. With this limitation in mind, the present study is aimed to assess the concurrent validity and reliability of the Draw-A-Person test in a non-probability sample of 100 adults with a diagnosis of obesity and overweight, evaluated by the Body Mass Index (BMI). The first stage of the study involves developing indicators, based on previous research, that will allow to develop an scoring system to measure the variables anxiety and depressive symptoms, and impulse control, determinants that are key to be examine in this population. To assess the reliability among evaluators, 20 protocols of the of Draw-A-Person Test will be selected at random, and will be judged by 4 judges, according to the scoring system proposed. Agreement will be assessed using the Kappa coefficient. All participants will then complete a questionnaire that will include Beck Depression Inventory, the Beck Anxiety Inventory and Barrat Impulsiveness Scale, together with the Draw-a- person test. We will examine whether participants classified having high symptoms (depressive, anxiety and low impulse control) using the scales are classified in the same way using the draw a person test. These analyses will be conducted using a sensitivity test.

**Poster**  
Instruments

**The Central Relationship Questionnaire (CRQ-6.0) of patients suffering from hepatitis C**

*Gustavo Risso - Puc-Campinas, Brazil, Elisa Medici Pizão Yoshida*

The Central Relationship Questionnaire (CRQ-6.0) is a self-report version of the Core Conflictual Relationship Theme (CCRT) method. It was developed to assess conflict on a romantic relationship according to three components: Wishes (W), Response from Other (RO) and Response of Self (RS). This study focused on patients with diagnosis of hepatitis C, a chronic disease that affects the individual's social network and more specifically his or her sexual life. Aim: The study intended to identify the central relationship pattern of patients with Hepatitis C and to compare it to that of people with no diagnosis of chronic diseases. Methods: Participants were 61 patients with Hepatitis C diagnosis (M = 48.74 years, 60.66% men) and 40 participants from community (M = 34 years; 62.55% women). Results: As expected, patients suffering from Hepatitis C scored significantly higher on components RO and RS ( $p < 0.05$ ). Yet, among hepatitis C patients, women scored higher than men on the W and RS components, suggesting difference between genders related to the amount of conflict on romantic relationship. Discussion: Results suggest psychological preventive interventions to address patients suffering from hepatitis C, specially female patients.

**Poster**  
Change

**Central Relationship Questionnaire (CRQ) – Brazilian version**

*Glauca Rocha - Universidade Presbiteriana Mackenzie, São Paulo, Brazil, Lucas Carvalho*

The Core Conflictual Relationship Theme is a method, with psychoanalytic orientation, which aims the evaluation of the central relationship pattern that each person follows. The central relationship pattern has three components: Wishes, Responses from Other and Responses of Self. Despite the favorable evidences to the use of CCRT in the clinic, one of the criticisms to that method is related to the time necessary for the evaluation in research. For that reason, taking as basis the CCRT, was developed the

Central Relationship Questionnaire (CRQ). THE CRQ is a self report instrument with satisfactory indexes of validity and reliability, composed of 65 items, which aim to evaluate the Wishes, Responses from Other and Responses of Self. Despite their significance, both the model CCRT and the CRQ, an adapted Brazilian version of the instrument was not found in the literature. This study aimed the translation and adaptation of the CRQ for Brazilian culture. Therefore, the procedure consisted of 5 distinct stages: translation of the instrument (from English version), synthesis of translated versions, back-translation, committee of experts, and pre-test (people of low education level). As a result, was obtained a Brazilian version of the CRQ, which is in the course of it's validation.

**Poster**  
Change

### **Outcome Questionnaire – Brazilian version**

*Glauca Rocha - Universidade Presbiteriana Mackenzie, São Paulo, Brazil, Lucas Carvalho*

One of the aspects most emphasized recently in the literature about research in psychotherapy concerns the patient's process of change. In attempt to answer this question, it was developed in the USA, the Outcome Questionnaire (OQ). It is a self report instrument, with satisfactory indexes of validity and reliability, composed of 45 items, for the assessment of the patient's progress in psychotherapy. Given the importance of assessing the progress of the patient in psychotherapy and the few instruments in the Brazilian reality that have this purpose, the present study aimed to translate and adapt the OQ to Brazilian culture. Therefore, the procedure consisted of 5 distinct stages: translation of the instrument (English version), synthesis of translated versions (included a Portuguese version), back-translation, committee of experts, and pre-test (a sample with low education level). As a result, it was obtained a Brazilian version of OQ, that could be answered by our participants (people with low education) which may be used in research, aiming the validation of the instrument for clinical use in the country.

**Poster**  
Culture

### **Psychoanalysis and Social Subjectivity: A Transcultural Perspective.**

*Andrea Rodríguez Quiroga de Pereira - Buenos Aires Psychanalytical Association, Argentina, Director Tesis: Wilma Bucci, Co-Director: Andrés Roussos*

General objective: Evaluate if the social subjectivity present in the discourse of the patient generates different modalities of clinical interventions from psychoanalyst who develop their professional practice in North America or Latin America. Specific objectives:1-Analyze whether the content of the interventions states in a straight way the aspects related with the patients' social subjectivity and whether these aspects are differentiated according to the geographical region of the professional practice of the analyst. 2-Study the relationship between interventions oriented to analyze the patient's social subjectivity and the geographical region of the professional practice of the analyst.3-Asses if the Referential Activity of the patient, when he/she refers to the social subjectivity present in the discourse, decreases, remains stable or is higher, in relationship to the kind of interventions of the analyst.Type of study: descriptive scope. Design: non-experimental / observational, transactional • Hypothesis: The social subjectivity that the discourse of the patient alludes to, gives rise to different modalities of clinical intervention in the different geographical regions. Sample: 10 sessions in each region of psychoanalytic oriented treatments done by members and / or candidates from some psychoanalytical associations / institutes of the International Psychoanalytic Association. Procedures: The content of the clinical sessions will be qualitatively analyzed. Quantitative methodology: For objectives 1 and 2, scheme of analysis of the interventions in psychotherapy designed by Roussos, Etchebarne & Waizman (2004). For objective 3, analysis of the process of the referential activity( Bucci, 1992,1997) assisted by computer.

**Poster**  
Instruments

**Two inter-judge reliability tests of the applications of the David Liberman algorithm (DLA)**

*Clara R. Roitman - UCES, Buenos Aires, Argentina, Liliana Alvarez, Delia Scilleta, David Maldavsky*

Goal: to test the inter-judge reliability of two applications of the David Liberman algorithm (DLA).

Sample: 1) two researches on drives and defenses appearing in the first interview of Ms Smithfield (Psychotherapy Research, 1994, 4), 2) 12 researches on drives and defenses appearing in an episode of violence (composed by 7 narrations) of Catullo's interview (Perry, personal communication). Procedure: In the first research we compared the results of the two investigations focusing on drives and defenses in the patient (in the narrated and enacted episodes) and in the therapist. In the second research we compared the results of the 12 investigations focusing on drives and defenses in the narrated episodes. Outcomes: both reliability tests exhibited satisfactory scores.

**Poster**  
Therapist

**Does one hour of 17 sessions per week matter? Discontinued alliance in individual therapy component in a day hospital as outcome predictor**

*Krzysztof Rutkowski - Jagiellonian University Medical College, Cracow, Poland, Jerzy A. Sobanski, ukasz Muldner-Nieckowski, Katarzyna Klasa, Agnieszka Bia as, Micha Mielim ka*

Aim: Determination of consequences of therapists swapping during intensive individual and group psychotherapy in a day hospital for neurotic disorders. Methods: Comparative analysis of individual patients and their psychotherapy outcomes in context of swapping an individual therapist i.e. person specifically responsible for particular patient's treatment and providing one individual session per week (along with 16 group sessions in a day hospital). This phenomenon is observed e.g. when residents psychologists and psychiatrists during their training in psychotherapy complete their curriculum and leave department, also when the regular staff follows inevitable routine changes. At pre- and post-therapy patients are assessed with personality inventories and symptom checklists, and some other sociodemographic and clinical measures are controlled in subgroups. Results: Single case analyses supports hypotheses that patient-therapist working alliance discontinuation, however contracted and properly worked through, unfortunately impeded some treatments, while some other processes remained to be relatively intact. As a result, treatment outcome when assessed in personality and symptom domain sometimes differed i.e. symptom improvement was not accompanied with coherent personality benefits. Analysis-in-progress will compare patients initial severity, with control for sex and therapists level of professional experience. Estimated number of patients compared will finally exceed 200. Discussion: One may expect that individual psychotherapy, specifically when located in an intensive group treatment context in a day hospital, thoroughly supervised and lasting ca 10-12 weeks, is better fortified against individual alliance discontinuation. In some processes however, it disrupted cooperation and other therapist inevitably invading individual relationship space might matter.

**Poster**  
Instruments

**Internal consistency of the Central Relationship Questionnaire (CRQ 6.0) to Brazilian clinical samples**

*Ademir dos S - Pontificia Universidade Catolica, Campinas, Brazil, G. Risso, A. C. Massei, F. M. Sanches, F. R. C. S. Silva, and E. Yoshida, PUC-Campinas*

The Central Relationship Questionnaire (CRQ 6.0) is a self-report instrument aimed to assess the individual's central relationship pattern, specifically focused on his or her romantic relationships and according to three components: Wish (W), Response from Other (RO) and Response of Self (RS). Cronbach's alphas estimated from the CRQ 6.0 English version CRQ, ranged from 0.87 to 0.89 in a sample of college students (n=441) and from 0.91 to 0.82 to individuals from community who met a

diagnostic criteria for any psychiatric disorder (n=96) (Barber, Foltz, & Weinryb,1998). Yet, in a Swedish study, with a sample of students (n = 91) and one of clinical patients (n=30), alphas ranged from 0.84 to 0.89 and from 0.88 and 0.90 (Weinryb,Barber,Foltz, Goransson, Gustavsson,2000) Aim: To estimated the internal consistency of a CRQ-6.0 Brazilian version to clinical samples Methods: patients suffering from HIV / AIDS (n = 61), chronic hepatitis C (n = 50), arterial cardiac disease (n = 40) and women victims of domestic violence (n = 33). Results: The Alphas coefficients ranged from 0.82 to 0.84 to the HIV / AIDS sample; from 0.80 to 0.83 to patients with Chronic Hepatitis C; from 0.58 to 0.83 to arterial cardiac disease patients ; and from 0.58 to 0.83 to women victims of domestic violence. Discussion: The Portuguese version of the CRQ 6.0 showed consistencies very close to those of the original version and suggest to be reliable in assessing conflict on romantic relationships to Brazilian clinical individuals

## Poster Instruments

### **Validity of a Brazilian Version of the Central Relationship Questionnaire (CRQ) in patients with coronary heart disease**

*Fábrica Sanches - Pontificia Universidade Católica de Campinas, Brazil, Elisa Yoshida*

The Central Relationship Questionnaire (CRQ) (Barber, Foltz & Weinryb, 1998) is a self-report instrument to evaluate the central relationship patterns with the romantic partner, according to three subscale: Wish (W); Responses from Other (RO), and Response of Self (RS). Considering some traits of hostility, angry, inhibition social comportment faced by patients suffering from coronary heart disease, conflicts in relationship with romantic partner were expected. Aim - This study aimed to investigate the psychometric properties of a Brazilian version of CRQ with patients suffering from coronary heart disease. A measure of Psychopathological Symptoms adapted for Brazilian population from SCL-90-R, the Escala de Sintomas Psicopatológicos-EAS-40(Laloni, 2001), that evaluate four dimension: psychoticism (F1), obsessive-compulsive(F2), somatization(F3) and anxiety (F4) was used as extern criterion. Method: The Sample included 40 coronary patients (CG) and 30 people of the community (NCG). When compared to the NCG participants of CG were older (average age 58 vs. 37 years old), predominantly composed by men (65% vs. 43,3%), with lower scholarship level (65% - less of 5 years vs. 47% - complete high school).Results: The internal consistency was analyzed with the Cronbach's alpha coefficient, W 0.83, RO 0.58 and RS 0.79 and CRQ 0.88. No significant association between the CRQ dimensions and the EAS-40 dimensions in CG ( $p>0,05$ ); in NCG significant association between RO and psychoticism; between RE and psychoticism, obsessivity-compulsivity and EAS-total ( $p<0,01$ ).The discriminant validity analyses between the CG and NCG pointed to significant differences to the W ( $p=0,018$ ) and RE ( $p=0,026$ ) dimensions. Future researches should involve more representative and paired samples. It is still suggested that measures of levels of alexithymia and stress are evaluated.

## Poster Instruments

### **Adaptation and Validation of Central Relationship Questionnaire (CRQ-6.0) with Brazilian University Students**

*Ademir dos Santos - Pontificia Universidade Católica, Campinas, Brazil, Elisa Yoshida*

A. Santos, and E. Yoshida – PUC – CampinasThe Central Relationship Questionnaire (CRQ-6.0) is a self report instrument developed to asses the central relationship pattern with the loving partner according to dimensions: Wishes, Response of Other and Response of Self. Researches with American and Swedish samples pointed out some of the psychometric properties of the instrument for those populations. In Brazil, researches for adaptation of this instrument in clinical populations are in progress. The purpose of this study is to study the factorial structure, the internal consistency and the CRQ-6.0 test and re-test precision for Brazilian university students. Method: The sample will be constituted of at least 550 university students, at least 18 years old, without gender discrimination and from different Brazilian

regions. Procedure: The data collection will be done in a collective form, in different universities and states of the country. A sample from 50 participants will be re-tested after 6 months for an estimate of test and re-test precision. The study of factorial structure will be done through factorial exploratory and items analysis. The internal consistency will be checked through coefficients estimate of Cronbach. The results will be compared to the ones obtained with the original version of the instrument, along with American and Swedish samples.

**Poster**  
Interpersonal

**Interpersonal styles as perceived by significant others and their change in psychotherapy**

*Claudia Schneider - Friedrich-Schiller-Universität , Jena, Germany, Martin Grosse Holtforth, Franz Caspar*

Theoretical formulations have emphasized interpersonal functioning in the etiology and maintenance of major depression. They posit that depressed individuals may be perceived by others as hostile and/or submissive, which may compromise their ability to satisfy their interpersonal needs. While previous empirical research generally supports these assumptions, it has rarely analyzed depressed patients' interpersonal styles as rated by significant others, nor their change in psychotherapy. Therefore in the present study we analyze interpersonal styles of over 500 psychotherapy outpatients as assessed by their significant others using the Impact Message Inventory (IMI). In the IMI, interpersonal style is assessed along the dominance- and affiliation dimensions of the interpersonal circle. More than 150 patients were given the DSM diagnosis of a depressive disorder at intake using SKID interviews. The IMI was administered before and after therapy along with a battery of self-report measures of symptomatology, well-being, psychosocial functioning, and goal-attainment. In this research, we characterize depressed patients in comparison to patients with other DSM disorders and to normal controls, assess the change of interpersonal styles of depressed patients and other patients over treatment, and relate these changes to therapy outcome. The results will be discussed with respect to their theoretical, clinical and empirical implications. Keywords: depression, interpersonal style, outcome

**Poster**  
Body

**Research on drives and defenses in a self inflicted injuries patient applying the David Liberman algorithm (DLA)**

*Delia Scilleta - UCES, Buenos Aires, Argentina, David Maldavsky*

Goal: to research drives and defenses (as well as their state) in the preceding episodes of self inflicted injuries on skin in a young woman. Sample: Narrated episodes of an in-mated psychiatric patient who self inflicted injuries on her skin. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses as well as their state in narrated episodes. Procedure: 1) analysis of selected fragments of the sessions focusing on self inflicted injuries, 2) correlations among the corresponding outcomes. Outcomes: with the self inflicted injuries on the skin the patient attempts to deal with silent wishes of vengeance and feeling of being diminished using successful pathological defenses like disavowal and foreclosure of the affect.

**Poster**  
Assessment

**Reflective Functioning, IQ, and Quality of Object Relations**

*Brian Sharpless - Center for Psychotherapy Research, Philadelphia, PA, USA, Khalsa, S. R., Watts, T., Milrod, B. L., Rudden, M. G., Graf, L. P., Chambless, D. L., & Barber, J. P.*

Reflective functioning (RF, also termed mentalization) is conceptualized as the capacity of individuals to understand the behavior of both themselves and others in terms of internal mental states. RF is an important construct in both the psychodynamic and cognitive psychology literatures, and reliable measures have been developed for its assessment. Recent studies have demonstrated RF's relationship

to attachment patterns and have also shown that level of RF can be improved with psychotherapy. Given its conceptual importance for psychotherapy research as a mediator of outcome, especially in the more relationally-oriented therapies, we intend to further assess its construct validity. Specifically, we shall assess the relationships between RF and patient intelligence. Preliminary studies have demonstrated either no, or a relatively small, correlation between the two. However, we hypothesize that patients with higher IQs may be more likely to achieve higher levels of reflective functioning. We therefore attempt to further clarify this issue by utilizing a sample of patients presenting for treatment during the first two years of a randomized, two site clinical trial for panic disorder. As part of intake procedure, patients were administered the Shipley Institute of Living Scale (a measure yielding vocabulary, abstraction, and total IQ scores), RF Interview, and a Panic-Specific RF Interview that assesses individuals understanding of their panic attacks. Second, we will assess the hypothesized positive relationship between RF and quality of object relations as measured by the Psychodynamic Functioning Scales and the Quality of Object Relations Scale.

**Poster**  
Instruments

**Validity of the Central Relationship Questionnaire – CRQ 6.0 with women victims of violence**

*Fernanda Robert de Carvalho Santos Silva - PUC-Campinas, Brazil, Elisa Medici Pizão Yoshida*

The World Health Organization (WHO) describes the violence against women, perpetrated by an intimate partner, as the most frequent form of violence. The conflicts stem from the maintenance of current patterns of relationships, with feelings, anxiety and defenses that are repeated. Aim: This study aimed to estimate the reliability, convergent validity and criterion of the Central Relationship Questionnaire (CRQ), a self-report instrument, with three sub-scales: Wishes (W), responses from other (RO) and responses of Self (RS). Method: Case group (CG), women victims from domestic violence (n=32); group no case (CNG), inpatients women who had given birth (n=22). In the CG, 75% suffered physical violence, 93.8% psychological violence and 18.8% sexual violence. Instruments: CRQ 6.0 and the Escala de Avaliação de Sintomas - EAS-40 a self-report designed to assess psychopathological symptoms according to 4 dimensions: psychoticism (F1), obsessive-compulsive (F2), somatization (F3) and anxiety (F4). Results: Internal consistency assessed through Cronbach's alpha ranged from 0.59 to 0.83 to GC and from 0.76 to 0.81 to CNG. As for the EAS-40 for GC: 0.75 to 0.93 and CNG: 0.84 to 0.88. Significant correlations were found between the RO and the total score of EAS-40 ( $p < 0.05$ ); RO, F1 and F2 ( $p < 0.01$ ); RE and total score of EAS-40 ( $p < 0.05$ ) and RE-F2 ( $p < 0.01$ ). RO correlated positively with the total score of EAS-40, (F1) and (F2); RS also correlated positively with (RO) and with EAS-40, specifically to psychoticism (isolation, social withdrawal), and obsessive-compulsive scale (repetitive thoughts and actions).

**Poster**  
Development

**Effects of institutional rearing on children's physical growth, neuro-cognitive functioning and social-emotional development**

*Isabel Soares - University of Minho, Braga, Portugal, Joana Silva, Sofia Marques, Joana Baptista, Mariana Pereira, Nuno Sousa, Margarida Rangel, Joana Palha, Pedro Dias, Carla Martins*

Clinicians and researchers have been documenting the deleterious effects of institutional rearing on multiple developmental domains of young children. Most of these studies were conducted in very deprived institutional settings. In Portugal there is a lack of empirical evidence about the developmental effects in children reared in institutions. The sample is composed by fifty children early deprived from parental care and placed in institutions from birth to 30 months. Two groups of children were assessed: children newly admitted at the institution (Group 1) and children that had been at the institution for at least 6 months (Group 2). The measures were: a) standard measures of weight, height, head

circumference for physical growth; b) the Bayley Scales of Infant Development III for assessment of cognitive development; c) saliva samples for determination the cortisol levels; d) Ages & Stages Questionnaires – SE for social-emotional development (Squires, Bricker & Twombly, 2002), and the Infant Characteristics Questionnaire (Bates, Freeland & Lounsbury, 1979) to assess temperament. Physical growth and neuro-cognitive functioning differences will be examined between groups. In addition, intra-group variability in neuro-cognitive functioning and social-emotional development will be explored within Group 2 as a function of the length of institutional rearing.

**Poster**  
Personality

**Personality change in NEO-PI-R and KON-2006 neurotic personality questionnaire after intensive group psychotherapy in a day hospital**

*Jerzy A. Sobanski - Jagiellonian University Medical College, Cracow, Poland, Jerzy W. Aleksandrowicz, Katarzyna Klasa, Micha Mielim ka, ukasz Muldner-Nieckowski, Krzysztof Rutkowski*

Aim: Assessment of utility of NEO-PI-R [Polish adaptation by J.Siuta 2006] in everyday pre- vs post-therapy effectiveness evaluation. Methods: Patients at pre- and post-treatment filled in NEO-PI-R inventory and some other symptom and personality inventories, and changes were estimated in terms of 'statistical' and 'clinical' improvements. Correlations and cross-validity analyses were performed, and distribution of scores were studied. In some cases individual case study method was added, especially when patient was readmitted or his/her scores deviated significantly. Results: Pilot study on 42 patients confirmed significant change of NEO-PI-R profile as the most frequent phenomenon. It was clearly focused on the most extreme values e.g. high Neuroticism (N) decreased, as well as low Extravertism (E) increased, with coherent changes in the subscales of the scales mentioned above. In single cases also particular scores in different scales (e.g. U1) changed, coherently with clinical assessment of individual progress. Group pattern was re-shaping distributions from asymmetrical to symmetrical, and means more expected for nonclinical populations. In some cases of therapy continuation i.e. second admission to our department, scores reflected step-by-step change pattern. Results were controlled for age and sex with sten scores analysis. Discussion: Results of the pilot study confirmed hypotheses on 'normalization' of NEO-PI-R profiles as the most common result of intensive psychotherapy (over 200 group and individual sessions in ca 10-12 weeks). Such change may not be common in less intensive therapy or in populations of more severely disordered patients e.g. severe borderline, impulsive and schizotypal subjects, who are not admitted as too vulnerable for such treatment setting.

**Poster**  
Alliance

**Therapeutic Responsiveness: Bridging conceptual and empirical aspects**

*Zita Sousa - University of Minho, Braga, Portugal, Eugenia Fernandes, Adam Horvath*

AIMSTherapeutic Responsiveness (TR) can be conceptualized as the therapist's ability and willingness to tailor and implement interventions in response to client's needs. TR underlies interactive micro-processes anchored on therapist's sensibility to the emerging manifest needs of the client, as well as on his/her ability to flexibly adjust the therapeutic process. TR occurs under specific relational conditions and is directed to particular therapeutic goals (e.g. Stiles, Honos-Webb & Surko, 1998; Gibbons, Crits-Christoph, Levinson & Barber, 2003). TR is thought to have a significant role in the development of alliance and, subsequently, in the quality of therapy outcomes (e.g. Horvath, 2005; 2006). However, to date, there has not been a reliable way of assessing TR. Our study aims to understand the concept of TR, to develop a method of moment-to-moment measuring it, and to explore the association between TR and alliance. METHODWe developed a task analysis (e.g. Greenberg, 2007) of TR through a systematic process of observation, categorization and analysis of therapy episodes. Series of intensive analysis were developed in order to identify and characterize the TR marker and expression, as well as to describe the

specific TR context. A pilot procedure was developed to guarantee a reliable inter-judges agreement on coding TR marker and expression. RESULTS We will present results of preliminary analyses leading to the emergence of an empirical-conceptual model of TR and the development of the TR Observational System (TROS). Sequential descriptions of the task analysis procedure will be outlined. DISCUSSION The data usefulness will be discussed regarding the development of alliance.

**Poster**  
Culture

**Cultural background to the patient-therapist relationship: A study on the web pages of the associations for the handicapped using the David Liberman Algorithm (DLA)**

*Elena Stein-Sparvieri - UCES, Buenos Aires, Argentina, David Maldavsky*

Goal: To provide the psychotherapist with cultural diversity concepts to meet the challenge of treatment of diverse groups of handicapped within varied demographic settings; to understand the effects of culture on the psychotherapeutic process. Sample: Discourse analysis of web sites of associations for the handicapped in countries of the Americas and Europe; discourse analysis of national documents of the countries studied. Instruments: David Liberman Algorithm (DLA), based on psychoanalytical theory, to research attitudes, traits, libidinal drives, defenses and their state in discourse. Results: Features in cultural documents correlate positively with psychotherapy beliefs, practices and expectations regarding handicap. Cultural features are predictors of improvement processes and outcomes in the field of handicap. Contrasts in culture indicate levels in handicap management. Cultural differences can help determine progress in therapeutic procedures and regulations.

**Poster**  
Couple

**Narcissistic contract in a couple: A research with the David Liberman algorithm (DLA)**

*Cristina Tate de Stanley - Asociación Psicoanalítica Argentina, Buenos Aires, Liliana H. Alvarez, Ana María Britti, Nilda Neves, Clara R. Roitman David Maldavsky*

Goal: To research the narcissistic contract (conceived as an intersubjective combination of successful functional and pathological defenses) in a couple's relationship. Sample: first interview with a married couple. Method: The David Liberman algorithm (DLA), which allows to detect drives and defenses as well as their state in narrated and enacted episodes. Procedure: analysis of the patients' defenses as well as their state into the main narrated and enacted episodes during the interview. Outcome: in the daily life of the couple, some aspects of the narcissistic contract, that originally allowed the arousal and some kind of positive development of the link, is now threatening its continuity. But during the interview the intersubjective combination of successful functional and pathological defenses of the couple is re-established.

**Poster**  
Assessment

**A diagnostic research using the David Liberman algorithm (DLA)**

*Carlos Titolo - Universidad de Morón, Buenos Aires, Argentina, David Maldavsky*

Goal: to decide whether or not a patient with a presumption of psychosis has really this psychic organization. Sample: two diagnostic interviews. Method: the David Liberman algorithm (DLA), which allows to detect drives and defenses in the patient's narrated and enacted episodes. Procedure: 1) to study each interview and 2) to compare both results. Outcomes: the narrated and mostly the enacted episodes show that the patient has pathological and functional defenses. The pathological mechanisms are disavowal and repression plus histrionic traits of character. The functional defenses are in accordance with the goal, and they increase their relevance along the interviews. In consequence, the diagnostic corresponds more to a narcissistic personality than to a psychotic organization.

**Poster**  
Assessment

**Agreement between whos and what: A study of concurrency between perception of the therapist and observers**

*Ignacio Toro - Universidad Complutense, Madrid, Spain, Gerardo Gutiérrez S., Moraima García M.*

Introduction: The finding of effectiveness of psychotherapy supports the recognition of the value and necessity of quasi-experimental studies to obtain significant information that reflects the therapeutic process linked to the outcome. In this context, the studies of single case(n = 1) excel by the use of investigative tools formal and reliable, many of them based mainly on the shared view of observers regarding the presence, intensity and dynamics of observable and / or deductibles variables of clinical sessions, in other words, the basis of various investigative tools is the agreement among different observers about the presence of significant variables and his dynamics in the treatment linked to the outcome. We caution and stress that the agreement between observers rests on the assumption that the sessions observed by judges allow some apprehension of clinical reality experienced by the therapist's case investigated.Objective: compare the level of agreement between perception of therapist and the perception of observers about the same psychotherapy treatment.Method: Single case study not experimental (Hilliard, R. 1993) of videotaping of psychoanalytic psychotherapy for 14 sessions, evaluated all sessions(n = 14) with the Psychotherapy Process Q-sort (PQS) (Jones, E. 2000) by observers and therapist.Results: The descriptive analysis of data, showed the items more and less characteristic of this treatment according to the therapist, and his comparison with items more and less characteristic of this treatment according to observers. The factor analysis of the data allows comparison of the significant factors, and his dynamic through the treatment, according to the therapist, and his comparison with significant factors and his dynamic according observers.

**Poster**  
Linguistic

**Irony in a violent patient: a single-case study with the David Liberman algorithm (DLA)**

*María Truscello de Manson - APdeBA, Buenos Aires, Argentina, Cristina Tate de Stanley, Clara R. Roitman, Rosa Sloin, Angeles Aparain, Cristina Falice, David Maldavsky*

Goal: to detect drives and defenses (as well as their state) in the discourse of a patient displaying violent behavior in the extra-transference (narrated episodes) and cynicism during the session (enacted episodes). Sample: an interview (provided by C. Perry) of a patient with violent episodes. Method: the David Liberman algorithm (DLA), which detects drives and defenses (as well as their state) in narrated and enacted episodes. Procedure: two narrated episodes of violence were analyzed and compared, then the enacted episodes occurred at the beginning and the end of the interview were studied and finally the results of both investigations were combined. Outcomes: the narrated episodes of violence and the enacted episodes of irony exhibited a different combination of drives and defenses in a successful state. Both episodes had the same kind of antecedent: the failure of certain pathological mechanisms, and the patient recovered from this situation by resorting to violence or to irony expressing a successful state of the defenses.

**Poster**  
Disorder

**Identification and Description of Antisocial Conducts Based on Reports of Patients Diagnosed With These Types of Behaviors**

*María Catalina Undurraga - Universidad del Desarrollo, Santiago, Chile, Ety Rapaport*

The following research has the clinical psychology as the area of knowledge. It will study the antisocial conducts based on reports of patients that have been diagnosed with these types of behaviors. This will be performed through the analysis of transcriptions of semi-structured interviews.Many studies have addressed these behaviors, relating them with certain personality features. Others have focused on

studies about the brain structures influence. Nevertheless, few studies have centered in psychological dimensions of these behaviors, that is to say, in personality aspects that allow these behaviors to be carried out in different circumstances, with diverse reasons, values and affects. The lack of empirical data about the psychological comprehension of these conducts has hampered the prevention, prognosis and treatment of these patients. Nowadays, individuals with these types of behaviors are not recommended for psychotherapy treatment, as they have a bad prognosis. Having these ideas in mind, it is fundamental to be able to understand where these behaviors come from and to be able to determine the differences between each specific case, in order to conclude the prognosis and the most adequate psychotherapy recommendation for each one of them. Each case is unique and the same symptomatology can be related to different types of disorder. Thus, it becomes more relevant the understanding of how these behaviors arise, instead of observing behavior as an isolated entity.

**Poster**  
Linguistic

### **Therapeutic Activity Coding System (TACS): Dimensions and Contents of Patients and Therapist's Communicative Actions**

*Nelson Valdés - Pontificia Universidad Católica de Chile, Santiago, Mariane Krause, Alemka Tomicic, Paula Dagnino, Orietta Echávarri, Oriana Vilches, Carolina Altimir, Carola Pérez*

The Therapeutic Activity Coding System (TACS) is presented. This coding system emerges from the necessity to conceptualize and investigate patients and therapists' verbal activity within relevant episodes of the psychotherapeutic process. On a theoretical level, there is a performative notion of language underlying this coding system. From this point of view, language is understood not as a simple reflection of reality, but as constitutive of it. It is assumed that "to say something is to do something". According to this conceptual statement, verbalizations are called "communicative actions", because they fulfill the double purpose of carrying information (communication of contents) and of influencing the other and the reality constructed by the speakers (action). The TACS considers the dimension of influence as well as the contents of communicative actions. The several categories belonging to each of these dimensions were developed employing a discovery oriented qualitative analysis of the transcripts of change and stagnation episodes from 200 therapy sessions. On the dimension of "influence", three dimensions of communicative action are distinguished: Basic Form, Communicative Intention and Technique. On the dimension of content, the TACS distinguishes between Theme (what is being discussed) and Reference (who the protagonist is) of the communicative action's content. Finally the TACS's usefulness as a system for the analysis of verbal communication within episodes of change, stagnation and any other kind of relevant psychotherapeutic episode is discussed. Likewise, its advantages in comparison with other classificatory systems of psychotherapeutic verbal communications are covered, considering TACS's applicability for the analysis of patients and therapists' verbal communication in psychotherapies of different theoretical orientations.

**Poster**  
Alliance

### **Spanish version of the Working Alliance Inventory (WAI-O): Preliminary results**

*Carlos Vohringer - Pontificia Universidad Católica de Chile, Santiago, Carola Perez, Carolina Altimir, Claudio Martínez, & Paula Dagnino*

The aim of this presentation is to show the psychometrics characteristics of reliability and validity of Chilean version of WAI-O (Tichenor, 1989) and the first application to trail sample. The cultural adaptation was done following the procedures of translation and back translation. A group of clinicians participated as expert judges to assess content validity. The validation is being done with a sample of 60 sessions from psychotherapies of different theoretical orientations and modalities. The concurrent

validity is realized by WAI-T and WAI-P (Horvath, 1981, 1982) and divergent validity with an outcome measure (OQ-45.2; Lambert, 1996). Besides, interjudged reliability is estimated by intraclass correlation (ICC). Results are presented and their scopes and limitations are discussed.

**Poster**  
Alliance

### **The Argentinean Version of the Working Alliance Inventory - IAT-A**

*Vanina Waizmann - Universidad de Belgrano, Buenos Aires, Argentina, Sebastián Serrano, Isabel Espíndola, Andrés Roussos*

The goal of this poster is to present a specific version of the Working Alliance Inventory Observer Form, (WAI-O) in Spanish, for its use in Argentina. To achieve the adaptation, the original English scale (Horvath, 1981; Horvath & Greenberg, 1986, 1989) was used together with the Chilean version (Santibáñez, 2003) and the Spanish version (Andrade, in preparation) of the WAI in their Therapist and Patient Form. Also, a crossed translation was realized from English to Spanish, and back to English in order to stay the most loyal to the original version of the scale. Therapists from different theoretical frames and levels of experience received informed consents (for both participants of the dyad), and a form for personal details. As for the psychometric properties of the scale, we are currently evaluating whether the reliability and types of validity are adequate.

**Poster**  
Training

### **Spiritual Attitudes and Clinical Integration in Clinical Psychology Students**

*Gloria Workman - Midwestern University, Downers Grove, USA, David Orlinsky, Michelle Lee, Don Workman, Vanessa Christian*

**Aim:** This study evaluated the religious and spiritual attitudes of clinical psychology doctoral students at two distinct points in their programs; in their first year of training and in their final pre-doctoral internship year. **Methods:** Trainees were surveyed during the 2007-2008 academic year. Graduate students reported their views on organized religion and personal spiritual experiences, as well as other attitudes and beliefs about the role of client spirituality in the clinical encounter. A cross-sectional design was used. **Results:** Analyses of results from the pretest will be presented. There were no significant differences between the groups on their attitudes towards organized religion or level of personal spirituality. There were significant differences in terms of students' attitudes regarding the application of spiritual diversity in psychotherapy. Advanced students reported being more knowledgeable, competent and more likely to discuss client spirituality in clinical practice. Students in their internship training also thought it was of greater importance to discuss their clients' spiritual needs. All students indicated they were very comfortable asking clients about their spiritual concerns. **Discussion:** Findings from this study are helpful in understanding the developmental trajectory of spiritual values and religiosity among clinical psychology students during their doctoral training. Future research should assess the meaning of spirituality and level of religiosity in psychotherapists across the developmental lifespan and the role of training in providing culturally sensitive psychotherapy.

**Poster**  
Psychodynamic

### **Clinical Psychoanalytical Research on Somatic Affections**

*Jaime Yasky - University of Chile, Santiago, Marcelo Balboa, Pablo Cabrera, Liliana Messina, Carolina Piola*

This is an ongoing long term clinical research on patients with different types of somatic affections. Being faithful with the nature of the psychoanalytical method, as a simultaneous clinical and research method, clinical processes of patients are analyzed, both individually and with a psychoanalytical supervision group. The researchers are trying to figure out the sense of the somatic affections of the patient as part of the whole wide context of their psychological experience. The scope of the free

association and of the freely floating attention methods are extended to include all sort of somatic allusions and manifestations. This research includes a dialectic relation between with clinical data and different theoretical models concerning the psychosomatic affections, such as the conversion and the actual neurosis models, in order to find the best way to represent patient's experiences. Control supervision with outside clinical experts, and other type of similar measures are intended to assure reliability of the research from it's epistemological standpoint.

**Poster**  
Couple

**Facilitation of insight to maladaptive schemas in couple with marital discord by schema-focused intervention**

*Rahim Yousefi - Shahid Beheshi University, Tehran, Iran, Islamic Republic Of, Masoud Gorbaniipour*

Introduction: insight is defined as the acquisition of new understanding about the origins, determinants, meanings, or consequences of their (or others') behaviors, thoughts, intentions, or feelings. Schema therapy is valuable in the treatment of couples, helping both partners to understand and heal their schemas. This perspective formulates insight as a change of knowledge structures, that is, schemas about self and others. We attempt to test the effectiveness of schema-focused intervention to enhancing insight in couple with marital discord. Method: 44 couple with marital discord chose for schema-focused intervention by screening instrument and then Young Schema Questionnaire-Short Form (YSQ-S), Beck Cognitive Insight Scale (BCIS) and Psychological Distress Scale (PDS) administered on couples. After pre-test, schema-focused intervention (focused on recognition maladaptive schemas) administered on couple with marital discord in 8 sessions and then take the post-test. Results: there are significant differences between pre-tests and post-test scores in (YSQ-S), (PSS) and (BCIS). couples after schema-focused intervention showed reduced maladaptive schemas (low scores in YSQ-S), low psychological distress and enhanced cognitive insight (high score in BCIS). Conclusion: schema-focused intervention is effective intervention for enhancing insight in couple with marital discord. It is important to consider that insight, from a schema-focused perspective, can reflect awareness and recognition to maladaptive schemas in relationship functioning.

**Poster**  
Emotion

**Expressive writing intervention in cancer patients and their partners: The moderating effects of coping resources**

*Sandra Zakowski - Argosy University, Chicago, USA, Nancy Beckman, Jessica Gerfen*

Aim: Emotional expression interventions have been found to have beneficial effects in individuals undergoing stressful life events including the diagnosis and treatment of cancer. To date, little is known about how individual differences moderate these effects. It may be argued that those who have a wide range of coping resources may be less in need of an expressive writing intervention than those who have fewer resources. This study examined whether cancer patients and their partners who have a lower level of coping resources to deal with cancer are more likely to benefit from an expressive writing intervention (using Pennebaker's methodology) than those who have more coping resources. Method: 173 prostate and gynecological cancer patients and 80 spouses/partners were randomly assigned to write about their cancer experience for 3 days, 20 minutes/day vs. a neutral topic (controls). They completed the COPE (baseline) and the Brief Symptom Inventory (baseline, 6 months post-intervention). Results: Multiple regression, covarying baseline distress, revealed no significant main effects of the intervention on distress. However, in patients there was a significant coping resources by intervention interaction,  $F(4,168)=4.4, p<.05$ . Plots of regression lines showed only those who reported few coping resources at baseline reported reduced symptoms post-intervention. There was no interaction effect for spouses. Discussion: It appears that expressive writing intervention can provide an

additional resource for those cancer patients who have few coping resources to deal with cancer. Spouses showed no significant benefits from the intervention, suggesting that other moderators may operate in this population.

**Poster**  
Trauma

**Contextual factors and psychotherapeutic interventions on survivors of torture and political repression: How have they been affected 33 years later?**

*Pamela Zapata Sepúlveda - Centro de Investigación e Intervención Psicosocial, Universidad de Tarapacá, Arica, Chile, Félix López Sánchez, María Cruz Sánchez Gómez (Universidad de Salamanca)*

The main aim of this work is to inquire into the discourse of a sample of 60 ex-political prisoners from the north, central and southern regions of Chile and to enquire into what their main concerns are nowadays. The sample was selected from the official list of Chilean survivors prepared by the government of Chile through the Valech Report 2004. The conceptual framework used in this research was the basic interpersonal needs model (López, 2008). This research had a qualitative design of 60 semistructured, in-depth interviews using QSR-NVIVO6 software for the analysis of the content. A coding process was used for identifying paragraphs and concepts throughout the given data, which were identified and combined. The categories including descriptions of contextual aspects were reviewed for highlighting key topics and for identifying narratives which illustrated these topics. 9900 units of textual analysis were obtained. The analysis was made at the inter-subjects level. Topics and frequencies were analyzed according to the mode and mean statistics. In some cases the Pearson's chi-square test was used to evaluate differences between demographic and conceptual variables. Results indicate that the vast majority of ex-political prisoners show a dissatisfaction with socio-political aspects like the government methods of reparation. Chilean society and human rights in Chile, among others, which should be taken into account as a part of a current trauma which affects their psychological well-being, and the overcoming of the experience of political violence will depend on the particular experience of social and political change. For these reasons, such aspects must be considered within the psychotherapeutic approach for these people.

## Topic Index

- A
- Alliance .. 11, 16, 48, 61, 72, 82, 93, 96, 101, 103, 104, 121, 144, 147, 149, 151, 155, 164, 165, 187, 190, 191
- Assessment..... 31, 68, 131, 137, 145, 170, 185, 188, 189
- Attachment ..... 6, 36, 120, 145, 148, 150
- B
- Body ..... 132, 138, 185
- C
- Change 9, 24, 56, 63, 99, 135, 139, 143, 146, 151, 155, 157, 162, 169, 173, 179, 181, 182
- Child ..... 12, 43, 98, 99, 124, 126, 132, 134, 163, 166, 175
- Cognitive ..... 7, 111, 122
- Computer ..... 17, 53
- Couple ..... 81, 97, 108, 133, 159, 165, 173, 177, 188, 192
- Crisis ..... 32, 174
- Culture..... 13, 91, 95, 100, 106, 159, 182, 188
- D
- Depression 94, 101, 105, 108, 109, 110, 113, 114, 118, 120, 124, 128, 147, 150, 152, 153, 161, 168, 172
- Development ..... 97, 105, 151, 177, 179, 186
- Disorder..... 101, 102, 116, 144, 145, 157, 158, 160, 189
- E
- Emotion .. 6, 7, 34, 60, 77, 85, 103, 122, 127, 129, 140, 142, 160, 163, 192
- Ethics..... 138
- F
- Family..... 139, 156, 167
- G
- Group..... 19, 20, 66, 126, 135, 158, 171
- I
- Inpatient..... 96, 113
- Instruments .... 133, 167, 168, 169, 171, 173, 181, 183, 184, 186
- Integration..... 25, 107
- Interpersonal ..... 76, 130, 185
- L
- Linguistic..... 58, 93, 138, 140, 189, 190
- M
- Measures ..... 8, 10, 11, 44, 55, 125, 161
- Model..... 10, 89
- N
- Narrative .. 74, 115, 116, 121, 132, 137, 141, 154, 166, 176, 180
- Neuroscience ..... 98, 119, 139
- O
- Other ..... 94, 117, 125, 163, 166, 175
- P
- Personality ... 41, 69, 97, 112, 114, 115, 119, 131, 136, 162, 187
- Practice ..... 5, 13, 39, 51, 64, 87, 110, 118, 122
- Prevention ..... 5, 149, 180
- Psychodynamic. 12, 104, 128, 143, 147, 154, 172, 176, 177, 178, 191
- Q
- Quality..... 50
- R
- Researcher ..... 10
- S
- Self..... 29, 111
- Supervision ..... 112, 123, 142, 153
- T
- Therapist 5, 27, 37, 46, 71, 93, 95, 100, 102, 112, 128, 133, 141, 148, 156, 170, 178, 183
- Training . 9, 11, 12, 14, 22, 79, 104, 117, 123, 157, 164, 191
- Trauma ..... 116, 125, 129, 136, 193

## First Author Index

### A

Aleksandrowicz, Jerzy W.....	131
Altimir, Carola.....	12
Altimir, Carolina.....	9, 39
Alvarado, Luis.....	131
Alvarez, Karla.....	93
Alvarez, Liliana Haydee.....	132
Alves, Daniela.....	132
Andrade, Daniela.....	47
Angus, Lynne.....	26, 74, 85
Araneda, Paulina.....	132
Araos, Fernando.....	93
Araya, Claudio.....	88
Arias, Sergio.....	133
Armijo, Iván.....	82, 133
Asay, Penelope.....	14
Auletta, Andrea F.....	93
Azevedo da Silva, Ricardo.....	94, 134
Azy, Barak.....	94

### B

Bachino, Marta.....	95
Bae, Sue.....	14, 15
Bahamondes, Cristian.....	134
Bani, Marco.....	23
Bänninger-Huber, Eva.....	9, 44, 81, 87
Barber, Jacques.....	16, 17, 41
Barlow, Sally H.....	135
Barrett, Marna.....	95
Barriga, Liliana.....	96
Barros, Jorge.....	68
Bauer, Stephanie.....	17, 18, 53
Bauer, Susanne.....	135
Bedi, Robinder.....	32
Bergquist, Mia.....	60
Berner, Guillermo.....	136
Bialas, Agnieszka.....	136
Bickman, Leonard.....	55, 96
Biedermann, Karin.....	27
Biedermann, Niels.....	86
Borges, Raquel.....	137
Bormann, Bianca.....	19
Boswell, James F.....	137
Botella, Luis.....	138
Bourke, Marianne.....	41
Boutri, Alkmimi.....	78
Braakmann, Diana.....	96
Bracchi, Liliana.....	97
Braun, Magdalena.....	138
Bru de Duran, Rita.....	138
Bucci, Wilma.....	89
Buchbinder, Bibiana.....	139

Bueno, Diana.....	139
Burlingame, Gary.....	19, 20
Bustamante, Francisco.....	139

### C

Cabral, Joana.....	97
Caligor, Eve.....	97
Cantis, Jorge.....	98, 140
Cappa, Kimberly.....	98
Cárcamo, Marcelo.....	29
Carey, Tim.....	99
Carlsson, Jan.....	9, 22, 23
Carneiro, Berenice.....	11
Carneiro, Berenice Victor.....	140
Carrasco, Ximena.....	99
Carvalho, Helena.....	37, 141
Casiano, Delane.....	100
Caspar, Franz.....	17, 61, 77
Castonguay, Louis.....	24, 25, 50
Cavadas, Cláudia.....	141
Ceric, Francisco.....	30, 142
Ceruti, Paola.....	142
Cervone, Nélide.....	143
Chacón, Diego.....	143
Chapman, Christopher.....	19
Chardon, Lydia.....	55
Corbella, Sergi.....	38
Cornejo, Carlos.....	29
Coutinho, Joana.....	144
Crane, Amy.....	43
Crempien Robles, Carla.....	13
Crowe, Trevor.....	100
Cruzat, Claudia.....	144
Cruzeiro, Ana Laura.....	101, 145
Cubillos, Susana.....	145
Cucu Ciuhan, Geanina.....	145
Cunha, Carla.....	59, 146
Cusien, Irene.....	45, 147

### D

Dagnino, Paula.....	27, 28, 147
de Jong, Kim.....	10, 24
de la Parra, Guillermo.....	63
de Niet, Judith.....	18
Defey, Denise.....	10, 13, 88
del Rio, Maria Teresa.....	29, 30, 65
del Rio, Marta.....	81
DeLuca, Stephen R.....	101
Dias de Mattos Souza, Luciano.....	101, 147
Dimitriadou, Eleni.....	80
Dinger, Ulrike.....	102
Doucette, Ann.....	31
Duran, Alvaro.....	65

E	
Echávarri, Orietta .....	32, 33
Ehrenthal, Johannes C. ....	48, 148
Elliott, Robert .....	11, 34, 35, 60
Endtner, Katrin .....	102
Errazuriz Arellano, Paula .....	103
Etchebarne, Ignacio .....	5, 148
F	
Faber, Rainer .....	103
Farah, Sofia .....	104
Farkas, Chamarrita .....	36, 149
Fassnacht, Daniel B. ....	54
Federici, Anita .....	62
Fernandes, Eugenia .....	149
Fernandez, Karolina .....	150
Fernández, Olga .....	47
Fernández-Alvarez, Héctor .....	37
Firestone, Lisa .....	5, 34
Fitzpatrick, Marilyn .....	78
Flora, Katerina .....	80
Florenzano, Ramon .....	104, 150
Flores Caceres, Jose Agustin .....	151
Flückiger, Christoph .....	51
Foa, Clare .....	79
Folkes-Skinner, Julie .....	104
Forsström, David .....	22
Fossa, Pablo .....	151
Fosse, Per Oyvind .....	61
Fragkiadaki, Eva .....	39, 40
Frei, Michael .....	33
G	
García, Fernando .....	38
Gelo, Omar .....	11, 84
Gerger, Heike .....	151
Godoy, Russélia .....	105
Gomes da Silva Moraes, Inácia .....	105, 152
Gomez Montanelli, Daniel .....	106
Gonçalves, Miguel .....	56, 75, 153
Gonzales, Hugo .....	106
Goodman, Geoff .....	153, 154
Gori, Alessio .....	107
Greaves, Amy .....	20
Grenyer, Brin .....	41, 42, 69
Grez, Cecilia .....	108
Grosse Holtforth, Martin .....	108
Gual, Marina .....	154
Guequierre, Liza .....	155
Guimond, Tim .....	62
H	
Harder, Susanne .....	83
Härkänen, Tommi .....	109
Hartmann, Armin .....	87
Hayes, Jeff .....	43
Heinonen, Erkki .....	109
Hentschel, Uwe .....	44, 45
Hernandez, Viviana .....	37
Herrera, Pablo .....	46, 48
Hess, Shirley .....	110
Hill, Clara .....	25, 50
Hirsch, Hugo .....	51, 52
Hohl, Eléonore .....	53
Horowitz, Leonard .....	76
Horvath, Adam .....	11, 72
Hsieh, Hui-Chun .....	155
Huang, Shu-Hsien .....	156
Huber, Dorothea .....	110
Hunger, Christina .....	110
Hurst, Alfred .....	5, 111, 156
Hynninen, Minna .....	111
I	
Inman, Arpana G. ....	112
Isla, Rogelio .....	157
J	
Jandl-Jager, Elisabeth .....	157
Jansen, Karen .....	157, 158
Jaramillo, Andrea .....	33
Jen Der Pan, Peter .....	158
Jiménez, Juan Pablo .....	6, 12, 63
Johnson, Jennifer .....	19
Jose, Anita .....	159
Joyce, Anthony .....	20
K	
Karl, Bagraith .....	55
Katja, Hämmerli .....	54
Katsounari, Ioanna .....	159
Kaufmann, Lilliana .....	112, 160
Kelly, Allison .....	16, 160
Khademi, Ali .....	112
Khalsa, Shabad-Ratan .....	161
Khater, Eduardo .....	161
King, Robert .....	55, 56
Klasa, Katarzyna .....	162
Klug, Guenther .....	113
Knekt, Paul .....	162
Knox, Sarah .....	50
Kolden, Gregory G. ....	113
Kornberg, Marcelo .....	52
Kramp, Uwe .....	114
Kraus, David .....	24
Krause, Mariane .....	39, 56, 57

Krogel, JulieAnn .....	20
Krogh, Edwin .....	114
Kuhne, Walter .....	163

## L

Laaksonen, Maarit A. ....	115
Lambert, Michael .....	10
Landa, Alla .....	42
Langley, Cynthia .....	163
Lara, Sergio .....	6, 163
Lee, Michelle .....	164
Leybman, Michelle .....	164, 165
Lin, Meei-Ju .....	115
Lindfors, Olavi .....	116
Lopez, Carolina .....	7
Lorentzen, Steinar .....	19, 73
Lorenzo, Aura Sylvia .....	116
Lueger, Robert .....	10
Luis, Stoppiello .....	165
Luzio, Paola .....	28, 166
Luzzi, Ana .....	85, 166

## M

Magro, Tatiana .....	166
Maldavsky, David .....	43, 167
Mantilla, Carla .....	116
Margni, Adrián .....	52
Markowitz, John .....	12
Marques, Helena .....	168
Martínez Guzmán, Claudio .....	58
Martínez, Vania .....	168
Maskit, Bernard .....	85
Massei, Ariane .....	168
Matos, Marlene .....	169
McCullough, Leigh .....	7, 10, 60
McMain, Shelley .....	61
Melis, Francisca .....	169, 170
Mendes, Inês .....	74
Mergenthaler, Erhard .....	56, 63, 64
Mertika, Antigoni .....	79
Mesquita, Raquel .....	170
Messer, Stanley .....	26
Mielim ka, Micha .....	170
Milrod, Barbara .....	12
Moessner, Markus .....	17
Moldovan, Ramona .....	117
Molina, Marie Elisa .....	29, 64
Moltu, Christian .....	40
Moncada, Laura .....	34, 66, 171
Moneta, Maria Eugenia .....	67
Montado, Gabriela .....	117
Montero, Federico .....	171
Morales, Susana .....	68
Motta, Luis .....	118, 172

Muldner-Nieckowski, Lukasz .....	172
Munder, Thomas .....	173
Muñoz, Magdalena .....	37
Muran, Christopher .....	26

## N

Neves, Nilda .....	173
Norberg, Joakim .....	23
Nordberg, Sam .....	25
Novo, Ana .....	173

## O

O'Brien, Mary .....	21
O'Brien, Tom .....	66
Ogrodniczuk, John .....	69, 70
Okiishi, John .....	118
Olhaberry, Marcia .....	71
Ores, Liliiane .....	174
Orlinsky, David .....	8, 10, 12, 13, 22, 27, 46, 71
Ortiz, Jairo Mauricio .....	72
Oses, Jean Pierre .....	119

## P

Palma, Barbara .....	175
Parra, Alejandro .....	119
Pascual-Leone, Antonio .....	34
Peham, Doris .....	9, 45
Peláez, Gloria .....	71, 72
Pereira de Medeiros Guimarães, Lilian .....	175
Pereira, Ximena .....	32
Pérez, Carola J. ....	89
Perry, J. Christopher .....	68
Philips, Björn .....	176
Pinheiro Mota, Catarina .....	120
Pinheiro, Patrícia .....	176
Pinheiro, Ricardo .....	120
Poulsen, Gianella .....	177
Pulido, Ricardo .....	30, 177

## Q

Quality .....	50
Quevedo, Luciana .....	177
Quinn, Mirjam .....	14
Quiñones, Alvaro .....	178

## R

Radiszcz, Esteban .....	178
Ramírez, Ivonne .....	49, 179
Ramseyer, Fabian .....	84
Rangel Henriques, Margarida .....	179, 180
Ribeiro, António .....	75
Richardson, Robert Alistair .....	72, 73
Rios, Matias .....	181
Risso, Gustavo .....	181
	197

Rocha, Glaucia .....	181, 182
Rodríguez Quiroga de Pereira, Andrea .....	182
Roitman, Clara R. ....	183
Rosendahl, Jenny.....	67
Rossano, Grassi .....	121
Roussos, Andrés J. ....	57
Rudden, Marie .....	12
Ruggiero, Giovanni M. ....	69
Russell, Robert L. ....	12
Rutkowski, Krzysztof .....	183
Ryum, Truls .....	121

## S

S, Ademir dos.....	183
Salgado, João .....	74
Salvatore, Sergio .....	11
Sanches, Fabrícia .....	184
Santelices, Maria Pia.....	36
Santos, Ademir dos.....	184
Santos, Anita .....	75
Sassaroli, Sandra .....	122
Schanche, Elisabeth.....	122
Scherb, Elena .....	13, 122
Schielke, Hugo J. ....	59
Schneider, Claudia .....	185
Schroder, Thomas .....	27
Schröder, Thomas .....	49
Scilleta, Delia.....	185
Serrano de Dreifuss, Olinda.....	123
Seryianni, Christina.....	80
Sharpless, Brian .....	185
Shechtman, Zipora .....	44
Silberschatz, George.....	48, 76, 77
Silva, Fernanda Robert de Carvalho Santos .....	186
Silvia R, Acosta .....	123
Simao, Livia.....	65
Smith, David Paul.....	91
Soares, Isabel .....	186
Sobanski, Jerzy A.....	187
Sousa, Zita .....	187
Stalikas, Anastassios.....	77, 78, 79
Stein-Sparvieri, Elena .....	188
Stelk, Wayne.....	24
Stern, Barry .....	70
Stiles, William B. ....	58
Strauss, Bernhard .....	66

## T

Tapia Villanueva, Luis .....	51
Tapia, Luis .....	81
Tate de Stanley, Cristina .....	188

Titolo, Carlos .....	188
Tomicic, Alemka.....	82, 83
Toro, Ignacio .....	189
Truscello de Manson, Maria.....	189
Tschacher, Wolfgang.....	11, 82, 90
Tu, Su-Fen .....	124

## U

Ulvenes, Pal .....	60
Undurraga, María Catalina .....	189
Unger, Theresa.....	124

## V

Valdés, Nelson .....	85, 86, 190
Varela, Berta .....	125
Vilches, Oriana .....	87
Vinnars, Bo .....	41
Vissers, Wiede .....	125
Vitriol, Veronica .....	125
Vogel, David .....	22
Vohringer, Carlos .....	190
Vollestad, Jon .....	126
von Wyl, Agnes.....	126

## W

Waizmann, Vanina .....	73, 191
Wampold, Bruce .....	10, 16, 37
Wang, Li-fei .....	127
Wardle, Marie.....	91
West, William .....	13, 92
Wheeler, Sue .....	128
Wilma Bucci (2), Wolfgang Tschacher (1) .....	89
Wnuk, Susan .....	35
Wolf, Abe.....	32
Workman, Gloria .....	71, 191

## Y

Yañez, Juan.....	128
Yasky, Jaime .....	128, 191
Yeh, An-Hua .....	129
Yoshida, Elisa.....	63
Yousefi, Rahim .....	192
Yusef, Dori .....	91, 92

## Z

Zakowski, Sandra.....	129, 192
Zapata Sepúlveda, Pamela .....	193
Zimmermann, Johannes .....	130
Znoj, Hansjörg.....	90

**Chronology:  
SPR Annual  
Conferences**

Annual International SPR Conference

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

