



SOCIETY FOR PSYCHOTHERAPY RESEARCH
an international, multidisciplinary, scientific organization

Book of Abstracts

43rd Annual International Meeting
June 20-23, 2012
Virginia Beach, Virginia USA

President	Guillermo de la Parra
Past President	Lynne Angus
President Elect	George Silberschatz
General Vice-President	Hadas Wiseman
Executive Officer	Tracy D. Eells
Regional Chapter Presidents	
Latin America	Andres Roussos
UK	Jeremy Halstead
North America	Laurie Heatherington
Europe	Mikael Leiman
Program Committee	Tali Boritz, James Boswell, Hsiao-Pei Chang, Mike Constantino, Brin Grenyer, Martin Gross Holforth, Jeff Hayes (Local Organizer), Kim de Jong, Tony Joyce George Silberschatz (Program Chair), Henny Westra, Hadas Wiseman (General Vice-President), Elisa Yoshida
Local Host	Jeff Hayes
Web & IT	Sven Schneider

Copyright © 2012
Society for Psychotherapy Research www.psychotherapyresearch.org

Preface

Dear Colleagues,

SPR has the pleasure of welcoming you to Virginia Beach for the 43rd Annual Meeting of the Society for Psychotherapy Research.

This year's program promises to be both clinically enriching and scientifically stimulating as there are many presentations that address the conference theme, "Change mechanisms in psychotherapy: State of the art, state of the science, and a bridge between them". There is something for everyone in the program with 90 panels, 15 brief paper sessions, 17 structured discussions, 125 posters, one plenary session and 7 pre-conference workshops.

The cultural diversity and broad range of clinical and research approaches represented in the 2012 Program Committee helped to insure a conference program that is diverse and widely representative of many points of view. Presenters from over 30 countries will participate in the Virginia Beach program. Presentations span the whole range of psychotherapeutic modalities including research on individual, group, couples, and family therapy with adults, adolescents, and children. We encourage you to spend some time reviewing the program but will provide you with a tiny sampling of some of the topics to be addressed at the conference: Corrective experiences in various forms of therapy; change mechanisms in therapy (from psychoanalysis, DBT, CBT, EFT, CBASP); computerized cognitive therapy; therapeutic alliance and therapeutic ruptures; mindfulness-based interventions; precursors and treatment of adolescent psychopathology; therapist responsiveness; research on supervision; culturally informed approaches to research; clients talking about their therapy experiences; premature termination; research on dreams in therapy; research on transference; attachment and psychotherapy; innovative training methods; to name but a few! Continuing Education (CE) credits are available for many sessions, which are marked with a CE notation in the program. Registration is required for CE credits and you must sign in at the beginning of designated sessions and sign out at the end in order to receive credit. We are grateful to the San Francisco Psychotherapy Research Group (an APA certified CE provider) for making continuing education credits available to conference attendees. There will be a very extensive book journal display area that will be open throughout the conference, which will be of interest to all attendees.

The conference program will begin on Wednesday at 2:00 pm with seven pre-conference workshops focusing on a variety of methodological, clinical, conceptual, and research issues. In the evening, the opening ceremony will be followed by Guillermo de la Parra's presidential address, ending with the welcoming reception and dinner. The remaining three days are packed with presentations beginning at 8:30 am until 6:00 pm with poster sessions on Thursday and Friday evening from 6:00 to 7:30 pm. There will be a plenary session on Saturday morning and everyone is invited to wind down from all of the intellectual stimulation at the Saturday evening gala dinner and dance with a very talented, special DJ (whose identity will only be revealed on Saturday evening).

We look forward to an exciting meeting with a productive and lively interchange between presenters and participants. As part of the effort to facilitate interchange, we are adding to SPR's long tradition of sharing meals together and this year breakfast, lunch, and two dinners will be served at the convention center. Many, many people have worked very hard to make this conference a success and an enjoyable experience. We are deeply grateful to all of you.

George Silberschatz, Program Chair
Jeff Hayes, Local Organizer

Pre-Conference Workshop
Training

Research on Training and Development of Psychotherapists

Members of the SPR interest section on therapist training and development (SPRISTAD) will meet to discuss a series of potential collaborative studies. The 3-hour format will consist of a plenary conversation (45 minutes) to review the recently conducted survey of member interests in specific research topics. This will be followed by breakout sessions (90 minutes) for each of the broad content areas (Research Methods and Theory, Current Training Practices, Training Process and Outcome, Supervision and Supervisors, Therapist as a Person) in which members will decide how to organize joint efforts, determine an effective division of labor, and begin to plan for the implementation of the proposed projects. After this, members will convene for a final plenary conversation (45 minutes) to report informally on progress made in the breakout sessions and chart a course for the section in the coming year.

David E. Orlinsky — University of Chicago, USA; Bernhard Strauss, Clara E. Hill, Jan Carlsson, Louis Castonguay

Pre-Conference Workshop
Computer

Using social media and on-line technology to promote communication among psychotherapy researchers

SPR has recently chosen to move the discussion forum to ResearchGate, an online researchers community. Within ResearchGate, SPR has its own closed workgroup that allows us to share documents, have discussions and have polls. To support the introduction of ResearchGate, the SPR Communications Committee organizes this pre-conference workshop. The workshop will go beyond ResearchGate and will discuss new and exciting ways to use social media and other tools to interact with other researchers in our field. Several applications will be presented including: using twitter at the conference to ask live questions and express your opinion on the presentations you attend, having online discussions on the conference panels on ResearchGate during and after the conference, the new SPR wikipedia page, Dropbox (sharing large files), watching the SPR webinars on vimeo, and free packages such as Google docs (word processing etc.) and Mendeley (free reference manager). The workshop will be interactive and attendees are invited to bring their laptop along and get started with new media straight away

Malena Braun — Universidad de Belgrano, Buenos Aires, Argentina; Kim de Jong, Sven Schneider

Pre-Conference Workshop
Depression

General Overview of the CBASP Model of Psychotherapy for Chronic Depression Disorder

Power point slides and an overhead projector will be used to illustrate the major components of the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) (McCullough, 2000, 2006). CBASP was developed specifically for Chronic Depression Disorder (APA, DSM-V, in press), one of the most difficult outpatients practitioners treat. Frequently, the chronic depression course begins during early adolescence with a diagnosis of Dysthymia (signaling a tumultuous developmental history). One or more episodes of Major Depression likely characterize the course. The early-onset patient frequently reports a history of (a) Psychological Insults (verbal assaults, emotional deprivation, or physical punishments) and/or a history of (b) Trauma (rape, sexual abuse or periodic physical assaults where injury results). The cognitive-emotional product of this developmental history is a maturational derailment where "surviving the hell of the family" not growth characterizes the patient. Patients present with a core interpersonal fear of others and a pervasive history of interpersonal avoidance. In Hour One, I will describe the early-onset patient and show why this patient is so difficult to treat. Optimal treatment with CBASP should consist of both medication and psychotherapy. Hour Two will include a review of six basic assumptions of the CBASP Model and what must be accomplished in psychotherapy to address a lifetime disorder that I opine is never fully cured; however, chronic depression can be effectively managed if patients are willing to learn the lessons of treatment. During Hour Three, recent CBASP research will be reviewed and discussed. The Workshop will end with approximately 30 minutes of Group Discussion.

James P. McCullough, Jr. — Virginia Commonwealth University, USA

Pre-Conference Workshop
Interpersonal

Interpersonal Psychotherapy (IPT)

Interpersonal Psychotherapy (IPT) is an effective time-limited treatment for depression across the lifespan and across cultures (Weissman, Markowitz, & Klerman, 2007). Empirical support for its antidepressant effect includes numerous RCTs in which IPT is compared to wait-list control, treatment as usual, and specific treatments including supportive therapy, CBT, and medication (Cuijpers et al., 2011). An etiological triad of predisposing, perpetuating and precipitating bio-psycho-social factors is used to conceptualize depression and the development of symptoms in the context of: (i) an interpersonal life stressor; (ii) inadequate social supports; and (iii) underlying biological and psychological vulnerability, such as insecure attachment. The goals of IPT are to alleviate depressive symptoms and

improve interpersonal functioning by working through interpersonal problems related to change, loss, isolation, or conflict in relationships while assisting patients to better use or recruit supports. The use of phase and focus specific therapeutic guidelines is combined with communication analysis to discuss relationship encounters highlighting their importance and allowing the patient to reflect on the bidirectional impacts of relational experiences and symptoms in order to identify and change ineffective interpersonal patterns. The net antidepressant result is a sense of mastery at overcoming current interpersonal problems. This interactive workshop will review IPT principles and therapeutic guidelines for exploring relationships, interpersonal expectations, social roles, and specific interpersonal problem areas of bereavement, role transitions and disputes.

Paula Ravitz — University of Toronto, Canada

Pre-Conference Workshop
Quantitative Methods

Placebo group improvement in trials of pharmacotherapies for alcohol use disorders: A multivariate meta-analysis examining change over time

Objective: Placebo group improvement in pharmacotherapy trials has been increasing over time across several pharmacological treatment areas. However, it is unknown to what degree increasing improvement has occurred in pharmacotherapy trials for alcohol use disorders or what factors may account for placebo group improvement. This meta-analysis of 47 alcohol pharmacotherapy trials evaluated (1) the magnitude of placebo group improvement in pharmacotherapy trials for alcohol use disorders, (2) the extent to which placebo group improvement has been increasing over time, and (3) several potential moderators of placebo group improvement.

Method: Random-effects univariate and multivariate analyses were conducted that examined the magnitude of placebo group improvement in 47 studies and several potential moderators of improvement. These included (a) publication year, (b) country in which the study was conducted, (c) outcome data source/type, (d) number of placebo administrations, (e) overall severity of study participants, and (f) additional psychosocial treatment.

Results: Substantial placebo group improvements were found overall, and improvement was larger in more recent studies. Greater improvement was found on moderately subjective outcomes, with more frequent administrations of the placebo, and in studies with greater participant severity of illness. However, even after controlling for these moderators, placebo group improvement remained significant, as did placebo group improvement over time.

Conclusion: Similar to previous pharmacotherapy placebo research, substantial pre- to post-test placebo group improvement has occurred in alcohol pharmacotherapy trials, an effect that has been increasing over time. Increasing placebo group improvement over time persisted even after controlling for several potential moderators of this relationship.

AC Del Re — Health Services Research & Development

Pre-Conference Workshop
Disorder

From IV to 5: Ethical Implications of the New DSM

The development of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)-- slated for publication in May 2013--marks a significant shift in nosological categories and diagnostic approaches in mental health. Although the changes are designed to reflect the latest empirical evidence for reliability and validity of categories, the DSM task forces have also sought feedback from the public about the proposed changes with individuals, professionals (e.g., APA), and organizations (e.g., NAMI) weighing in. Not only do the proposed revisions have practical implications for psychotherapy researchers (diagnostic categories, treatments) they raise a number of significant ethical concerns. For instance, revisions to the classification of personality disorders rekindle issues of labeling and stigma, re-categorization of Asperger's Syndrome has implications for personal identity, and changes to addictions criteria challenge the concept of free will and choice. On a broader level, there are concerns about "disease mongering" (i.e., widening the diagnostic boundaries of illnesses), medicalization of normal functioning (i.e., bereavement, developmental approach), and social/political influences on determination of "illness."

In this workshop we will: (1) review the proposed changes with DSM-5, (2) discuss several ethical issues resulting from the proposed changes, and (3) highlight strategies for addressing these concerns in psychotherapy research.

Marna S. Barrett — University of Pennsylvania, Philadelphia, USA; Dominic A. Sisti

Pre-Conference Workshop

Assessment

Developing Reliable Clinical Case Formulations

For over 25 years, the San Francisco Psychotherapy Research Group has employed a method for developing reliable case formulations in research on the process and outcome of psychotherapy. This method has been successfully applied to brief and longer-term therapies, with children and adults. While developed to study psychodynamic psychotherapy, it has been used successfully to formulate cognitive-behavioral, interpersonal and family therapies. In addition to its research applications, it can be employed by the individual practitioner and as tool for teaching.

In this workshop, participants will learn the fundamental principles and methods of case formulation that have been developed by the SFPRG. Psychotherapy transcripts will be employed to illustrate the formulation process. Participants will also be encouraged to apply the method to their own cases.

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

Structured Discussion

Culture

Thursday

Moderators:

Alberta Eveline Pos, York University, Canada; Marna S. Barrett, University of Pennsylvania, Philadelphia, USA

Six women presidents of SPR discuss the case for gender diversity in leadership, and mentoring the next generation of women leaders.

Researchers (McKinsey Global Institute/Women Matter) have noted that gender diversity in its leadership structure is essential to an organization's survival and profitability. When at least 2 women occupy a company's board and at least one occupies the 'C' level (i.e. CEO) an organization is superior than one with less diversity for return on equity, operating results and stock price growth. Women are also more frequent practitioners of leadership styles optimal for organizational health. Still organizations world-wide have poor gender diversity records. SPR's (13.5% women) falls behind US industry standards (15%) and well under world leaders such as Norway (32%). Complicating this, women often do not seek leadership positions because motivators offered them, while attractive to men, often do not touch what women value. As such, women more often report leadership "isn't worth it". Yet because women contribute importantly to creativity and vitality of organizations, female mentorship is identified as an essential initiative. Women must be mentored, supported and encouraged to access and be motivated to engage in leadership in organizations of all types. Six women presidents of SPR (5 past/1 on deck) are gathered in this panel to discuss gender diversity and female leadership. What attracted you to leadership and is it 'worth it'? What values do you bring to leadership? What role does organizational culture play in who becomes a leader? How can women be mentored to assume leadership roles? And can we help organizations understand the important values women bring to leadership? Gender diverse discussion welcomed.

Discussants:

Clara E. Hill, University of Maryland, College Park, USA; Lynne Angus, Hadas Wiseman, Irene Elkin, Lorna Smith Benjamin, Karla Moras

Structured Discussion

Process-outcome

Thursday

Moderator:

Sherwood Waldron, New York Psychoanalytic Institute, USA

Change processes and outcomes in two psychoanalyses

The Analytic Process Scales Research Group has developed reliable measures of patient and therapist activities, and a reliable measure of outcome, using the SWAP (Shedler Westen Assessment Procedure) as a basis for our newly developed measure of overall Personality Health, the Personality Health Index. Our modification of the software also provides a detailed description of areas of difficulty and strengths at any given point in a treatment. These measures provide a rich and reliable means to assess change in long term treatment, which then can be correlated with the nature and quality of therapist and patient activity in the sessions we have studied.

The discussion group will be initiated by a presentation of process and outcome results from studying two recorded psychoanalytic cases. Both are treated by the same analyst, but one had a very favorable outcome, and the other much less so.

A presentation of the process and outcome data comparing the two cases will serve as a stimulus for a discussion of the challenges and opportunities for relating the therapeutic processes to change and benefit.

Of particular importance is to clearly consider the different indices of benefit and their relation to one another. Short term outcome may be studied by examining the patient responses to therapist communications within the session. However, long term outcome, including follow-up where possible, is the ultimate test of the value of a given treatment.

We invite participants to bring their own point of view and experiences into this discussion.

Discussant:

Fonya Lord Helm, Institute for Contemporary Psychotherapy and Psychoanalysis, Washington, DC

Structured Discussion

Process-outcome

Moderator:

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

Steps toward creating a registry of patient and therapist reports of change: Could that be another solution to a basic question of psychotherapy research?

There are many approaches to study the efficacy of psychotherapy as reflected in the large number of submissions at SPR and other meetings. However, all methods have strengths and limitations. The present discussion group will explore the interest, feasibility and the requirements involved in developing an international registry of patients who are in psychotherapy.

Discussants:

Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany; Louis G. Castonguay, George Silberschatz, Hadas Wiseman, Denise Defey, Ann Doucette

Structured Discussion

Process

Friday

Moderators:

Lynne Knobloch-Fedders, Northwestern
University, Evanston, USA; Irene Elkin,
University of Chicago, USA

Looking back, looking forward: Reflections on three decades of process-outcome research

In 1983, the National Institute of Mental Health sponsored a two-day workshop on process research in psychotherapy, bringing together major researchers to reflect on the status of the field and make recommendations for future work. Workshop participants were asked to review the 'state of the art' of process research at the time, with special emphases on describing mechanisms of change, identifying conceptual and methodological problems and potential solutions to these problems, and generating recommendations for advancing the field. Strikingly, many of the workshop's recommendations are still relevant for process research today.

For this discussion, many of the original workshop attendees were invited to participate together as a distinguished panel of discussants. First, a short history of the workshop will be provided. Next, panelists will be asked to reflect on whether the field has incorporated the recommendations from the workshop, discuss which recommendations are still relevant today, and make suggestions for future directions to advance the field of process research.

Discussants:

David E. Orlinsky, University of Chicago, USA; Robert Elliott, Clara E. Hill, William B. Stiles, William M. Pinsof

Structured Discussion

Computer

Moderators:

Andres Roussos, Universidad de
Belgrano, Universidad de Buenos Aires,
Argentina; George Silberschatz,
University of California, San Francisco,
USA

Building the SPR psychotherapy databank

During 2010 SPR members voted for the creation of a clinical database in order to share clinical material for research. A committee was created and is currently working on ways to implement the project. The accumulation and sharing of research data and findings constitutes the lifeblood of any scientific field. Researchers must build on the work of others. In the absence of interactive scientific discourse, researchers will, on the one hand, unknowingly duplicate the experiments and computations of others, and, on the other hand--perhaps even more damaging--will lose the opportunity to build upon, confirm, question, and expand the results and findings of the field. A shared database is fundamental for the development of psychotherapy research because many of our current scientific goals and questions can be addressed using the clinical data that has already been collected, or whose collection is now actively under way. The main problem with the existing recorded clinical and quasi-clinical material is that it was collected, and is currently being collected, by independent research teams and practitioners, with few opportunities to share materials and techniques.

This open discussion provides an opportunity for all members to hear the issues being addressed and to express their views and ideas. Three broad categories of issues will be addressed: (1) organizational and administrative responsibilities; (2) methodological and technological suitability; and (3) legal and ethical constraints and protections.

Discussants:

Viviana Beatriz Guajardo, Universidad de Belgrano, Buenos Aires, Argentina; Michael J. Constantino, James Franklin Boswell, Arjan Berkeljon

Structured Discussion

Child/Adolescent

Moderators:

Orya Tishby, Hebrew University,
Jerusalem, Israel ; Nick Midgley, Anna
Freud Center, London, UK

Research in child and adolescent psychotherapy: current challenges and future directions

Although there is accumulating evidence for the effectiveness of child and adolescent therapy (Kazdin, 2004; Midgley and Kennedy, 2011) research in this domain has lagged behind that on adult treatment. There are various challenges and obstacles to conducting psychotherapy research with this age group, including the following: child/adolescent cases are often complex, and the typical requirements of an RCT design (e.g. single disorder problems) do not fit easily with children's services; issues of consent and deciding whose point of view 'counts' most are not straightforward; many adolescents are reluctant to engage in treatment, and we do not know enough about the best ways to address 'drop out'. In addition, therapy with children and adolescents has to be flexibly tailored to their needs, so that it is difficult to test 'pure' therapy models, and the flexibility needs to be taken into account. In addition, Kazdin (2004) notes the paucity of studies on mechanisms of change in child and adolescent therapy, leading to difficulty in

progressing beyond "what works for whom", to study how and why therapy in this age group works. In this structured discussion researchers in the field of child and adolescent therapy will address the following questions: 1) what are the most important areas of research in relation to child psychotherapy over the next ten years? 2) what are the opportunities and obstacles ahead, and what kinds of methodologies are most promising? 3) what can be done to help establish child and adolescent therapy as one of the core interests of SPR?

Discussants:

Adriana Lis, University of Padova, Italy; Charlotte Jarvis, Saralea Chazan, Marc J. Noom

Structured Discussion

Patient/client factors

Moderators:

Jesse Geller, Private Practice, New Haven, USA; Barry Farber, Columbia University, New York, USA

Beginning psychotherapy and patient expectations: What can be done to reduce the incidence of premature termination?

Research has indicated that 25-50% of patients unilaterally terminate psychotherapy prematurely i.e., before they've had an opportunity to benefit from treatment. There is also considerable evidence that patients' prognostic and role expectations are significantly associated with their satisfaction, continuation, and improvement in therapy. This open discussion group is devoted to encouraging innovative approaches to identifying and modifying patients' often-erroneous conceptions about how therapy proceeds. To facilitate this discussion, we will introduce a film that was produced to be used clinically and in research projects that focuses on common patient (mis)expectations about the nature and process of therapy. The film's script was written with two overriding goals in mind: to educate prospective patients about the unique and sometimes surprising features of psychotherapy and to empower them to ask questions of their therapist about the process. The film presents a conversation that takes place among three patients in the waiting room of a psychotherapy clinic who speak about common fears, misconceptions, and uncertainties surrounding psychotherapy. Our hope is that this discussion can facilitate our awareness of how patients' expectations affect our work (including the establishment of an effective alliance) as well as improve our understanding of the ways in which technologies, both new and old, can positively modify patient expectations, role-appropriate behaviors, and the therapeutic process.

Discussants:

Michael J. Constantino, Henry Westra, Jesse Metzger, Alex Behn

Structured Discussion

Culture

Moderator:

David E. Orlinsky, University of Chicago, USA

Culture and social context in psychotherapy and psychotherapy research: Perspectives from different professions and different cultures

Discussions of the role of culture and social context in psychotherapy and psychotherapy research usually take place either in terms of problems of service delivery for minority communities or in terms of transfer of modern psychotherapeutic treatments from the Western cultural context to countries where other cultural traditions are dominant. This structured discussion session aims to draw discourses from these diverse contexts into a more coherent conceptual framework for research by bringing together perspectives from colleagues representing different professions and different cultures.

Discussants:

Denise Defey, University of Uruguay, Montevideo; Joseph P. Gone, Shveta Kumaria, Paula Ravitz, Janet E. Helms, Margarita Alegria, Joan D. Koss-Chiomo, Shigeru Iwakabe, Guillermo de la Parra, Luis A Vargas, Helen Verdell

Structured Discussion

Process

Moderators:

Louis G. Castonguay, Penn State University, University Park, USA; Clara E. Hill, University of Maryland, College Park, USA

Corrective experiences in psychotherapy: Sketching theoretical perspectives

This is one of two open discussions on corrective experiences (CE) in psychotherapy. The goal of this specific discussion is to explore theoretical perspectives about CE.

Both discussions on CE are based on a series of three conferences held at Penn State University (PSU). These conferences involved internationally known psychotherapy researchers who, as a whole, represent a variety of theoretical orientations and a range of methodological (quantitative and qualitative) backgrounds. Based on open interactions and the observations of videotaped sessions, these meetings led first to a consensus about the definition of CEs, (i.e., "CEs are ones in which a person comes to understand or experience affectively an event or relationship in a different and unexpected way."). Within the framework of this definition, extensive and creative discussions took place about the nature and role of CE, as well as the processes that facilitate and follow them. These discussions led to, and were fed by innovative chapters that the participants wrote as part of a soon to be published book (Castonguay

& Hill, in press).

This symposium will specifically address how CE are defined and valued within various contemporary traditions in psychotherapy (psychodynamic, humanistic/experiential, cognitive-behavioral, and integrative), as well as how our understanding of CE can be enriched by recent basic knowledge in cognitive psychology and neurosciences. This symposium should lead a broad and multi-faceted view of a complex mechanism of change that appears to cut across different forms of therapy.

Discussants:

Jacques P. Barber, Adelphi University, New York, USA; Art Bohart, Franz Caspar, Michael J. Constantino, Robert Elliott, Barry Farber, Jeremy Safran, William B. Stiles

Structured Discussion

Personality
Saturday
1:00 PM-2:30 PM
Room 4A

Moderator:

Neill Watson, College of William and Mary, Williamsburg, USA

Self and emotion: Three theoretical/research perspectives

Although there is accumulating evidence for the effectiveness of child and adolescent therapy (Kazdin, 2004; Midgley and Kennedy, 2011) research in this domain has lagged behind that on adult treatment. There are various challenges and obstacles to conducting psychotherapy research with this age group, including the following: child/adolescent cases are often complex, and the typical requirements of an RCT design (e.g. single disorder problems) do not fit easily with children's services; issues of consent and deciding whose point of view 'counts' most are not straightforward; many adolescents are reluctant to engage in treatment, and we do not know enough about the best ways to address 'drop out'. In addition, therapy with children and adolescents has to be flexibly tailored to their needs, so that it is difficult to test "pure" therapy models, and the flexibility needs to be taken into account. In addition, Kazdin (2004) notes the paucity of studies on mechanisms of change in child and adolescent therapy, leading to difficulty in progressing beyond "what works for whom", to study how and why therapy in this age group works. In this structured discussion researchers in the field of child and adolescent therapy will address the following questions: 1) what are the most important areas of research in relation to child psychotherapy over the next ten years? 2) what are the opportunities and obstacles ahead, and what kinds of methodologies are most promising? 3) what can be done to help establish child and adolescent therapy as one of the core interests of SPR?

Discussants:

Jeanne C. Watson, University of Toronto, Canada; Timothy J. Strauman, Michael Westerman

Structured Discussion

Process

Moderators:

Clara E. Hill, University of Maryland, College Park, USA ; Louis G. Castonguay, Penn State University, University Park, USA

Corrective experiences in psychotherapy: qualitative and quantitative findings

This is one of two open discussions on corrective experiences (CE) in psychotherapy. The goal of this specific discussion is to present and discussed new empirical findings, of both qualitative and quantitative nature, about this complex process of change

Both discussions on CE are based on a series of three conferences held at Penn State University (PSU). These conferences involved internationally known psychotherapy researchers who, as a whole, represent a variety of theoretical orientations and a range of methodological (quantitative and qualitative) backgrounds. Based on open interactions and the observations of videotaped sessions, these meetings led first to a consensus about the definition of CEs, (i.e., "CEs are ones in which a person comes to understand or experience affectively an event or relationship in a different and unexpected way."). Within the framework of this definition, extensive and creative discussions took place about the nature and role of CE, as well as the processes that facilitate and follow them. These discussions led to, and were fed by innovative chapters that the participants wrote as part of a soon to be published book (Castonguay & Hill, in press).

This open discussion will be specifically devoted to research. Presented and discussed will be qualitative and quantitative findings about on CE events across various client perspectives, different psychotherapeutic schools, and treatments for specific clinical problems, such as generalized anxiety disorder and anorexia nervosa. Taken together, these findings will offer the field with scientifically rigorous and clinically relevant knowledge about a process of change that most clinicians aimed at fostering in therapy.

Discussants:

Timothy Anderson, Ohio University, Athens, USA; Lynne Angus, Louis G. Castonguay, Myrna Friedlander, Martin Grosse Holtforth, Laurie Heatherington, Clara E. Hill, Sarah Knox, Nicholas Ladany, Stanley Messer

Structured Discussion

Neuroscience

Should the findings of neuroscience research be incorporated into psychotherapy?

As neuroscience and related disciplines continue to expand their knowledge of the biological mechanisms underlying human behavior, there is growing interest in the application of such knowledge to psychotherapy. Many observers believe that neuroscience research holds the potential to substantially improve our understanding of psychopathology as well as the efficacy of psychotherapeutic interventions, and that expanding knowledge of the brain can lead to new interventions that reduce suffering, enhance learning, and improve quality of life. At the same time, however, such application would pose considerable theoretical and pragmatic challenges to the actual practice of psychotherapy. In addition, it is not yet even clear whether the findings of recent neuroscience studies to date provide a sufficient basis for undertaking such an integration. In this discussion, we seek to engage the psychotherapy research community in a conversation about this potential paradigm shift. Sample questions include: Is it premature to attempt an integration of neuroscience knowledge into psychotherapy? If not, how might that be accomplished? How would we determine the impact of such integration? Are there contexts in which such integration would be most or least likely to succeed? Should the focus be on developing new treatments or on understanding the mechanisms of action for existing treatments? What research do neuroscientists need to conduct to maximize the benefit to psychotherapy? Will the psychotherapy practice community be persuaded to participate in this effort?

Timothy J. Strauman — Duke University, Durham, USA; Gregory G. Kolden, Wolfgang Lutz, Paulo P.P. Machado

Structured Discussion

Therapist factors

Moderators:

Barbara Jean Thompson, Private Practice, Ellicott City, Maryland; Clara E. Hill, University of Maryland, College Park, USA

Money and psychotherapy

Frank conversations about money in psychotherapy are rare and research about dealing with money and fees in psychotherapy is uncommon. Therapists receive extensive training regarding clinical decision-making but little about how money may impact those decisions. Money, however, is integral to psychotherapy and psychotherapists.

Even Freud expressed worry about money. In his letter to Fliess, Freud (1899) wrote about a wealthy patient:

"A patient with whom I have been negotiating, a 'goldfish,' has just announced herself - I do not know whether to decline or accept. My mood depends very strongly on my earnings. Money is laughing gas for me... You will see that my style will improve and my ideas will be more correct if this city provides me with an ample livelihood."

Exploring how money relates to clinical decision making, self-care, and gender socialization could be important in helping therapists approach money issues such as deciding how many clients to see in a day or negotiating fees in psychotherapy. Little is known about how clients feel regarding money. Do clients who pay full fee approach their therapy differently than those who pay low fees? Does the exchange of money impact the alliance? Exploring how money impacts both clients and therapists might also help us to provide better supervision to students in training, who often struggle managing the therapeutic relationship while broaching issues related to money such as client debt or "no show" fees.

This structured discussion group is designed to create a lively discussion about money and psychotherapy.

Discussants:

Barbara Vivino, Private Practice, Berkeley, CA; Patricia T. Spangler, Charles Gelso, Eric Martin Sauer, Cheri Marmarosh, Harold Chui, Beatriz Palma

Structured Discussion

Process-outcome

Moderator:

Laurie Heatherington, Williams College, MA, USA

Landscape of the psychotherapy literature: View from editors' desks

The rapid development of psychotherapy research in the last decades has yielded numerous outlets for psychotherapy research. Making sense of this landscape is challenging for researchers, practitioners, students, and for building a cumulative science of psychotherapy. This discussion group brings together the editors from leading psychotherapy journals for "the view from 30,000 feet," i.e., some reflection on the psychotherapy literature in general and the challenges, successes and hopes for their particular journals. Each will speak briefly on a few questions, followed by an open forum for questions, answers, and comments from the audience.

Questions include:

1) What do you perceive to be unique about your journal, what is your niche, & closest competitors? 2) Do you have any sense of "who is out there?", i.e., who reads your journal and what kinds of articles are the most read or cited? 3)

As you think about the submissions and publications during your tenure as editor, and also about the psychotherapy literature more generally, what do you find missing in the literature? What kinds of topics, methodologies etc. do you wish were more highly represented in the submissions you get? 4) What can we as a field, as editors and reviewers, and as authors/researchers do to enhance the development of psychotherapy as a cumulative science (vs. disparate research efforts that don't build on each other and in some cases, that reinvent the wheel because people aren't aware of what is being done in arenas other than their own)?

Discussants:

Mark Hilsenroth, Adelphi University, New York, USA; Paulo P.P. Machado, Christopher Muran, Jeffrey Hayes, Golan Shahar

Structured Discussion

Depression

Moderator:

Franz Caspar, University of Bern, Switzerland

CBASP and chronic depression in discussion

CBASP (Cognitive Behavioral Analysis System of Psychotherapy) is an approach specially designed for the treatment of chronically depressed patients of whom many show an interpersonally difficult behavior. What is the potential, what are active ingredients, what are requirements for therapists, what are possibilities of extending to other disorders, and what are potential limits of the approach? Colleagues from in- and outside the approach will contribute to the discussion.

Discussants:

Martina Belz, University of Bern, Switzerland; James P. McCullough, Jr., Robert J. DeRubeis, Elisabeth Schramm, Martin Grosse Holtforth, Jeanne C. Watson

Panel

Culture

Moderator:

Denise Defey, University of Uruguay, Montevideo

Culture-competent and respectful psychotherapy training and treatment (I)

Training prospective therapists in culture-respectful psychotherapies

Denise Defey — University of Uruguay, Montevideo

Of late, there is an increasing concern as to cultural issues in psychotherapy. Yet, this needs to be reflected in the way therapies are conducted and candidates are trained. This paper presents a model of psychotherapy training which has been developed and tested in Latin America, which includes both provision of evidence on cultural issues and a critical reflection on cultural biases of traditional psychotherapy. Training includes dimensions such as the analysis of social class and cultural biases of candidates which may influence their assessment and provision of mental health care, as well as training in ways and techniques of intervention which are meaningful and respectful of the patient's needs and perceptions as to mental health care provision. The issue of power distribution within the therapeutic relation is also addressed.

Bridging discourses of harm: Potentially harmful treatment and multicultural counseling

Dennis Charles Wendt — University of Michigan, Ann Arbor, USA, Joseph P. Gone, Donna K. Nagata

Recent years have seen an upsurge in concern for the identification and repudiation of potentially harmful therapy (PHT). Yet this movement has curiously neglected concerns of potential harm that have long been voiced by the multicultural counseling (MCC) movement. We argue that the PHT and MCC movements operate according to differing assumptions of what harm is, how it occurs, and what counts as instances of it--and that these differences point to the discipline's limited conceptualization of harmful treatment. We aim to bring these seemingly disparate discourses of harm into greater conversation with one another, in the service of placing the discipline on a firmer foothold in its considerations of potentially harmful treatment. First, we review and compare the PHT and MCC literatures, in terms of their conceptions of harm in clinical settings. Second, we argue that the fragmentation of these literatures is not happenstance or trivial, but reflects significant and troubling conceptual blind spots among both movements. Finally, we

suggest that in order to integrate the two movements and thus improve the discipline's conceptualization of harm, professional psychology needs to better appreciate that (a) harm is an ideological construct, (b) mental health interventions are inherently ethnocentric, and (c) strategies for collecting evidence of harm should be explicitly integrated with a social justice agenda.

Cultural adaptation of the Systematic Treatment Selection Innerlife (STS-Innerlife) with an urban mainland China sample

Xiaoxia Song — Ohio University, Athens, USA, Larry E. Beutler, Timothy Anderson, Guohong Wu, Shijin Sun, Satoko Kimpara, Lindsey Hogan, Aaron Michelson, Andrew Smith McClintock

This study aims to examine the consistency of Systematic Treatment Selection Innerlife (STS-Innerlife) for a Chinese sample and develop a culturally adapted STS instrument in China. The STS-Innerlife consists of 22 symptom scales, and six client characteristic dimensions such as level of patient resistance, level of patient coping style, and level of patient distress. The STS instrument has been found in numerous studies to have sound reliability and validity in North American and Europe. This is a first attempt to assess the STS instrument's feasibility in an Eastern country. A total of 300 non-clinical participants were collected from within an urban university setting as well as members of various academic, company, hospital, and government organizations in Shanghai, Mainland China. The English language version was used as a template from which the translation (and back translation) was constructed for Chinese samples. The consistency will be determined by assessing Chronbach's Alphas. The structural equivalence of the STS-Innerlife Chinese version will be examined by using Structure Equation Modeling. Keywords: STS-Innerlife, Cross-cultural instrument, Patient characteristics, Chinese people's personality

Panel

Therapist factors

Moderator:

Charles J. Gelso, University of Maryland, College Park, USA

Attachment and the tripartite model of the therapeutic relationships

Discussant:

Barry Farber, Columbia University, New York, USA

Therapist Attachment Style, Countertransference Behavior, and the Working Alliance: New Analyses and the Examination of Mediation and Moderation.

Charles Gelso — University of Maryland, College Park, USA, Avantika Bhatia, Beatriz Palma, Clara E. Hill

Aim: Relatively few studies have examined therapist attachment style in relation to psychotherapy process. The present study aims to investigate these variables. We hypothesize that therapist levels of attachment anxiety and avoidance will be inversely related to the quality of the working alliance early in therapy. It is expected that this relationship will be mediated by therapists' countertransference behavior, such that attachment phenomena will effect the alliance through the therapist's countertransference behavior. Finally, it is expected that the association between therapist attachment insecurity and overall working alliance will be moderated by countertransference behavior early in a course of therapy. Methods: The analyses will be based on data from approximately 55 client-therapist dyads from a community psychotherapy clinic. Therapist attachment style was measured using the ECRS; countertransference behavior was rated by supervisors following the 3rd session of therapy using the Countertransference Behavior Inventory; Working Alliance was rated by both clients and therapists after the 3rd session and every session thereafter using the Working Alliance Inventory. Results & Discussion: Data have been gathered, and analyses are underway. Discussion will include a frame for understanding possible relationships between therapist attachment styles; the activation and enactment of potentially maladaptive relational behavior; and the role of countertransference management in addressing and diminishing attachment-related distress and fostering the working alliance.

The interrelations among attachment, countertransference, real relationship, and both session and therapy outcome

Beatriz Palma — University of Maryland, College Park, USA, Charles Gelso, Avantika Bhatia, Charles J. Gelso, Clara E. Hill

Aim: A central question for psychotherapy research is what makes psychotherapy work. Three variables likely to influence therapy process and outcome are patient's attachment, therapist countertransference (CT) and the therapist-patient real relationship (RR). Based on the tripartite model of the therapeutic relationship as posited by Gelso and his collaborators, the current study seeks to address four main questions. First, do CT, therapist-rated RR, and client-rated RR, and client anxiety and avoidance relate to each other and to session and therapy outcome? Also, do CT and/or RR ratings at different points of treatment predict outcome? Third, do these variables predict treatment dropout? Finally, when examined simultaneously, does each or any of these three relational variables (RR, CT, and patient attachment) uniquely predicts outcome indices? Method: The analysis will be based on data collected at a university clinic serving the community. The sample consists of approximately 20 patient-therapist dyads with only Intake, and 50 cases ranging from 3 to 60 sessions (including Intake). Using the most psychometrically sound measures available, patient's attachment was measured before treatment; RR was measured after every session by therapists and patients; and CT

was measured by supervisors and therapists ratings. Outcome was measured via OQ-45 (pre, every 8th session, post), and session outcome. Results/Discussion: Data has been gathered, and are now being analyzed. The findings will be discussed in the light of previous research, and from a framework of the tripartite model of the therapeutic relationship and its theoretical propositions.

The role of attachment as a moderator in the relationship between transference and insight

Avantika Bhatia — University of Maryland, College Park, USA, Beatriz Palma, Charles Gelso, Charles J. Gelso, Clara E. Hill

Aim: Research has highlighted the role of insight as a moderator in the relationship between transference and session outcome. A question that emerges from this literature is whether there are certain conditions under which transference is more likely to lead to insight. The present study will examine the role of the client's attachment style in influencing the relationship between transference and insight. According to attachment theory, early experiences with significant others cause the development of internal working models, which, in turn, influence relationships in adult life. Using this conceptualization transference can be understood as reflecting the client's attachment patterns. Attachment style then, may allow or prevent working through the transference, thereby impacting insight gained by the client. Methods: The analyses will be based on data from 50 clients on client rated attachment, therapist-rated transference and therapist-rated client insight. Data on adult attachment is collected using the Experiences in Close Relationships Scale (Brennan, 1998). Data are collected on transference and insight across a cluster of 5 sessions with each client. Since the clients in the study are nested within therapist, data will be analyzed using hierarchical linear modeling. Results and Discussion: Data for the present study have been collected and we are in the process of analyzing the data. Based on the analysis, there will be a discussion on the how different types of attachment styles (e.g. avoidant, anxious) are associated with differences (if any) in the transference-insight relationship. We shall tie the findings to existing literature, including the tripartite model of the therapeutic relationship.

Panel

Emotion

Moderator:

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

Mindfulness-based interventions with clinical populations: Researches and experiences

Discussant:

Gian Mauro Manzoni, Istituto Auxologico Italiano, Italy

A mindfulness-based intervention for people with amyotrophic lateral sclerosis

Francesco Pagnini — Catholic University of the Sacred Heart, Milan, Italy, Chiara Di Credico, Gherardo Amadei, Enrico Molinari

Mindfulness-based interventions (MBI) proved to be effective in the reduction of distress in chronic diseases. However, no study has yet investigated the effect of a MBI with a population of people with Amyotrophic Lateral Sclerosis. Amyotrophic lateral sclerosis (ALS) is a progressive and fatal neurodegenerative disease, that is clinically characterized by progressive weakness leading to death by respiratory insufficiency within usually three years. The intellect and the personality usually remain unimpaired. The patients become relentlessly immobile, develop wasting and impaired speech, often leading to social isolation, with a high psychological suffering. The MBI for ALS patients need to consider the particularities of ALS symptoms: for example, the loss of muscular functions and the difficulties in respiration, together with the subsequent emotional impairments. Based on the original MBCT and MBSR interventions, a modified MBI protocol, specific for the ALS population, together with preliminary results, will be presented.

Mindfulness, mental Health, and motherhood

Anna R. Brandon — University of North Carolina, Chapel Hill, USA, Crystal Schiller, Rebecca Siegel, Samantha Meltzer-Brody

Techniques from Mindfulness Based Stress Reduction (MBSR) program are included in psychotherapy approaches (i.e. Dialectical Behavioral Therapy and Acceptance and Commitment Therapy) and tested in populations of individuals suffering from chronic illness or pain, including perinatal women. The University of North Carolina at Chapel Hill (UNC-CH) recently opened the first Perinatal Psychiatry Inpatient Unit in the United States. Women suffering from mental illness during pregnancy or the first year postpartum are treated in a multi-disciplinary program designed to address illness and protect against relapse after discharge. In this unit, infants are encouraged to visit for as long as possible, but may not stay overnight (protected sleep time for mothers is considered essential to recovery). Inpatients participate in daily programs of multidisciplinary interventions. In this observational cohort study, inpatients at the UNC-CH Neuroscience Hospital Peripartum Psychiatric Inpatient Unit participate in mindfulness-training in two formats: Two-hour group sessions twice a week and a brief intervention delivered by nursing staff each evening. Results reported include census statistics and patient measures of depression, anxiety, and satisfaction over the first six months of unit operation. In this presentation we will: Describe the development of the unit and the individualized programming, outline the adaptations to MBSR to create interventions appropriate to the environment and the level of care provided, and report patient satisfaction data from the first 6 months of operation.

The application of mindfulness for interpersonal dependency: Effects of a brief intervention

Andrew Smith McClintock — Ohio University, Athens, USA, Timothy Anderson

This study will test the efficacy of a brief mindfulness intervention for reducing problems associated with interpersonal dependency. Undergraduate students high on trait dependency will undergo a dependency induction and will then be randomly assigned to either a 20-minute mindfulness intervention or a no-treatment control condition. It is hypothesized that participants in the mindfulness condition will report less anxiety and negative affect and will seek more autonomy post-intervention, as compared to participants in the control condition. An exhaustive literature review found no research exploring the application of mindfulness for interpersonal dependency. This proposal aims to provide a theoretical and empirical foundation for the efficacy of mindfulness techniques for alleviating symptoms of interpersonal dependency and dependent personality disorder.

The role of therapeutic alliance in mindfulness interventions

Simon B. Goldberg — University of Wisconsin, Madison, USA, James M. Davis, William T. Hoyt

Mindfulness-based interventions have enjoyed a marked increase in support within biomedical and psychological research and practice in the past two decades. Despite the widespread application of these treatments for a range of psychological and medical conditions, there remains a lack of consensus regarding mechanisms through which these benefits may occur. One plausible yet underexplored mechanism is therapeutic alliance between participants and mindfulness instructors. Data are reported from the mindfulness arm ($n = 37$) of a randomized controlled trial of a mindfulness-based smoking cessation treatment. Results from regression analyses suggest that client reported therapeutic alliance measured mid-treatment significantly predicts post-treatment scores on several important outcome variables including emotion regulation ($\beta = .24$, $p = .042$), mindfulness ($\beta = .41$, $p = .006$), and negative affect ($\beta = -.33$, $p = .040$), controlling for baseline levels. Further, multiple regression analyses suggest that therapeutic alliance may function as a mediator (Baron & Kenny, 1986) of the relation between baseline participant characteristics (mindfulness and openness to experience) and outcomes. Implications of this potential aptitude-by-treatment interaction and therapeutic alliance as mechanism of change in mindfulness treatments are explored.

Panel

Child/Adolescent

Moderators:

Marc J. Noom, Viersprong Institute for Research on Personality Disorders NL; Nick Midgley, Anna Freud Center, London, UK

Severe adolescent psychopathology: Precursors, prediction, prevention and psychotherapy processes

Discussant:

Marc J. Noom, Viersprong Institute for Research on Personality Disorders NL

Adolescent violence and the predictive patterns of language

Gerald Ronning — University of Minnesota, Minneapolis, USA

Abstract Aim: The purpose of this research is to study the clinical value of a standardized linguistic text analysis to predict violence, suicide and treatment outcome in severely emotionally disturbed adolescents. I will present my work with the analyses of written autobiographies of hospitalized adolescents and the Internet postings of a number teens and young adults many who ultimately committed suicide. **Method:** I have applied James Pennebaker's Linguistic Inventory and Word Count (LIWC), a computerized program developed for the study of written and spoken language, to identify distinctive patterns and profiles that differentiate the narratives of those teens who recovered from those who did not. **Results:** Certain word categories and word patterns in the written narratives of adolescents describe and reflect rapid shifts in internal working models. These shifts parallel behavioral and clinical changes in the course of treatment and/or development that are closely correlated with outcome in the cases studied. Behavioral and emotional problems, either internalizing or externalizing, represent maladaptive efforts to resume development or compensate for developmental deficiencies. At the same time, they can be a step in the resumption of normative development, the second chance. **Discussion:** The results of my research will be discussed in terms of clinical applications, the dynamics of developmental processes and structural psychic change in adolescents. **Keywords:** research, language, autobiography, narrative, computerized linguistic analysis, development, internal working models, dialectic, violence, suicide, treatment, structural psychic change, prevention, outcome.

Family-Based Cognitive Behavioral Therapy Prevention Program for Adolescents at High Risk for Psychosis

Yulia Landa — Weill Cornell Medical College, New York, USA, Kim Mueser, Valerie F. Reyna, David A. Silbersweig, Erica Shreck, Charles E. Glatt, John Walkup

Aim: Psychosis often develops in late adolescence or early adulthood, with an earlier onset associated with a more severe course of illness. The main objective of this study is to prevent or delay the transition to psychosis and to decrease the severity of symptoms and functional impairment in adolescents who are at high risk of developing psychosis by providing a specialized CBT program. Methods: Adolescents between the ages of 16 and 21 with prodromal symptoms are recruited from the NYC Clinics. Six adolescents participate in the feasibility trial and 24 participate in the pilot RCT. The intervention includes 15 weeks of group and individual CBT for adolescents and family CBT group. The efficacy is evaluated using standardized measures of symptoms and functioning by blind evaluators conducted at baseline, post-treatment, and at 3-months follow-up. Subjects are genotyped by standard PCR methods from saliva samples. Results: We completed a feasibility trial (n=6). All adolescents completed CBT and showed statistically significant decreases in psychotic-like experiences, paranoid ideation, anxiety, depression, negative symptoms, and cognitive biases targeted in treatment (dogmatism bias, self-as target bias, theory of mind, jumping to conclusions), as well as improvements in social functioning and self-esteem. Family members reported enhanced communication with their child and greater confidence in their ability to help their child. Results of the pilot RCT will further indicate whether specialized CBT holds promise for the prevention or delay of psychosis and improved functioning for adolescents with prodromal symptoms. Support: KL2RR024996 of the CTSC at Weill Cornell Medical College.

The development and validation of the Adolescent Psychotherapy Q-set (APQ)

Ana Calderón — University College, London, UK, Nick Midgley, Celeste Schneider, Mary Target

Aim: The Adolescent Psychotherapy Q-set (APQ) provides a basic language for the description and classification of a wide range of events, interventions, and processes involved in the therapy of adolescents in a form suitable for quantitative analysis. It is an adaptation of the Psychotherapy Process Q-set (PQS; Jones, 2000) and the Child Psychotherapy Q-set (CPQ; Schneider & Jones, 2004), which have been used to research the psychotherapy process of adults and children, respectively, across a range of treatment modalities and different clients. This presentation will report on the initial stages of the examination of the psychometric properties of the APQ by presenting the results of two studies. Method and results: Data derived from a controlled clinical trial (IMPACT study) that compared the efficacy of Cognitive Behavioral Therapy and Short Term Psychoanalytic Therapy for moderate to severe depressed adolescents. The first study demonstrates the test-retest reliability of the APQ, in which two raters will code 15 sessions twice with a two-month time lapse between ratings. The results of the second study will show the APQ item reliability and validity across the psychotherapy sessions of adolescent patients. Discussion: The findings of these initial studies will be discussed in relation to issues of measure development, and some of the potential research applications of the APQ as a way of exploring the psychotherapy of high-risk adolescents will be explored.

Panel

Measures

Moderator:

Soo Jeong Youn, Penn State University,
University Park, USA

Exploring different outcome measures and their ability to detect change

Sensitivity to change of the CCAPS

Soo Jeong Youn — Penn State University, University Park, USA, Andrew Athan McAleavey, Samuel Schieffelin Nordberg, Louis G. Castonguay, Benjamin D. Locke, Jeffrey Hayes

The Counseling Center Assessment of Psychological Symptoms (CCAPS) is a multi-dimensional self-rated questionnaire designed to assess psychological symptoms and distress in college students across eight different domains: Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility and Substance Abuse. The CCAPS has been widely favored in counseling centers across the United States due to its strong psychometric properties, short administration time and comprehensive nature, and it has been used to measure pre-post treatment changes as well as to monitor ongoing change by looking at session-by-session outcomes. The current study will look at the sensitivity to change of the CCAPS in order to evaluate whether the instrument is able to sufficiently measure actual change. We will compare clinical and non-clinical samples of college students who have been administered the CCAPS repeatedly every week over a 6-week period. Findings from the study will include sensitivity to change of the eight subscales of the CCAPS.

Responsiveness of two outcome measures used in session by session monitoring

Jeremy Edward Halstead — SWYPFT and Leeds University, UK, Chris Leach, Joanne Lloyd, Mike Lucock, Samantha Tucker

In addition to criteria of reliability and validity, outcome measures need to be responsive to changes in patient distress levels. Ideally the responsiveness needs to be within an appropriate time frame so that it detects relatively stable changes of state that occur over days or weeks (often referred to as symptoms) rather than rapidly fluctuating moods or longer term changes in personality or life situation. As part of our study of case-tracking and feedback in a UK NHS setting, one site is using two symptom measures, sPaCe and CORE 10 concurrently. This provides the opportunity to compare the responsiveness of the two measures over a number of periods, measured by session number. Effect sizes for the two measures obtained at 1, 4 and 8 sessions are compared for the two measures for N=200 patients recruited consecutively from the start of the study. Analyses will be presented using multiple statistical approaches to determine the ratio of signal (detection of change) to noise (measurement error) in each measure. Discussion will take into account impact on patient, clinical utility and range of application as other factors to be considered when choosing a change measure.

Psychometric properties and sensitivity to change of short outcome measures in clinical outpatients and non-clinical environments

Ivan Armijo — Universidad Gabriela Mistral, Santiago, Chile, Paula Dagnino, Carolina Dieguez, Daniela Martinez, Rocio Escobar, Ivonne Ramirez

Short measures for clinical change focus on evaluating, at a global level, the psychological status of the client in specific symptomatic or functional areas. With response times of 1 to 5 minutes, measures like Halstead's sPaCe and Miller's ORS are considered more "psychotherapy" friendly by therapists and clients in natural contexts, for repeated application and as a tool for evaluating psychotherapeutic progress. The objective of this research is to evaluate sensitivity to change of short self-reported measures, considering different application environments: non treated-population, treated- population and treated-cases with repeated measures. The capacity to detect risk groups in non-treated population, to detect significant changes in treated-groups and inter-rater agreement with clinician judgments were evaluated. 600 non-treated cases from different socio-cultural environments and 40 processes extracted from common clinical practice in a University Clinic and from a private Psychological center were included in the analysis. Scores for sPaCe were obtained for clinical and non-clinical samples. sPaCe, ORS and OQ scores were also obtained for a clinical subsample in 3 "in treatment" measuring points. Clinician Judgments for treated subsamples were also obtained. Interrater, Cluster, HLM and repeated measures analysis is performed on collected data. Item, subscales and scale analysis were performed to evaluate change sensitivity of the instruments. Implications of the results for research and clinical use of such tests are discussed.

Panel

Experiential/EFT

Moderator:

Ladislav Timulak, Trinity College,
Dublin, Ireland

Transforming core painful emotions in emotion-focused therapy for depression and anxiety difficulties

Discussant:

Rhonda Goldman, Argosy University, Schaumburg, USA

Transforming shame and loneliness in a emotion focused therapy for depression: An analysis of two successful outcome cases

Ladislav Timulak — Trinity College, Dublin, Ireland, Andrew Dillon, Shiobhan McNally, Leslie Greenberg

OBJECTIVE: This study explored the transformation of shame (not being good enough, being a bad person) and loneliness (feeling isolated and not cared for) over the course of Emotion Focused Therapy with a specific focus on the roles of emotional productivity and emotional arousal and the sequence of affective-meaning states. **METHOD:** The design is 2 single case studies, observational design and cross case analysis. Qualitative analysis monitored moment to moment shifts in client affective-meaning states, emotional productivity and emotional arousal over the course of therapy. Independent ratings on quantitative measures of the same were used to triangulate findings. **RESULTS:** The current model of emotional processing was found to be largely effective in explaining the sequence of emotions experienced in resolving the core emotional pain (shame and loneliness), a number of refinements of the model are suggested. **CONCLUSION:** Results indicated that emotional arousal and emotional productivity play a significant role in the transformation of core emotional pain and this transformation follows a pattern: (1) global distress (depression, hopelessness, and helplessness) and secondary anger, (2) fear and emotional and behavioural withdrawal, (3) core painful loneliness (feeling isolated and not cared for) and shame (being a bad person), (4) existential need, (5) self-compassion and protective anger, (6) grieving.

Emotion-focused case conceptualization of generalized anxiety disorder: Underlying core emotional pain in clients with generalized anxiety disorder

Katie O'Brien — Trinity College, Dublin, Ireland
, Ladislav Timulak, James McElvaney, Leslie Greenberg

OBJECTIVE: This study explored the underlying core emotional pain and core problematic emotion schemes in clients with generalised anxiety disorders in Emotion-Focused Therapy. **METHOD:** The first 6-10 therapy sessions of 6 clients with generalised anxiety disorder that attended emotion-focused therapy were qualitatively analysed for the presence of emotion events. These emotion events then served as a basis for a qualitative case conceptualisation of the underlying core emotional pain and core problematic emotion schemes using a framework inspired by Pascual-Leone and Greenberg's model of affective-meaning states. Qualitative analysis of the emotion events included the evaluation of client affective-meaning states, emotional productivity and emotional arousal. Independent ratings on quantitative measures of the same were used to triangulate qualitative findings. **RESULTS:** It seems that the worry dynamic in the clients with GAD serves the purpose of emotional and behavioural avoidance of the underlying and/or anticipated/feared (1) shame (I can be found out as a bad person, I can cause harm -- often expressed as the judgment of the caregiver), (2) abandonment/loneliness (I am or will be excluded, rejected by significant other as I was in the past, or as my close ones (children) will be) and (3) traumatic experience (the uncontrollable traumatic upset linked to the death or sudden suffering of significant other (often the caregiver) **CONCLUSION:** It is possible to prepare a meaningful treatment strategy informing case conceptualisation of GAD clients through an EFT lens identifying the underlying core emotional pain and core problematic emotion schemes.

A conversation analysis of self-soothing work in emotion-focused therapy

Olga Sutherland — University of Guelph, Canada, Robert Elliott, Robert Elliott

Process-Experiential/Emotion-Focused therapists have developed a therapeutic task called self-soothing work to help clients with unresolved feelings of anguish or unmet relational needs to experience validation in the absence of a caring, supportive other. This work may take different forms in therapy. Commonly, the client is asked to imagine a significant other (e.g., parent, friend, spiritual guide) and to talk to the self as this person in a way that conveys compassion and care, and then to reflect on this experience of validation. Given that the outer dialogue between parts of the self is a fairly uncommon form of social interaction, the interactional details of how therapists and clients manage to initiate and accomplish self-soothing, and the associated mechanisms of change, are worth exploring. We discuss the results of conversation analysis (CA) of 10 sessions of emotion-focused therapy for social anxiety (involving 9 clients and 3 therapists), in which various forms of self-soothing were utilized. The socio-linguistic practices will be highlighted as used across and within sessions to facilitate clients' experiential exploration and emotional change through self-soothing. CA of therapy sessions can contribute to understanding of change by (a) describing in detail how self-soothing is implemented (issued and responded to sequentially); (b) examining which actions of therapists lead to what effects in clients in particular contexts; and (c) identifying common and deviant cases of this form of therapeutic work.

Panel

Anxiety

Moderator:

Ignacio Etchebarne, Universidad de Belgrano, Buenos Aires, Argentina

Research about approaches to generalized anxiety disorder

Discussant:

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

Experimental examination of the contrast avoidance model in generalized anxiety disorder: Implications for treatment

Sandra Jean Llera — Penn State University, University Park, USA, Michelle G. Newman, Lauren Elizabeth Szkodny

Generalized anxiety disorder (GAD) is considered the least successfully treated of all anxiety disorders. An aim of the recent literature is to improve our understanding of the role of emotion dysregulation in the etiology and maintenance of GAD. We proposed the Contrast Avoidance Model of GAD (Newman & Llera, 2011). Our model posits that individuals with GAD are more sensitive to feeling emotionally vulnerable to unexpected negative events, and that worry (the cardinal feature of GAD) is employed to prolong and maintain a negative emotional state, thereby avoiding an unexpected negative emotional shift (or contrast experience) should a negative event occur. To test this model, the present study examined the effect of worry on negative emotionality, both during worry and emotional stimuli. Participants with GAD and nonanxious controls were randomly assigned to engage in worry, relaxation, or neutral inductions prior to sequential exposure to three emotion-inducing film clips designed to elicit fear, sadness, and happiness. Self-reported emotionality was assessed at baseline and following each induction and exposure, and physiological arousal was measured throughout. Results demonstrate that worry led to an increase in negative emotionality that was sustained across negative exposures. Also, participants with GAD described this experience as

more helpful in emotional coping than did controls, providing support for the Contrast Avoidance Model. Importantly, these findings suggest that extant treatments aimed at challenging cognitive worry patterns may be attempting to dismantle the cognitive defense without treating the underlying fears. Suggestions for improvement of current treatments for GAD will be discussed.

The impact of motivational interviewing on interpersonal processes within cognitive behavioral therapy for generalized anxiety

Angela Kertes — York University, Canada, Henny Westra

Motivational Interviewing (MI) has recently been applied to the treatment of anxiety disorders in an effort to bolster engagement with and response rates to Cognitive Behavioral Therapy (CBT). Although CBT may be an effective treatment for anxiety, our understanding of the active elements of CBT is limited. Vital process research explaining how or why a treatment produces benefit is virtually absent in the CBT literature, particularly from an interpersonal process perspective. The current study uses the Structural Analysis of Social Behaviour (SASB) coding system to code interpersonal processes within therapy sessions from an existing data set of a recently completed clinical trial of MI + CBT for Generalized Anxiety Disorder (GAD). The data emerging from the trial demonstrate that the addition of MI significantly improved response to CBT for those of highest worry severity at baseline. The current study systematically examined the interpersonal processes within session one of CBT between client and therapist during the presentation of the CBT treatment rationale. We used SASB to explore how the behaviour of the therapist is shaped by client motivation. In particular, SASB was used to code 20 video-taped CBT sessions for clients of high worry severity who either received MI as a pre-treatment to CBT (n=10) or who did not receive MI prior to CBT (n=10). In utilizing this analysis, this study will seek to: 1) explore how receiving MI prior to CBT shapes early interpersonal processes between client and therapist at an important moment within CBT (i.e., presentation of a treatment rationale), and 2) examine how interpersonal processes are related to subsequent homework compliance in CBT.

Clinical Approach to Worry in Generalized Anxiety Disorder by Cognitive and Psychoanalytic Therapists

Santiago Juan — CONICET, Universidad de Buenos Aires, Argentina, Paula Balbi, Ignacio Etchebarne, Andres Roussos

The understanding of how worry contributes to the development and maintenance of Generalized Anxiety Disorder (GAD) is debated among researchers. Since the clinical view regarding this phenomenon is generally undermined or relatively inaccessible, the goal of the present study was to characterize the clinical approach to worry in GAD, based on how psychotherapists with differing theoretical orientations included it in their interventions. A secondary analysis was conducted with interviews of 10 cognitive therapists (CTs) and 10 psychoanalytic therapists (PTs), originally interviewed by Etchebarne, Juan, Gómez Penedo and Roussos (in evaluation). Participants were asked (a) to listen to a monologue of a fictitious patient meeting DSM-IV-TR's GAD criteria; and (b) to intervene as if they were facing a real patient. For the data analysis in the present study, interviews were transcribed and segmented; interventions targeting worry were categorized using Consensual Qualitative Research (CQR) methodology; and their prevalence was analyzed among participants. Various domains were found relevant, specially those in relation to the underlying meanings of worry (predominantly in PTs); the temporal course of worry (CTs focused on worry triggers, PTs focused on determining whether worry was an acute or chronic condition); and the experience of worry (all participants focused mainly on worry as being pervasive and generalized). The average proportion of interventions targeting worry rounded 50% in all participants. Results suggest that worry is a relevant phenomenon for both CTs and PTs; nevertheless, their approach to worry show common and specific foci, generating hypotheses for psychotherapy integration.

Panel

Change Process

Moderator:

Michael Basseches, Suffolk University,
Boston, USA

Psychotherapy change mechanisms from the perspective of viewing psychotherapy as a developmental process

Discussant:

Michael Basseches, Suffolk University, Boston, USA

Tracking development through non-verbal and verbal interaction: Change mechanisms in a case of "body-oriented" psychotherapy

Alison Thomas — Suffolk University, Boston, USA, Michael Basseches, Katharine Smidt, Vanessa Alvarez, Megan Clapp

It is generally understood that "body language" (including facial expressions) plays an essential role in communicative interactions, including those that are part of psychotherapy relationships. The Developmental Analysis of Psychotherapy Process (DAPP) represents both a conceptual framework for understanding psychotherapy and a method of tracking development in psychotherapy. DAPP has been applied to examples of psychotherapy based on a variety of therapeutic orientations, and has illustrated common psychotherapeutic processes. Previous analyses have been based on transcripts of the sessions. This investigation set out to include non-verbal interactions in the description of the therapeutic process as understood through the DAPP framework. The raw data were videotapes of a single client's

psychotherapy sessions. The psychotherapist used a "body-oriented" approach in which the client's body language and physical reactions are considered more accurate reflections of her mood and thoughts relative to the words she uses. Thus, non-verbal interactions are an integral part of the therapeutic process. The primary challenge of analyzing these sessions using the DAPP methodology was to expand the coding system such that it accurately describes both the verbal and the non-verbal discursive acts and effectively integrates these descriptions into an understanding of how development occurred in this particular psychotherapy relationship. Beyond its importance in understanding this particular psychotherapy, the inclusion of non-verbal interaction into analyses of therapeutic change can greatly enrich our understanding of how change occurs in all psychotherapy and how to track the change mechanisms and processes.

Tracking development through conflict resolution: Change mechanisms in a case of couples therapy

Vanessa Alvarez — Suffolk University, Boston, USA, Megan Clapp, Michael Basseches, Katharine Smidt, Alison Thomas

A core goal of the Developmental Analysis of Psychotherapy Process (DAPP) method is to offer an understanding of the psychotherapeutic process by systematically describing and tracking proposed universally common dialectical processes which are facilitated by therapists offering resources of attentional support, enactment opportunities, and interpretations respectively. The method is based on the claim that when the client is able to use such resources, and the therapist is able to adapt the resources offered to what the client can use, this facilitates processes of development that are central to all successful therapy cases. To date, the majority of studies using DAPP have been case studies that have illustrated and supported this claim; however, there has been no research applying the model to studies of therapies including more than one client. The present study examines the relationship among the dialectical processes of using attentional support, interpretation, and enactment resources in a case of couples therapy. This case study provides an opportunity to examine the novel developmental structures that emerge in interpersonal conflict resolution and the role that the therapist plays. While the same "common therapeutic processes" are expected to be present in this multiclient setting, on the one hand clients may offer each other therapeutic resources, but on the other the therapist faces the additional challenge of offering resources to both clients, simultaneously and/or in alternating fashion. The original DAPP coding methods are being adapted to allow for the tracking of developmental movement among the triad.

The importance of more general human relational-developmental processes in change mechanisms in psychotherapy

Katharine Smidt — Suffolk University, Boston, USA, Michael Basseches, Alison Thomas, Megan Clapp, Vanessa Alvarez

Two fundamental assumptions of the Developmental Analysis of Psychotherapy Process (DAPP) model and research method are (1) that development in psychotherapy is largely the result of relational-developmental processes that have the potential to occur in all human relationships, and (2) that "helping" relationships entail the effort to optimize the usefulness of these processes to clients, or the people whom the relationships are designed to help. This study documents operation of these mechanisms, visible through the DAPP lens, in a helping relationship different from psychotherapy -- a case study of a developmentally-oriented mentoring relationship in a summer camp setting. As therapists in psychotherapy help their clients to face challenges that otherwise might be avoided or left unresolved, summer camp supervisors may work with camp counselors to navigate and learn from various challenges presented by life at summer camp. The current study examines interaction between a mentor-supervisor and an 18 year-old camp counselor over 8 weekly sessions. Developmental processes and impediments are identified, as well as the resources the supervisor offered in building an alliance and in realizing developmental opportunities. Development was identified regarding six major areas of attention: 1) relationships with co-counselors, 2) working with campers of a new age group, 3) relationships with other camp staff members, 4) transition to college, 5) returning to camp the following summer, and 6) self-reflection on work performance. It was concluded that DAPP, developed to elucidate the nature of change in psychotherapy, sheds light on change mechanisms common to psychotherapy and other helping relationships.

Toward a more broadly applicable and user-friendly approach to developmental analysis of change mechanisms in psychotherapy ... and perhaps beyond

Megan Clapp — Suffolk University, Boston, USA, Michael Basseches, Vanessa Alvarez, Alison Thomas, Katharine Smidt

Past research has used the Developmental Analysis of Psychotherapy Process (DAPP) method to rigorously track common developmental processes across various psychotherapy cases and approaches. DAPP further tracks types of resources (Attentional Support, Interpretation, and Enactment) therapists offer and whether and how those resources are used in the service of clients' development. Case studies presented in this panel extend DAPP analysis to non-verbal communication and to a triadic couples' therapy process by examining the resources offered by the clients to one another as well as by therapist and how they are used. These extensions justify current work on a revised manual. By adapting DAPP for tracking interactions among more than two people, the new manual will become useful for analyzing group interactions ranging from group therapy sessions, to restorative justice circles, community reconciliation efforts, or any multiple party psychological healing processes. While DAPP analysis is well-suited for research designed to demonstrate rigorously the change mechanisms operating in any psychotherapy case, it is a highly technical, labor

intensive process. This presentation will raise questions of how an understanding of DAPP may be more useful to practitioners of various psychological interventions, within the typical time-confiner of their work. Such an understanding can guide revision of the manual to incorporate methods for using DAPP in less labor-intensive but more practice-informative ways.

Panel

Process-outcome

Moderator:

Jamie Bedics, California Lutheran University, Thousand Oaks, USA

An evaluation of the mechanisms of change in dialectical behavior therapy

Discussant:

Michael J. Constantino, University of Massachusetts, Amherst, USA

The therapeutic relationship and alliance during dialectical behavior therapy for borderline personality disorder: Therapist and patient perspectives

Jamie Bedics — California Lutheran University, Thousand Oaks, USA, David Atkins, Katherine Comtois, Marsha Linehan

Aim: The therapeutic alliance and relationship are considered essential elements of effective DBT. Despite this emphasis, little research has examined the role of the therapeutic alliance and relationship during DBT. The present study will present results and review findings from three studies examining the therapeutic alliance and relationship, as rated by patients and therapists, in DBT. **Method:** 101 female participants were randomly assigned to one year of DBT (n=52) or a community nominated treatment by expert control condition. Participating patients completed quarterly ratings of the therapeutic relationship, alliance, and outcome. DBT therapists completed weekly ratings of the therapeutic relationship and outcome as well as quarterly ratings of the therapeutic alliance. **Results:** Hierarchical linear model was used to examine the cross-time association between the therapeutic alliance and relationship with outcome during treatment and by condition. Results supported the importance of the therapeutic alliance, from the perspective of the patient, as predictive of decreased suicidal behavior in DBT. The therapeutic relationship was predictive of outcome across patient and therapist perspectives. **Discussion:** The findings support the importance of attending to patients' perspective of the alliance as well as unique therapist and patient perspectives of therapeutic relationship as predictors of improvement during DBT.

Specificity of effects of DBT emotion regulation skills training

Katherine Dixon-Gordon — Simon Fraser University, Vancouver, Canada
, Alex Chapman, Brianna Turner, Kris Walters

Aim: Research has demonstrated the effectiveness of standalone Dialectical Behavior Therapy (DBT) skills training (Harley et al., 2007), but no studies have evaluated whether the separate skills training modules contribute uniquely to treatment change. According to the biosocial theory, the primary difficulty within borderline personality disorder (BPD) is emotion dysregulation. In the present research, we examined whether DBT ER skills training directly influences ER. **Method:** In a pilot study, females with BPD (N = 19) were randomly assigned to receive 6 weeks of DBT ER skills training, interpersonal effectiveness skills training, or a psychoeducation group. In pre- and post-treatment laboratory sessions, we assessed participants' ER strategies, social problem solving, and emotional reactivity (self-reported and psychophysiological) to personalized emotional stressors. **Results:** Linear mixed models revealed an overall effect of time on BPD symptoms, but this was only significant within the ER group. Further, the ER group was the only condition to demonstrate a decrease in emotional reactivity to the lab stressor, and an increase in heart rate variability reactivity, indicative of greater parasympathetic regulation. **Discussion:** Although preliminary, these findings suggest that it is possible for patients to benefit from 6 weeks of DBT skills training. These data suggest that ER skills training specifically impacts emotion regulation skills, and that this module may have broader-ranging impacts on other BPD-relevant domains, in comparison with other DBT skills modules.

Processes of change: Comparing dialectical behavior therapy and psychodynamic psychotherapy

Alan Fruzzetti — University of Nevada, Reno, USA, Jacqueline Pistorello, Karen Erikson

Aim: Although several possible mediators and moderators of change in DBT have been hypothesized, few studies have evaluated the relative contributions of emotion regulation, dialectical skills (e.g., ability to flexibly use both acceptance and change skills), and the therapeutic alliance. The first aim was to evaluate these key putative mediators. Moreover, in addition to examining patient variables (mediators and moderators), no studies with borderline patients have examined observationally what specific client emotional expressions therapists validate, nor has the type of therapist validation been investigated. **Method:** 63 young adults with suicidality and significant features of borderline personality disorder were randomly assigned to receive either DBT or psychodynamic psychotherapy for up to one year in an outpatient setting. **Results:** Overall, patients in both treatments showed significant gains on primary outcomes, with patients receiving DBT showing significantly greater improvements on all three primary outcomes. Both emotion regulation and patient dialectical skills (flexibility) were significant mediators of outcome, while the therapeutic alliance was not. Alliance was predictive of outcome in the psychodynamic treatment. The two treatments did not differ in the

overall amount of validating that therapists delivered. However, they differed significantly in both the types of validating responses and the targets of their validation, with DBT therapists being much more likely than psychodynamic therapists to validate patient expression of primary emotions. Discussion: This study helps identify important additional patient processes that mediate outcome.

Panel

Culture

Moderators:

David E. Orlinsky, University of Chicago, USA; Denise Defey, University of Uruguay, Montevideo

Culture-competent and respectful models of psychotherapy training and treatment - II

Discussants:

David E. Orlinsky, University of Chicago, USA
Joseph P. Gone, University of Michigan, USA

An examination of the evidence in culturally adapted evidence-based or empirically-supported interventions

Janet E. Helms — Boston College, USA

Most attempts to discover whether empirically based practice (EBP) or empirically supported therapies (EST) are culturally appropriate for African American, Latina/o Americans, Asian and Pacific Islander Americans, or Native Americans (ALANAs) and related immigrant groups (RIGs) have focused on the nature and quality of treatment interventions. Questions addressed have concerned whether traditional treatments ought to be modified to be more culturally responsive or replaced by entirely new approaches. Missing from the culture-focused debates is the answer to the question of what constitutes "evidence" in EBP/EST. The answer to this question is particularly important for delivering culturally responsive interventions (CRIs) if it is true that differences between the culture of standard EBP/EST treatments and the cultural socialization experiences of ALANAs and (RIGs) are so disparate that standard EBP/EST might be harmful to them. For this presentation, three meta-analyses of CRIs, as broadly defined, were examined to discover what they revealed about the strengths and limitations of evidence in CRIs at the levels of clients, therapists, and the helping process. Of particular interest was discovering how researchers managed issues of research design (e.g., sample size, ethnic diversity) and inclusion of racial and cultural theoretical constructs in their collection of evidence. Existing practices for garnering evidence were deficient with respect to examination of racial/cultural constructs and recommendations for better practices are offered.

Therapy for ethnic Minority adolescents: Incorporating culture into treatment research

Joan D. Koss-Chioino — Arizona State University, USA, Luis A. Vargas

Despite a growing literature on culturally "competent" treatment, most treatment research studies still consider cultural difference in a superficial way, through the use of ethnic labels (i.e., "Hispanics" and "Whites") or individual variables, such as "level of acculturation," which are merely tokens compared to what is understood as "culture" as an anthropological concept. In this discussion we assert that culture is integral to both treatment and the research that measures its efficacy and effectiveness. We also agree with Sue et al (1994), that utilization and effectiveness are enhanced by integrating culture into treatment and treatment settings. There is widespread concern that adolescents are a growing problem and there is a pressing need for empirically-based treatment models. However, the number of treatment studies of youths is small compared with those of adults. Treatment studies of ethnic minority youths are even fewer, even though these youths have as many or more problems than majority youths and these problems have different causes and meanings. They often identify ethnic minority youths as part of a sample population but fail to view them or their problems as special or different in any way. This paper will present a model of culturally responsive treatment research and describe how an RCT study of family and group therapies for Mexican and Mexican American youths attempted to use the model, with partial success and some failings.

IPT-TAAPP (Toronto Addis Ababa Psychiatry Project): Scaling up and adapting interpersonal psychotherapy for Ethiopia

Paula Ravitz — University of Toronto, Canada, Dawit Wondimagegn, Teshome Shibre, Abebau Fekadu, Charlotte Hanlon, Yonas Baheretibeb, Neerja Chowdhary, Helen Verdelli, Clare Pain, Atalay Alem, Ellen Frank

Interpersonal Psychotherapy (IPT) has been demonstrated to be an effective treatment that is culturally adaptable and feasible to implement in low-and middle-income countries. The WHO recommends IPT as an evidence-based treatment for common mental disorders in its new mental health Gap Action Programme. Though IPT clinical trials have been successfully conducted in Uganda and Goa, few local trainers have been trained. This project seeks to train local trainers and build sustained capacity in IPT. Post-graduate intensive IPT training courses for psychiatry residents (2006, 2008, 2011) and a CME Train-the-Trainers' workshop for psychiatrists (2011) were held at Addis Ababa University. In order to adapt the IPT model and create training materials, field testing was conducted by one of the psychiatrists (DW) and focus groups were conducted with twenty-five key informant Ethiopian psychiatrists from urban and rural settings. The focus groups served to improve the face validity and clinical relevance of the cultural adaptation of IPT with the aim

of scaling up IPT for broader use within the context of Ethiopian mental health care. The IPT-TAAPP manual integrates essential elements of IPT with discussion of Ethiopian cultural practices and traditional pathways to care. In addition to the trainers' manual, videotaped captioned role plays, practice reminders, interactive seminars, and therapist behaviour checklists were effectively used to train Ethiopian IPT psychiatrists/trainers. Knowledge translation methods and processes were feasibly implemented to train trainers for dissemination and integration of IPT into front line mental health care.

Adapting and testing IPT for primary care in Haitian communities.

Helen Verdeli — Columbia University, New York, USA
, Kathleen Clougherty, Myrna M. Weissman

A growing body of research shows the effectiveness of IPT for depressed members of communities in upper as well as low and middle income countries. Our team has played a key role in adapting and testing IPT in community settings with depressed adults in southern Uganda, depressed war-affected adolescents in IDP camps in northern Uganda, and distressed patients in primary care clinics in Goa, India. We are in the process of adapting and testing IPT within a stepped care model used by the Partners in Health care system in the Central Plateau region of Haiti. In partnership with NYU and Partners in Health, we are training community health workers (Agents Sante') in identifying depressed individuals in these communities, providing support and following triage rules. Towards that goal, we will be implementing the IPT-evaluation, support, triage (IPT-EST) 2 session protocol. For those patients who need specialized care, we are training mental health staff of Partners in Health to offer IPT, and follow patients to remission. This combination of community and primary care delivery intends to maximize the advantages that each approach has while minimizing the biggest obstacle in health care delivery: lack of access.

Panel

Alliance

Moderators:

Fabian Ramseyer, University of Bern, Switzerland; Leonard M. Horowitz, Stanford University, Palo Alto, USA

Therapeutic Alliance? Too Vague a Concept. Introducing Nonverbal Synchrony, a Behavioral Measure of Connection

The Problem: Therapeutic Alliance Does Not Explain Treatment Outcome

Wolfgang Tschacher — University of Bern, Switzerland

Therapeutic alliance is sometimes viewed as the essential ingredient for explaining how psychotherapy works. However, the therapeutic alliance may be best viewed as one of several correlates of change obtained from subjective self-reports. This paper shows the empirical rationale for that inference. Psychotherapy process was examined in four quite diverse samples of patients; the samples varied in patient diagnosis and in type of treatment. In each sample, change across sessions was assessed using self-report measures such as: strength of therapeutic alliance; level of insight gained during treatment; amount of affect experienced during treatment; and increases in patient's self-efficacy expectations. The principal question was whether therapeutic alliance is the essential change factor. By performing a time series analysis for each patient in each sample and aggregating across patients within a sample, a generic process model was obtained for each of the four samples. The results showed that measures of change were correlated with one another, but no single measure (such as therapeutic alliance) was essential as a predictor of outcome. To account for change in treatment, we need a finer analysis of basic psychological processes common to all treatments. For that finer analysis we turn to interpersonal theory.

Interpersonal Theory and the Development of the Patient-Therapist Connection

Leonard M. Horowitz — Stanford University, Palo Alto, USA

Interpersonal Theory identifies two fundamental interpersonal themes or dimensions that are evident when two people interact (e.g., patient and therapist). The theme of communion (also called connection, affiliation, or closeness) is particularly relevant to the patient-therapist alliance and other related concepts. This paper will describe a small set of theoretical propositions that describe how a connection between patient and therapist develops over time. The propositions concern three principal topics--(a) cognitions that each partner (patient, therapist) acquires about the other; (b) the personal and treatment goals of each partner; and (c) the level of positive affect that occurs as a result of goal-satisfaction for each partner during treatment. Finally, the paper will explain how, according to interpersonal theory, the hypothesized processes gives rise to nonverbal synchrony, which can be measured directly.

How to Measure Nonverbal Synchrony and Demonstrate Its Predictive Value

Fabian Ramseyer — University of Bern, Switzerland

The term communion (or connection) between two people in a relationship is of central importance to the therapeutic relationship. However, the necessary factors that strengthen the connection in treatment have yet to be clearly specified. This paper describes an empirical way to assess the coordination of body movement between patient and therapist as they work together in treatment. In this presentation, the method for assessing nonverbal synchrony will be described and illustrated. Two different studies will be described. One uses representative treatment sessions of completed therapies to examine patient-therapist interactions; the other uses non-clinical partners as they work together on several tasks. Nonverbal synchrony was assessed for each dyad in each study. In both studies, the objective measure was correlated with a variety of factors that, according to the theory, are relevant to the working relationship. In particular, the study of patients in treatment demonstrated that patients who displayed greater nonverbal synchrony showed a stronger therapeutic alliance than other patients; and they also had a superior treatment outcome.

Nonverbal Synchrony from the Facial Movement of Interacting Couples

Eva Baenninger-Huber — Universität Innsbruck, Austria, Cornelia Hofstaetter

This paper will focus on nonverbal synchrony in facial movement as couples interact. Six videotaped interactions of couples discussing anger situations were analyzed. The measured behaviors included gazing behavior, smiling, laughter, illustrators, adaptors, and indicators of negative emotions. Synchronization was assessed both as synchrony in movement and as behavior matching (similarity). The subjective experience of the relationship quality was assessed by the FBZ (Spanier, 1976). The emotional experience and emotion regulation during the interactions were assessed by the EER (Benecke et al. 2008). Finally, the relationship quality was rated by naive judges. Because of the small sample size the positive correlations between synchrony and measures of the relationship quality were not statistically significant. Thus, an additional microanalysis of each single case examined the emotional dynamics in more detail, and these findings will be presented.

Individual alliance and group cohesion: What is more predictive in complex therapy settings?

Henning Schauenburg — University of Heidelberg, Germany

, Ulrike Dinger

Inpatient psychotherapy is an interesting setting, since multimodal therapeutic strategies are provided and therefore different therapeutic factors have to be taken into account. Where in outpatient therapy usually the individual therapeutic alliance explains the biggest share of outcome variance, here group experiences are possibly equally or even more important. Furthermore, patient variables may account for differential influence on therapeutic outcome. The influence of experienced individual alliance/cohesion in interaction with patients' interpersonal traits was investigated in this large sample of 327 inpatients with mixed diagnoses. Whereas alliance with the individual therapist did not predict outcome dependent on interpersonal variables, high cohesion and an increase in cohesion emerged as predictive for symptom improvement in a multilevel regression model. This influence was moderated by the affiliation dimension: In dismissive patients an increase of cohesion over the course of treatment was helpful; in affiliative patients symptom improvement was correlated with a slight decrease of cohesion. The findings highlight the therapeutic importance of group therapy and point to the differential influence of individually experienced group cohesion. Also it shows, that personality differences become differentially important only in group processes. In individual therapies, they seem to be balanced by adaptive therapeutic strategies of the individual therapist in this sample.

Panel

Emotion

Moderator:

Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Facilitating emotional change process: Toward a more differentiated model of change

Discussant:

Alberta Eveline Pos, York University, Canada

Emotional change process in self-critical depression during experiential treatment

Bryan Hon Yan Choi — York University, Canada, Alberta Eveline Pos

Self-critical depressed individuals fear criticism and failure, and often experience guilt, worthlessness, and hopelessness in situations where they fail to live up to expectations (Blatt, 2004). Self-critical depression is theorized to be resolved when individuals form more adaptive representations of self and others. The current study examined if Blatt's theory of resolution for self-critical depression would be evidenced within the emotional processing of self-critical depressed clients undergoing experiential treatment, since emotional processing has been identified as an important change process in experiential treatment for depression (Pos, Greenberg, & Warwar, 2009; Feldman, Harley, Kerrigan, Jacobo, & Fava, 2009). It was hypothesized that emotional processing marked by positive views of self and others would increase more across therapy in good versus poor outcome clients (based on residual gain scores on the

Beck Depression Inventory (Beck et al., 1961)) with self-critical depression. For two self-critical depressed clients from the York II Depression study (Goldman et al., 2006), segments of emotional processing called emotion episodes were coded with a newly-developed coding scheme that identified the valence of a view (positive or negative) and the attachment of a view (self or other). Emotion episodes marked by positive views of self and not other were found to increase more across therapy in the good versus poor outcome client. Additional clients will be discussed. The results partially substantiate Blatt's theory of resolution for self-critical depression, and inform more targeted case conceptualization and treatment planning of self-critical depressed clients undergoing experiential treatment.

The process of resolving shame: A task analytic study

Shigeru Iwakabe — Ochanomizu University, Tokyo, Japan, Masaya Ito, Keiko Yamaguchi

Shame is an intensely painful emotion associated with feeling exposed, defected, and rejected in the eye of others. It is clinically valuable to develop an intervention strategy targeted to work with this emotion and to delineate its client change process. The goal of this study was to identify the in-session client performances involved in resolving shame due to past personal failures using an emotion-focused approach. The study was the discovery-oriented phase of task analysis, which intensively examined the moment-by-moment process of transforming shame into a more adaptive emotional state. Three-session analogue therapy with seven volunteer clients with unresolved shame issues was conducted by three therapists who followed the intervention manual developed for this study. As a result of a qualitative analysis, the client change model was developed that included four major stages consisting of 7 main steps and 4 sub-steps. Clients in this study first narrated the event that led to their shame experience. Second, they expressed secondary emotions such as hurt, helplessness, complaints, retaliatory anger, and aloneness as they identified triggers and situational cues evoking these emotional responses. A pivotal change occurred when they fully expressed and acknowledged their vulnerability and expressed their need for connection and self-esteem. This resulted in emotional relief and, in most successful cases, the building of shame resilience characterized by accessing their positive self-esteem, a sense of pride, and restoring and affirming a sense of connection with significant others. Discussion includes cultural issues in working with emotions in psychotherapy.

Experimental manipulation of different types of emotional processing

Kristina Barbara Rohde — University of Bern, Switzerland, Maria Stein, Antonio Pascual-Leone, Franz Caspar

Different psychotherapeutic approaches agree on the central role of emotions in therapeutic change. The importance of expressing emotions, restructuring emotions and facilitating an optimal level of emotional processing in psychotherapy is evident for emotion-focused therapy (EFT, e.g. Greenberg, 2004), but is also acknowledged in less 'emotion-centered' approaches like e.g. CBT (Belz-Merk & Caspar, 2002). Theory in EFT provides a framework for identifying and distinguishing different types of emotions and patterns of change. Pascual-Leone and Greenberg (2007) developed a model of emotional processing that differentiates between insufficiently processed emotions (e.g. shame, aggressive anger) and states of advanced processing (e.g. assertive anger, self-soothing, grief). Aim: First, we explore how different states of emotional processing could be primed in healthy subjects suffering from unresolved negative feelings towards a significant other, and secondly, we examine the effects of such priming on emotional processing. Methods: Participants who reported suffering from being hurt or betrayed by a significant other were randomly assigned to 2 different conditions that were supposed to prime either 'productive' i.e. primary adaptive emotions or 'unproductive' i.e. secondary or primary maladaptive emotions. After being primed, the participants worked on their personal experience of hurt or betrayal in an expressive writing task and completed several self-report measures. Results / Discussion: The results will be discussed in terms of their implications for facilitating optimal emotional processing in psychotherapy. Furthermore, the applicability of neurophysiological measures to research of that kind will be discussed.

Panel

Trauma

Moderators:

Ann Hummel, United States Navy, San Diego, CA; Patricia T. Spangler, Uniformed Services University of the Health Sciences, USA

Behavioral health care of military service members and veterans: Three case studies

Discussant:

Patricia T. Spangler, Uniformed Services University of the Health Sciences, USA

Overview of behavioral health issues of military personnel and veterans

Ann Hummel — United States Navy, San Diego, CA, Manuel AC Gonzalez

This is an overview of the demographics of the military and veteran population, typical presenting concerns, and similarity and differences between treatment of civilians, veterans, and service members. The objective of this paper is to provide some background on this unique culture and the behavioral health issues of its population as a context for the cases examples that follow. We will discuss the differences in risk and protective factors that relate to military and veteran mental health concerns, as well as issues of confidentiality, reporting requirements, stigma, and barriers to care. Veterans, service members and civilian populations have much in common: disorders present with similar

symptoms and respond similarly to treatment. In some ways, civilians and veteran populations are more similar when compared to service members, e.g., in terms of confidentiality, reporting requirements, and occupational consequences of mental health problems. However, veterans and service members have in common the military culture and lifestyle, as well as risk (e.g., combat; deployments) and resilience factors (e.g., unit cohesion; close-knit communities) related to military service. Psychotherapists who work with veterans and service members might benefit from having a better understanding of the context in which their patients seek help, and the potential opportunities and limitations related to mental health that are unique to each population.

Post-admission cognitive therapy following suicide attempt for active duty service members with PTSD: A case example

Christina Schendel — Uniformed Services University of the Health Sciences, USA, Laura Neely, Patricia T. Spangler, Rachel Lunt, Geoffrey Grammar, Marjan Ghahramanlou Holloway

Post-traumatic stress disorder (PTSD), depression, and suicide-related behaviors are an increasing public health problem for military personnel (DoDSER, 2011). This presentation is a preliminary discussion of an innovative, evidence-informed cognitive behavioral intervention, Post Admission Cognitive Therapy (PACT), which is currently under feasibility and pilot testing. Aims: The specific aims for the pilot trial are to (1) evaluate degree of change and variability of response to PACT compared to enhanced usual care (EUC) on subsequent suicide attempts, suicide ideation, depression, hopelessness, and PTSD symptoms; and (2) to examine enhanced problem-solving abilities as a potential mechanism of change in reducing future suicide attempts and PTSD symptoms. Method: A randomized controlled trial design is used where military inpatients (N = 50) with a diagnosis of PTSD are admitted for psychiatric care following a suicide attempt and are assigned to intervention (PACT) or control (EUC). PACT consists of six 90-minute individual therapy sessions administered over 3 days and involves three phases of delivery (Ghahramanlou-Holloway et al., 2011). Results: A representative case example will be presented to illustrate the delivery of the PACT approach and associated clinical challenges in implementing PACT within a military inpatient milieu. Discussion: The inpatient hospitalization provides a unique opportunity to directly intervene with an individual who has recently attempt suicide, possibly due to PTSD symptomatology. Treatment development work, such as the one described here, involves a number of ethical and implementation challenges but is expected to advance the field of psychotherapy research.

Cognitive-experiential dream work for PTSD-related nightmares: A case study

Patricia T. Spangler — Uniformed Services University of the Health Sciences, USA, Miles G. Bowers, Clara E. Hill

Nightmares are a common symptom of PTSD in military personnel and veterans exposed to combat. They cause psychological distress, interfere with sleep, and affect daytime functioning. The current study investigated the cognitive-experiential dream model (CEDM; Hill, 2005) in treating combat with veterans with PTSD-related nightmares, specifically to investigate (1) change in PTSD symptoms following treatment, (2) client evaluation of sessions and gains from dream interpretation, and (3) themes in nightmare content. A case study will be presented to illustrate the CEDM treatment. Demographic data, attitudes toward dreams, and PTSD symptoms were assessed at baseline. Session evaluation and gains from dream interpretation were assessed after each session. The participant kept a daily dream diary. PTSD symptoms and attitudes toward dreams were assessed post-treatment. Treatment consisted of 6 CEDM sessions over 3 weeks. PTSD symptoms decreased from clinical to subclinical levels, with a marked decrease on avoidance and numbing criteria. The participant maintained his strongly positive attitude toward dreams. Session evaluation and gains from dream interpretation remained high over the course of treatment. Qualitative analysis of dream content indicated three domains of particular relevance to combat veterans. CEDM appears to have benefited this high-functioning combat veteran with mild PTSD with occasional nightmares. Working with nightmare images may have provided insight into why they were distressing and how they related to waking life issues. Qualitative analysis of nightmare content provided an indication of the intensity of combat images as well as the challenges of re-integrating into civilian culture.

Treatment setting considerations for service members transitioning between active duty, veteran and reserve statuses: a case study on secondary gain

Manuel AC Gonzalez — United States Navy

Background: Conceptually, PTSD treatment within the VA and Department of Defense (DoD) healthcare systems should yield similar clinical outcomes. However, this assumption does not account for systemic differences that impact patient care, primarily secondary gain and adherence to treatment recommendations. Aims: This presentation will identify key differences between healthcare systems, focusing on a service member's experience accessing PTSD treatment. Comparisons will be made between veterans separating from active duty service and reservists mobilizing to active duty status. Method: Demographic data, prior treatment history, and PTSD symptoms were assessed during intake. Recommendations for treatment focused on 12 sessions of Cognitive Processing Therapy over the course of 8 weeks. Results: PTSD symptoms were expected to decrease from the clinical to sub-clinical range, per self-report and clinical observation. However, client's premature termination of treatment shifted the clinical focus to emerging barriers to care that existed in both healthcare systems. Discussion: Providing culturally informed treatment can influence not only the therapeutic alliance but also treatment adherence and outcomes. Understanding institutional differences between

health care systems can assist providers in delivering more culturally considerate and effective treatment in both VA and DoD systems. This awareness is crucial as active duty transition to veteran status and reservists mobilize to active duty for deployment. Keywords: Military, Veterans, Active Duty, Post Traumatic Stress Disorder, Barriers to Treatment, Secondary Gain

Panel

Process

Moderator:

Sarah Knox, Marquette University,
Milwaukee, USA

I'm dreaming of . . . : Therapists' dreams about clients, hospice workers' dreams about patients, and earliest-remembered vs. recent-remembered dreams in therapy

Discussant:

Clara E. Hill, University of Maryland, College Park, USA

Therapists' dreams about clients

Sarah Knox — Marquette University, Milwaukee, USA, Shirley A. Hess, Rachel Crook-Lyon, Clara E. Hill

Aim: Although three studies have been conducted related to therapists' dreams about their clients, none have been based on therapists' dream diaries, a source of dream content that should provide a more accurate accounting of the frequency and types of dreams therapists have about their clients. This study thus sought to deeply examine dreams that therapists had about their clients, during the time in which they were seeing these clients in therapy. **Method:** Thirteen doctoral student therapists from an East Coast US university kept dream journals for the one to two years that they were conducting primarily time-unlimited (limited only by the amount of time that the therapist worked in the clinic) psychotherapy with community clients in a psychodynamically-oriented clinic. Therapists typically saw between two and eight clients for at least one session beyond intake. Nine of the 13 therapists recorded at least one dream about a client that they were currently seeing. Qualitative analyses focused on examining the insights gained and the action ideas expressed when therapists talked about their dreams in a semi-structured interview. **Results:** Preliminary results indicate that clients were usually represented as themselves in therapists' dreams; that therapists dreamed about clients because something personal and/or professional was stirred up in them through working with the client; that therapists gained personal and professional insight about themselves, the client, and the therapy from the dream; and that therapists seldom discussed the dreams in supervision. **Discussion:** Implications for training and supervision are discussed.

Hospice workers' dreams about patients

Shirley A. Hess — Shippensburg University, USA

, Tara Byers, Patricia T. Spangler, Clara E. Hill, Sarah Knox

Aim: The aim of this study is to explore hospice workers' dreams about their patients, using the Hill (1996, 2004) model of dream work. The model has three stages: Exploration, Insight, and Action. We hoped to discover the nature of dreams that hospice workers had about their patients. We also examined the insights that hospice workers had into these dreams and what actions they took or might want to take based on their understanding of the dream. **Method:** Ten hospice workers each participated in face-to-face 75-minute recorded sessions where they explored one of the dreams they had about a patient. Participants completed a demographic form prior to the session and the Gains from Dream Interpretation Measure (GDI; Heaton, Hill, Petersen, Rochlen, & Zack, 1998) after the session. Two weeks after the session, they participated in a follow-up audiotaped telephone interview (15-30 minutes), in which they were asked about their insights and actions since the dream session, why they participated in the project, and how the dream session affected them. A five-member team is using consensual qualitative research (CQR; Hill et al., 1997, 2005) to analyze the data. **Results:** Preliminary results indicate that participants dreamed about patients who were difficult cases or because something personal was triggered in them through working with the patient; that participants gained insight about themselves or their patient; and that participants took action in their personal lives as a result of the dream. **Discussion:** Implications for training are discussed.

Working with earliest-remembered vs. recent-remembered dreams in therapy

Shudarthana Gupta — University of Maryland, College Park, USA

, Clara E. Hill

Aim: This study will compare the effects of working with Earliest Remembered Dreams (ERD) of individuals to more recent remembered dreams (RRD). A limited body of research examining the characteristics of ERDs (Bulkeley et al., 2005) suggests that many individuals remember a dream from between the age of 3-12 years, and these dreams are very often vivid and intense with powerful physical and emotional effects. We thus speculate that it would be valuable to work with ERDs in a therapeutic setting; ERDs might facilitate exploration of salient aspects of the dreamer, such as early emotional life, neglected strengths, and desires. However, ERDs have never been compared with RRDs with regard to possible differences in their therapeutic value. The present study addresses this gap in the literature. **Method:** Each participant will discuss an ERD in one session and an RRD in one session, using the Hill (1996, 2004) cognitive

experiential model of dream work. The vividness of both types of dreams will be assessed, and the outcome of each session will be compared. Results: The data for this study will be collected in Spring 2012, and results will be available by the time of SPR. Discussion: The implications of working with both ERDs and RRDs will be discussed.

Panel

Family

Moderator:

Laurie Heatherington, Williams College,
MA, USA

Basic research with implications for child and family therapy

Dynamics on parent's couple life and children psychological dimensions in early childhood: An interdependence model analysis

Ximena Pereira López — Universidad del Desarrollo, Santiago, Chile, Ivan Armijo

The relationship between Parent's interpersonal dynamics and Children's developmental and Psychological problems has been widely studied. Nevertheless, the analytical framework applied has been usually uni-directional (parents influence children) and considering individuals, more than systems and subsystems, as the unit of analysis. In this research the couple of parents is considered not only in its caregiving function upon their children, but also as a romantic subsystem. Besides considering the effects that different parental dynamics upon children developmental issues, the effects of children's psychological profile over parental couple's dynamics is also assessed. In order to do that, 60 systems of two parents (father and mother) with at least one children at early childhood (18 or 30 months of age) are evaluated at different levels. Parents are evaluated as a romantic couple (with Dyadic Adjustment Scale and Couple's Conflict Dimensions Scale), and as a parenting system (with Parental Problem Checklist). Children are evaluated at Psychomotor development (with Ages and Stages Questionnaire) and Psychological dimensions (with Achenbach's Child Behavior Checklist). Psychopathology in parents is also assessed (with sPaCe). All instruments used were previously validated for the population being studied. Using Kenny's Action-Partner Interdependence Model as analytical framework the mutual effects between the parents subsystem, and between subsystems (parents and children) are studied in order to model the mutual influences that are present in the system parents-children as a whole, including intra-system and inter-systems effects. Implications for clinical and research work discussed.

The Association of Parental Involvement on academic adjustment and performance for Hispanic (Latino/a) students

Jairo Fuertes — Adelphi University, New York, USA, Ricky P. Demirakos

The current study examined the influences of parent involvement on academic adjustment and performance for Hispanic (Latino/a) students. Past research that has explored this area has suggested that parenting styles and involvement have significant effects on children. Research has also suggested that parent involvement and family is highly valued in Hispanic culture. However, Hispanic students tend to underperform in academics when compared to their non-Hispanic counterparts. Respondents to date include 62 students (ages 15-18, 36 girls and 26 boys) from high schools in Nassau County, New York. Our primary hypotheses in the study were that bonding would be positively related to psychological and behavioral strengths and negatively related to difficulties. We also hypothesized that bonding and strengths would correlate positively with increased academic performance (as evidence by GPA), and inversely, that deficits would be associated with lower academic performance. Preliminary results indicate partial support for the hypothesis that bonding would be associated with strengths and negatively related to difficulties. Bonding with mother for boys and girls is significantly associated with strengths but not significantly negatively associated with difficulties. In terms of our second hypothesis, neither strengths nor bonding are significantly associated with academic performance. Our target sample size is 120 and data collection will be completed before the end of the current calendar year. Complete results will be presented at the conference.

Effects of diagnostic label, gender, and family relationship on attributions about children's ADHD-related behaviors

Laurie Heatherington — Williams College, MA, USA, Marissa Pilger, Emmanuel Whyte, Jennifer Morrison

Aim: Attributions about causes of one's own and close others' problem behaviors are related to clinical risk in individuals and couple relationship distress and dissolution. Much less is known about the correlates and consequences of siblings' and parents' attributions about children's problem behaviors, and the particular relationship (e.g., your sibling vs. child) complicates the nature of those attributions. Two experimental studies addressed this question. **Methods:** In a 2 x 2 x 2 design, participants read scenarios about a child who exhibited impulsive, inattentive, and oppositional behaviors on a camping trip. Gender, diagnosis (whether the child was labeled or not), and relationship (described as one's sibling/child or not) were systematically varied in the transcripts. Participants rated the behaviors on standard causal attributions, as well as the predicted degree of frustration, annoyance, and social distancing. **Participants:** 137 college students (Study 1) and 100 parents (Study 2). **Results and Discussion:** Study 2 results are forthcoming. Study 1 results indicated that participants in the related condition exhibited less social distancing across

all situations, and those in both the related and labeled conditions made more generous, i.e., more external, specific, and unstable, attributions. Child's gender had little effect. Findings about the interacting effects of these variables provide insight on clinically relevant cognitions in family members, and have implications for managing family focused support and treatment for children with ADHD.

Gay and lesbian parents and their adopted children: Basic findings to inform practice and policy

Justin A. Lavner — University of California, Los Angeles, USA, Jill Waterman

Aims: Although adoptive parenthood among gays and lesbians has increased over the past decade, little is known about how these families fare over time. The current study addressed this gap by comparing child and parent functioning in gay/lesbian and heterosexual adoptive households over the first two years post-adoptive placement. **Methods:** Standardized assessments of children's cognitive functioning and behavior problems, and parents' stress, social support, depressive symptoms, and adoption satisfaction were collected at 2, 12, and 24 months post-placement from a sample of 82 families adopting children from foster care in Los Angeles County. Transracial status and children's background risk were tabulated from court records. **Results:** Compared to heterosexual parents, gay/lesbian parents adopted children with significantly higher levels of background risk and who were more frequently of a different race. Hierarchical linear modeling indicated that children in both household types showed similar gains in their IQ over time and maintained stable levels of internalizing and externalizing problems. Gay/lesbian parents showed marginally significant increases in parenting stress and greater declines in direct social support compared to heterosexual parents. Regardless of their sexual orientation, parents showed similar gains in their adoption satisfaction over time, and maintained similar levels of depressive symptoms. **Discussion:** Results indicate many similarities among gay/lesbian and heterosexual parents and their adopted children. These findings improve our understanding of family processes in diverse families, and can inform therapeutic interventions designed to better the lives of these families.

Panel

Change Process

Moderator:

Marcus J.H. Huibers, Maastricht University, The Netherlands

Predictors and mechanisms of change in treatments for depression: The state-of-the-art and beyond

Discussant:

Franz Caspar, University of Bern, Switzerland

Mechanisms of change in cognitive therapy and interpersonal therapy for depression: Preliminary results from an ongoing randomized trial

Marcus J.H. Huibers — Maastricht University, The Netherlands, Lotte Lemmens, Anne Roefs, Frenk Peeters, Arnoud Arntz

While it is well known that cognitive therapy (CT) and interpersonal therapy (IPT) are effective treatments for depression, the underlying mechanisms that explain therapeutic change are still largely unknown. Research into the mechanisms of change in psychotherapy for depression is limited and the causal pathways that explain change in depression treatment remain to be demonstrated. Although therapeutic theories postulate improvement in depressive symptoms in terms of causal processes - namely that decrease in depressive symptoms is caused by change in cognitions (CT) or improvement of interpersonal functioning (IPT) - it remains to be demonstrated whether this is actually holds true. In this presentation, we present findings from an ongoing RCT (n=180) on mechanisms of change in CT and IPT, and describe the methodological difficulties that arise from it. Measures of treatment specific factors (such as interpersonal functioning, and dysfunctional attitudes) and more common factors (such as self-esteem) assessed at three time points during treatment (0, 3, 7 months) will be used. First, we will examine the theoretical premises of both therapies, namely that change in cognition precedes symptom change in CT, and that change in interpersonal functioning precedes symptom change in IPT. Then, formal mediation analyses using the McArthur guidelines and multi-mediator models will be presented. Since both therapies originally stem from different theoretical backgrounds, one might expect different mechanisms of change in both therapies. But is this really the case?

Beyond "deep" and "surface" structures mechanisms of change

Jacques P. Barber — Adelphi University, New York, USA, Kevin S. McCarthy, Robert Gallop

Much research examining mechanisms of psychotherapy has focused on examining change in constructs that can be best characterized as "deep" structures such as structural personality change, defence style, and self-understanding (psychodynamic therapy) or schema change (cognitive or cognitive behavioural approaches). Other research has examined the role of changes in constructs that can be best characterized as change in "surface" structures such as automatic thoughts or psychiatric symptoms. In this presentation, we will review some of the evidence for the mediating effects of change in deep and surface structures in different forms of therapy. We will also discuss some of the shortcomings and surprising relations found in this research. We will suggest that a case can be made for conceptualizing and investigating a third potential category of change: skill acquisition in different forms of therapy. We will explore some of these ways of conceptualizing mediators using data from a recently published randomized clinical trial (Barber, Barnett, Gallop, Rynn & Rickels, in press; n = 156) comparing the efficacy of supportive-expressive therapy

(a form of short-term manualized dynamic therapy) vs. antidepressant medication vs. pill placebo for patients with Major Depressive Disorder. We will also attempt to examine how several of these mediation constructs might explain the change observed in each of the three treatments.

How Research on Moderators Can Be Used to Improve Clinical Outcomes

Robert J. DeRubeis — University of Pennsylvania, Philadelphia, USA
, Nicholas R. Forand, Jay C. Fournier, Lois A. Gelfand

An increasing interest in "personalized medicine" has driven recent efforts to identify predictors of treatment effects, and consensus is beginning to develop about the terminology to refer to different kinds of prediction. However, the methods for detecting important predictors have by no means been standardized. The speaker will give a brief overview of the research and statistical methods of research on prognostic variables (those that predict response either in a single treatment or across treatments) and prescriptive variables (often called "moderators;" they yield differing predictions for different effective treatments). He will then describe a method, which builds on an approach introduced by Barber and Muenz (1996), for turning the information gleaned in prediction research into clinically useful information. In a "proof of concept," he will use data from a large randomized comparison of the effects of cognitive therapy relative to medications and show, among other things, how much additional benefit could be produced by these treatments if patients were directed optimally to them.

Panel

Process-outcome

Moderator:

Changming Duan, University of Kansas,
Lawrence, USA

Use of therapist directives in China

Discussant:
Michael Scheel

Cultural and therapeutic conditions for effective use of therapist directives

Changming Duan — University of Kansas, Lawrence, USA
, Clara E. Hill

Whether or not to use directives in psychotherapy, mostly in the form of homework, has been much debated and remained controversial in the literature. Proponents have focused on explaining why homework would be necessary for promoting treatment gains or behavioral changes in absence of therapists. An implicit logic that seems to have shaped much of the proponents' argument is that homework is useful if it is appropriate for addressing client concerns and if the client implements it. In other words, client compliance mediates the relationship between homework assignment and therapy outcomes. Thus client compliance has become a focus of discussion. Conoley, Conoley, Ivey, and Scheel (1991) propose that the acceptability of homework assignment is a necessary condition for client to implement it, and this acceptability is determined by the "fit" between the problem and the homework, its level of "difficulty, effectiveness, and humaneness" and the client-therapist relationship. This theory has generated empirical investigations. After conducting a series of studies to test this theory in China, we noticed limitations as well as potentials of this and other theories about using directives in therapy. In this paper, we will offer a critical analysis of current theories from cross cultural and therapeutic perspectives. We will also propose a theory on using therapist directives in China, in which we take into consideration of the implied messages of therapist directives from both the therapist and client points of view and pay particular attention to cultural characteristics of effective communication in China.

The prevalence and types of directives perceived by Chinese therapists and clients

Jingqing Liu — University of Maryland, College Park, USA
, Harold Chui, Kaiyi Hui, Changming Duan, Clara E. Hill, Guangrong Jiang, Bo Hu

Aim: Investigating the prevalence and types of directives perceived by Chinese therapists and clients. Specifically, we examined therapist and client perceptions of the number of directives used, and analyzed the content of the directives reported by both clients and therapists through an inductive approach. Methods: Forty-three therapists and their 96 clients participated in the current study at a large university counseling center in mid-China. After every session, both therapists and clients wrote down "all the directives you have used and received in this session that you can recall.", and then indicated one primary directive. Three judges who are proficient in both English and Chinese coded directives into categories within 3 domains: content (emotional, cognitive, or behavioral); focus (self, others, or both); and therapeutic concerns (medical/somatic, interpersonal, intrapersonal, academic/vocation/career/work-related, or counseling process related). Only directives reported in the first five sessions were coded. Results: On average, therapists reported giving 1.28 directives per session, while clients reported receiving 1.94 directives per session.

Female clients reported receiving more directives than did male clients. Overall, directives from both therapists' and clients' perspectives were mainly focused on the client's cognitions or behaviors, focused on self, and related to interpersonal or intrapersonal concerns. Discussion: The comparison between directives given by Chinese therapists and those given by American therapist reported in Scheel et al. (1999) led to interesting findings. Possible cultural explanations of these findings were discussed.

Therapeutic outcome of therapist directives and client implementation of directives

Bo Hu — University of Kansas, Lawrence, USA, Changming Duan, Clara E. Hill, Guangrong Jiang, Jingqing Liu, Harold Chui, Kaiyi Hui, Lixia Yu

Aim: Exploring the role of counselor directives in psychotherapy process. Methods: Data were collected from the same participants as those in paper 2 of this panel. Of all the participants, 95 clients and 43 therapists provided complete data for the first two sessions, and 34 clients and 28 therapists provided complete data for six sessions. After every session, both therapists and clients wrote down all the directives they have used or received and identified the primary directive. Then, clients used the Recommendation Rating Scale (RRS) to rate the primary directive. Starting with the 2nd session, clients used the Implementation Rating Scale (IRS) to rate their implementation of the primary directive and complete the OQ-45.2 at the beginning of the following sessions. At the end of all sessions starting with the 2nd session, clients completed the WAI-S. Results: The hierarchical one-way ANCOVA with random effect modeling, with the 3 subscales of RRS (fit, difficulty, & Therapist influence) as level-one predictors, revealed non-significant fixed effect and a significant random client effect for Therapist Influence. A similar 2-level one-way ANCOVA with Random Effect Hierarchical Linear Model for testing the role of Implementation revealed no significant main effect but significant random effect at client level. In addition, significant mediation effect of working alliance was found on the relationship between the numbers of therapist reported directives and client OQ. Discussion: Cultural and therapeutic implications of the results as well as limitations of the study were discussed.

Therapists' views on why and how they use directives in therapy

Yujia Lei — University of Kansas, Lawrence, USA
, Bo Hu, Jie Chen, Changming Duan, Sasha Li

Aim: Exploring therapists' views on why and how they use, or not to use, directives. Methods: Seven Chinese therapists were interviewed and the interview data were analyzed using Consensual Qualitative Research. Results: Goals: Participants used directives to help clients realize their counseling goals, facilitate self-exploration, adapt to life, promote self awareness, acquire resources, develop skills, and shorten counseling process based on client's need, but would only use directives for clients who needed behavioral reminders. Therapists use different types of directives for different purposes at different counseling stages. They tended to give more directives before anticipated breaks in counseling process or at the end of counseling relationships. Types of directives: Participants tend to use leading questions, recommendation of books, assistance in making plans, providing different and new perspectives based on professional knowledge and personal experiences, and summarization of client experiences. They emphasized timing of directives, and clients' recognition, approval, and acceptance of directives as prerequisites for using directives. Methods of delivery: Participants preferred guiding clients' thinking rather than giving specific directives/answers. Some emphasized they wanted to give directives in a way that the client would not be aware that directives are given, using "the power of imperceptible influence." They often do not expect clients to follow the directives immediately, rather, hope to plant a "directive" seed in client's mind for later implementation when needed. Discussion: "Chinese way" of using therapist directives, including "timing," "subtlety," and focus on long term effect, is discussed.

Panel

Theory

Moderator:

William B. Stiles, Miami University,
Oxford, USA

Innovative moments and the assimilation model: Cross-fertilization and integration

Discussant:

Mikael Leiman, University of Eastern Finland, Joensuu

Building conceptual bridges between Innovative Moments Model and Assimilation Model

António P. Ribeiro — Universidade do Minho, Braga, Portugal, Miguel Gonçalves, William B. Stiles

We present our efforts to build conceptual bridges between Innovative Moments Model (IMM) narrative perspective and Assimilation Model (AM). The AM conceives the self as a community of internal voices which represent ways of being in the world. The AM suggests that the disconnection of voices from the community underlies many forms of psychological distress. Such problematic voices may be assimilated through psychotherapeutic dialogue by building meaning bridges, i.e., words or other signs that can represent, link and encompass the previously separated voices. Self-narratives may be conceived as meaning bridges that organize and interlink disparate life experiences, providing orderly and smooth access to them, selecting and organizing them into identities. A client's initial self-narrative may be maladaptive because it fails to acknowledge important parts of the client's life experience. The accumulation of

exceptions to the maladaptive self-narrative or innovative moments (IMs) paves the way to development of an alternative self-narrative (one that incorporates the previously excluded problematic voice) since when non-dominant voices express themselves during IMs, the dominance of the current community of voices is disrupted and an opportunity for meaning bridges to develop emerges. We discuss two concepts that may help us to further articulate IMM and AM -- protonarratives (provisional alternative self-narratives that afford partial access to the problematic experiences and are revised and expanded along therapy) and mutual in-feeding (a cyclical movement between two opposing parts of the self that may maintain the maladaptive self-narratives across therapy) -- as well as their empirical and clinical implications.

Reconceptualization innovative moments and assimilation on the spotlight: How can one psychotherapy change model inform another?

Carla Alexandra Castro Cunha — University of Minho and ISMAI, Portugal, J. Martins, Inês Mendes, António P. Ribeiro, William B. Stiles, Leslie Greenberg, Miguel Gonçalves

This study explores reconceptualization innovative moments in a sample of emotion-focused therapy (EFT) for depression, through the lens of the assimilation model. The systematic analysis of 108 reconceptualization innovative moments in six cases shows that these narratives can be assessed with a wide range of stages within the Assimilation of Problematic Experiences Scale, starting from level 1 and reaching levels as high as 7. However, the majority of reconceptualization innovative moments were coded with assimilation levels 4 to 6 (88%). The assimilation of problematic experiences within reconceptualization innovative moments generally increased along the treatment, particularly in the good outcome EFT cases. The implications of these findings are discussed suggesting that assimilation ratings can be used as a way of differentiating the productivity of reconceptualization innovative moments.

Changes in intra- and interpersonal relationships and self-narratives in a nominally unsuccessful case of individual therapy

Hugo Josef Schielke — Miami University, Oxford, Ohio, USA, William B. Stiles

This theory-building case study will present material from a nominally unsuccessful therapy case relevant to the accounts of therapeutic process and progress within the Assimilation Model (AM) and the Innovative Moments Model (IMM). This study of the cognitive-behavioral therapy based treatment of a female client diagnosed with General Anxiety Disorder examines how the work of the therapeutic dyad helped facilitate the client's progressive inclusion of once-excluded positions in her meaning- and decision-making both within and outside of therapy sessions. This work was observed to lead the client to experience new ways of being and relating to self and others; it also led to new ways of making sense of past and present experience as reflected in her self-narratives. Consistent with the AM and IMM, the emergent self-narratives are more inclusive and encompassing and interlink more information than do her original narratives and problem statements. Observations related to the therapeutic treatment of anxiety and the Assimilation and Innovative Moments models will be discussed.

Panel

Computer

Moderator:

Tracy D. Eells, University of Louisville, USA

Computer-assisted cognitive therapy for major depression and anxiety disorder

Discussant:

Marna S. Barrett, University of Pennsylvania, Philadelphia, USA

Computer-assisted cognitive behavior therapy for depression

Tracy D. Eells — University of Louisville, USA, Jesse H. Wright, Michael E. Thase

Multiple computer-assisted methods of psychotherapy have been developed in recent years, many focused on major depression, although with relatively little associated outcome or process research. Focusing on computer-assisted treatments for depression, this paper will review the rationale for computer assistance, including cost, access, efficiency, and adherence to evidence-based methods. It will also examine problems and barriers related to computer-assisted psychotherapy. It will then focus on two outcome studies of computer-assisted psychotherapy for depression, review selected other outcome studies based on alternative computer programs, and conclude by showing examples of programs that have been developed. In one outcome study, 45 patients with major depressive disorder were randomly assigned to cognitive therapy, computer-assisted cognitive therapy, or a wait list. Both active treatments consisted of 9 sessions over 8 weeks. Therapist time was reduced after the first visit for computer-assisted cognitive therapy, with 25-minute sessions rather than 50-minute sessions. Assessments were completed pretreatment, after 4 and 8 weeks of therapy, and 3 and 6 months post-treatment. Computer-assisted cognitive therapy and standard cognitive therapy were superior to the wait-list control group and did not differ from each other on the primary outcome variables. Large between-group effect sizes were observed relative to the wait-list condition. Improvement in both active treatments was maintained at the 3- and 6-month follow-up evaluations. Results will be discussed in terms of a more rigorous test of computer-assisted therapy for depression that is currently underway.

Palmtop computer program as a group psychotherapy aid in treating generalized anxiety disorder

Michelle G. Newman — Penn State University, University Park, USA

, Andres J. Consoli, C. Barr Taylor

In this presentation, a palmtop computer program developed to increase the efficiency of CBT for generalized anxiety disorder will be presented. The computer program offers advantages to researchers, therapists, and clients. These advantages include continuous unobtrusive momentary collection of process data on treatment adherence and on the impact of cognitive behavioral therapy techniques in the client's natural setting. In addition, the computer extends treatment beyond the therapy hour, prompts the individual to implement cognitive behavioral strategies whenever they are feeling anxious, motivates the client to comply with homework assignments by prompting practice, and provides the therapist with a summary of efficacy and compliance. A description of the computer program as well as evidence from a pilot study will be presented. The successful application of the palmtop computer program suggests a new line of research directed towards increasing the efficiency of therapy for anxiety.

Internet-based guided self-help for anxiety disorders: A randomized controlled trial comparing an individually-tailored with a primary disorder-specific approach

Thomas Berger — University of Bern, Switzerland, Franz Caspar

A growing body of evidence suggests that Internet-based guided self-help treatments can lead to significant improvements in a variety of conditions including anxiety disorders. In this treatment format, the presentation of a web-based self-help program is combined with minimal but regular therapist contact via email. Commonly, the web-based self-help program is based on disorder-specific CBT manuals. However, a recent development in the field is to individualize the self-help material according to a patient's comorbid problems and disorders. In our research group, we have developed Internet-based self-help modules for social anxiety disorder, panic disorder with or without agoraphobia, and generalized anxiety disorder, which can individually be assigned according to a patient's problems. In an ongoing randomized controlled trial, we compare this individually-tailored approach with a primary disorder-specific intervention in which participants only get access to the modules that correspond to their primary diagnosis. A total of 120 participants diagnosed with at least one of the anxiety disorders mentioned above are randomly assigned to one of the two treatment conditions or to a wait-list control condition. Treatment lasts for 8 weeks, and is guided by therapists in training. Since not all participants suffer from the same primary disorder, disorder-unspecific measures such as the Beck Anxiety Inventory and the Brief Symptom Inventory are used as primary outcome measures. Secondary outcomes include disorder-specific measures and data from a telephone-administered diagnostic interview conducted at pre- and posttreatment. Final results of this randomized controlled trial will be presented and discussed.

Panel

Child/Adolescent

Moderator:

Nick Midgley, Anna Freud Center,
London, UK

Psychotherapy with adolescents and/or their parents

Discussant:

Adriana Lis, University of Padova, Italy

Short-term psychotherapy for adolescents/young adults

Agneta Thorén — Erica Foundation, Stockholm, Sweden

There is an increased reporting of mental ill-health in Swedish children and adolescents. A growing proportion of young people turn to the Public Mental Health Services with experiences of anxiety, worries or mood problems. There is an urgent need for the implementation of short-term therapeutic methods in routine clinical practice, as well as systematic research in the field. The aim of the present study was to evaluate process and outcome in short term psychotherapy (12 sessions) with adolescents/young adults in a clinical setting. Various research instruments, questionnaires and interviews were used. The sample consisted of 21 outpatient adolescents and young adults with anxiety and depressive disorders. The average age at the beginning of therapy was 19 years (range 16-23). Quasi-randomization allocated patients to treatment condition or waiting-list control. In three assessment sessions before start of therapy the following instruments were used: DSM-IV, HoNOSCA, CGAS/GAF and SCL-90. The same instruments were applied after therapy and at 6- and 12 months follow-ups. After each session the psychotherapists made process notes in a "process diary" in order to give traces of their therapeutic work with focus on the negotiated central issue and the separation theme. The therapists also filled in a form, FWC-Feeling Word Checklist, to get a session by session picture of their counter-transference feelings. Data is analyzed using both qualitative and quantitative methods. Data collection started 2009 and was completed 2011. Preliminary results will be presented.

Approach to Parenting Teenagers (APT): Developing an intervention for parents of teenagers by understanding outcome and process

Charlotte Jarvis — Child & Adolescent Psychotherapist, London, UK

The presenter has been the research lead for an innovative clinical service based at a psychotherapy service for young people (Open Door, London, UK) that targets parents of teenagers (12-21yrs) where the adolescent is unable or unwilling to engage in therapeutic help for themselves. APT (Approach to Parenting Teenagers) offers 6 appointments and utilises the SIPA (Stress Index for Parents of Adolescents) as both an outcome measure and a therapeutic tool within the intervention. Outcome data (N: 180 + N: 120) from the SIPA measure (and a second measure: Problem Perception Q) shows statistically significant change in all clinical range problem areas. The factors influencing change have been examined and a manual is in preparation describing the intervention. This presentation will summarise highlights of the outcome data and suggest key factors within the therapeutic process that influence the changes parents report. Related Publications: Jarvis, C., Trevatt, D., Drinkwater, D. (2004). Parenting Teenagers: Setting Up and Evaluating a Therapeutic Parent Consultation Service: Work in Progress. *Clinical Child Psychology and Psychiatry*, Vol. 9(2): 205--225; Jarvis, C. (2005). Parenting problems: Research and clinical perspectives on parenting adolescents. *Journal of Child Psychotherapy*, 31, 2, 209-220. Trevatt, D. (2005). 'Adolescents in Mind'. *Journal of Child Psychotherapy*, 31, 2, 221-238. Jarvis, C., Trevatt, D., Midgley, N., Desatnikov, A. (2012) Parenting teenagers: A follow up study evaluating presenting problems and effectiveness of the Approach to Parenting Teenagers (APT). (In peer review JCCPP)

Personality structure and defensive mechanisms changes in a 2 year supportive psychotherapy psychodynamically-oriented of an early adolescent boy.

Daphne Chessa — University of Perugia, Italy, DANIELA di riso , Alessandro Gennaro, Silvia Salcuni

Recently, literature showed a renewed interest in assessment process and outcome in developmental age psychotherapy (Kennedy, 2004; Midgley and Kennedy, 2007; Gilboa-Schechtman et al 2010; Lock et al., 2010). However, Kazdin (2010) pointed out that efficacy and effectiveness studies paid little attention to bridge process consideration to outcome results. The aim of this paper was to give a contribution to this issue, assessing process and outcome in a supportive psychotherapy psychodynamically-oriented of an early adolescent boy. Gabriele was referred by his parents for extreme anxiety episodes and unreal worries about his family health and school homework. The DSM-IV diagnosis was General Anxiety Disorder (GAD). The therapy lasted about 2 years and included 50 sessions, video recorded and fully transcribed. The present study is focused on 12 sessions, 25 % of the entire treatment. The sessions considered are spread over the entire treatment and divided into three clinical periods. These transcripts were coded with Defense Mechanism Rating Scale. Linear regression and Markovian analysis were carried out to assess defensive trend and their associative pattern along the treatment. Personality structure assessed by SWAP-200-A was evaluated by the clinician at the beginning and at the end of the treatment. Relation between personality structure and defensive were also discussed.

Panel

Process-outcome

Moderator:

Christopher Muran, Adelphi University,
New York, USA

The impact of patient pre-treatment variables on the process and outcome of short-term psychotherapy

Discussant:

Kenneth N. Levy, Penn State University, University Park, USA

The role of patient interpersonal functioning on the quality, alliance, and outcome of short-term cognitive behavioral treatment for personality disorders

Clara Hungr — Adelphi University, New York, USA, Christopher Muran, Jeremy Safran

Aim: The quality of the therapeutic alliance has been shown to be a robust predictor of outcome in short-term cognitive behavioral therapy (CBT); however, little attention has yet been given to exploring the role of patient pre-treatment differences on this relationship. The aim of this study is to examine the impact of patients' individual interpersonal functioning on the quality of the patient-therapist relationship, alliance and treatment outcome. Methods: Data was collected from 100 patients who underwent short-term CBT within a larger randomized clinical trial. Patient interpersonal functioning was assessed pre-treatment using the Inventory of Interpersonal Problems, two Intrex subscales from the Structural Analysis of Social Behavior and the Interpersonal Locus of Control scale. The quality of the therapeutic relationship was measured in early treatment with the Working Alliance Inventory, as well as a frequency count of reported alliance ruptures. Outcome was based on pre-post treatment change in the Symptom Checklist-90R and using post-session self-report ratings of session depth and smoothness. Results: Using two methods of analysis, results will reflect the relationship between pre-treatment interpersonal functioning, alliance quality and outcome over the first six sessions. In order to optimize the data provided, specific correlation analyses will be run which account for missing session data. Discussion: Findings will be presented in light of their relevance to CBT process and outcome, with emphasis on how pre-treatment interpersonal functioning impacts early treatment alliance and the occurrence of alliance ruptures.

The relationship of pre-treatment personality disorders to early therapeutic alliance in two time-limited psychotherapies

Sumru Tufekcioglu — Adelphi University, New York, USA, Christopher Muran, Jeremy Safran

Paper in a Panel Title: The Relationship of Pre-Treatment Personality Disorders to Early Therapeutic Alliance in Two Time-Limited Psychotherapies Authors: Sumru Tufekcioglu, MA (presenter), J. Christopher Muran, and Jeremy D. Safran
Abstract: Aim: Several studies have demonstrated that patients with personality disorders are the most treatment resistant and pose great challenges to psychotherapists, especially with regard to negotiating the therapeutic alliance. The proposed paper seeks to examine the relationship of pre-treatment personality disorder diagnosis to the quality of the early therapeutic alliance in a sample of 87 patients randomly assigned to 1 of 2 time-limited psychotherapies for personality disorders: cognitive behavioral therapy and brief relational therapy. Methods: The Structured Interview for DSM-IV- Axis I and II (SCID) was used to establish the pre-treatment diagnostic status of each patient. Quality of the therapeutic alliance was assessed by patient and therapist reports after each of the first 6 sessions, using the 12-item version of the Working Alliance Inventory, as well as direct questions of alliance ruptures. Results: Preliminary findings indicate, for both treatments, differences in the quality of the therapeutic alliance, the frequency of patient reported ruptures and their resolution between the patients with a pre-treatment diagnosis of Cluster C and of Cluster A and B personality disorders. Discussion: Results will be discussed with respect to clinical implications for treatment of personality disorders, ruptures in the therapeutic relationships and their resolution. Keywords: therapeutic alliance, personality disorders, time-limited psychotherapy

Attachment style as a predictor of patient's perceptions of the treatment process and the therapeutic relationship in treatment of personality disorders

Julia Belotserkovsky — New School University, New York, USA, Jeremy Safran, Christopher Muran

Aim: Research has shown that personality-disordered patients frequently present with negative attachment experiences, which influence their perceptions of other relationships. As the therapeutic relationship is no exception to this pattern, treatment process is likely affected by patient's pre-treatment attachment schemas. The goal of this study is to investigate whether and how patient attachment style predicts their perceptions of the treatment process and of the therapeutic relationship. Methods: Data was collected from 40 patients who underwent short-term psychodynamically-informed treatment within a larger randomized clinical trial. The Adult Attachment Interview was used to determine patient pre-treatment attachment style and level of reflective functioning. Patients' perceptions of the therapeutic relationship were evaluated using post-session questionnaires in which patients provided subjective ratings of the working alliance, degree of smoothness, depth and trust; frequency, degree and type of ruptures; degree of closeness and collaboration; and helpfulness and significance of the therapeutic relationship. Results: Findings will be presented as correlation coefficients between pre-treatment attachment dimensions, overall attachment style, levels of reflective functioning and patient's reported characteristics of the treatment process. Discussion: Among other clinical implications of findings, the potential utility of the Adult Attachment Interview in informing therapists' approach to treatment will be discussed. Key Words: Attachment, alliance, process, ruptures, personality disorders

Panel

Process-outcome

Moderators:

Pål Gunnar Ulvenes, Modum Bad
Research Institute, Vikersund, Norway;
Bruce E. Wampold, University of
Wisconsin, Madison, USA

Psychotherapy process in a randomized controlled trial with cluster C patients: instruments and findings.

Discussant:

Jeanne C. Watson, University of Toronto, Canada

The Achievement of Therapeutic Objectives Scale (ATOS): Psychometric properties and applicability in short-term dynamic psychotherapy (STDP) and cognitive therapy (CT)

Jakob Valen — Norwegian University of Science and Technology, Trondheim, Norway, Truls Ryum, Pål Gunnar Ulvenes, Lene Berggraf, Martin Svartberg, Tore C. Stiles, Leigh McCullough

Background: The Achievement of Therapeutic Objectives Scale (ATOS; McCullough, Larsen et al., 2003) is an observer-based, process scale, that measures to what extent the patient "absorbs" or takes in therapists' interventions. The ATOS consists of seven subscales, hypothesized to cluster in three-main treatment objectives and change according to successful therapy. Psychometric research on the scale has been conducted in both STDP and CT, and the purpose of this presentation is to give a summary and synthesis so far. Method: Empirical research on observer-based ratings of the ATOS have been done on videotaped therapy session from various patient and therapist samples, including one randomized controlled trial comparing the effectiveness of STDP and CT for patients with Cluster C personality disorders

(Svartberg et al., 2004). Results: The ATOS can be reliably rated in both STDP and CT, and is sensitive to change in theoretically expected ways (McCullough et al., 2004; Valen et al., 2011). Moreover, a three-factor structure has been demonstrated in both STDP and CT (Ryum et al., in preparation), and there is research demonstrating construct validity of the scale (Carley, 2007; Kallestad et al., 2010). Discussion: The growing body of evidence suggests that the ATOS is a psychometrically sound scale. More research is needed in order to establish how the factors assessed with the ATOS relates to outcome in STDP and CT.

The moderating role of affect- types on exposures to impulse/feeling in Short-term Dynamic Psychotherapy (STDP) and Cognitive Therapy (CT)

Truls Ryum — Norwegian University of Science and Technology, Tordheim, Norway
, Jakob Valen, Martin Svartberg, Tore C. Stiles, Leigh McCullough

Aim: Exposures to patients' avoided and conflicted feelings are a cornerstone in dynamic psychotherapy. Increased affective experiencing as measured by the Achievement of Therapeutic Objectives Scale (ATOS; McCullough, Larsen et al., 2003), is in general associated with improved functioning in regard to symptoms, interpersonal problems, and personality disorders (Valen et al, in prep) in short-term dynamic psychotherapy (STDP) and cognitive therapy (CT). However, the moderating role of exposure to specific types of affect on outcome (e.g., anger, grief, etc) has not yet been examined. Method: ATOS ratings from videotaped therapy session from one randomized controlled trial comparing the effectiveness of STDP and CT for patients with Cluster C personality disorders (Svartberg et al., 2004) were examined. Results: Preliminary results indicate that exposure to specific types of affect moderate the relationship between affective exposure and treatment outcome in STDP and CT. Discussion: The preliminary results lend support for the clinical importance of patients' affective exposures in therapy, and elaborate on the moderating role of specific affects. The results add towards an understanding of the complex role of affect in therapy, and implications of these findings will be discussed.

The relationship between sense of self and others and outcome in patients with Cluster C personality disorders

Lene Berggraf — Modum Bad Research Institute, Vikersund, Norway
, Pål Gunnar Ulvenes, Bruce E. Wampold, Asle Hoffart, Tuva Øktedalen, Martin Svartberg, Tore C. Stiles, Leigh McCullough

Despite several theoretical claims and numerous studies of the concept compassion, it is in large degree absent from psychotherapy process research. The PROCMAP project have conducted analysis of about 1000 videotaped sessions of psychotherapy for cluster C patients, including cognitive and short term dynamic therapy. Compassion is measured with the subscales sense of self and others from the Achievement of Therapeutic Objective Scales (ATOS) instrument. Research questions: 1. How are the levels of sense of self /others (compassion) related to the outcome measures BDI, SCL-90, IIP-127 and MCMI at termination and follow-up? 2. Are there any treatment differences between the sense of self/others and their relation to symptom outcome measures? 3. Do different Cluster C diagnoses display different compassion trajectories over the course of treatment? Method/Instrument: The Achievement of Therapeutic Objective Scales (ATOS) was used as a process instrument. Subscales investigated were the constructs sense of self and sense of others. Ratings were performed by 25 reliable research assistants. The outcome measures used were the SCL-90, BDI, IIP127 and MCMI. Multilevel Mixed models will be used. Preliminary results indicate that changes in self-compassion over the course of therapy are related to outcome, in both treatments, and characteristics of the patients have an effect on the growth of compassion as well.

Therapist focus, the alliance and outcome: Different processes for different therapies

Pål Gunnar Ulvenes — Modum Bad Research Institute, Vikersund, Norway, Lene Berggraf, Tore C. Stiles, Martin Svartberg, Leigh McCullough, Bruce E. Wampold, Asle Hoffart

Aim: The alliance has consistently been found to be predictive of outcome in psychotherapy (e.g. Horvath et al., 2011). Less clear is how the alliance functions across different therapeutic orientations. This presentation will report findings from a study investigating the relationship between therapist behaviors, the alliance, and outcome. Method: 50 patients with cluster-C diagnosis received 40 sessions of CT or STDP. The patients completed SCL 90 pre and post therapy and HAQ after session 4. All sessions were analyzed using the Psychotherapy Process Q-set (PQS). Items indicating therapist behavior related to HAQ were selected, and a mean value over the first four sessions were computed and used to explain variability in HAQ and outcome. All identified PQS items reflected affective avoidance. Results: PQS items describing affective avoidance were positively related to the bond, and bond was positively related to outcome in the total sample, STDP and CT. Avoidance of affect was unrelated to symptom reduction but the relation between therapist actions, bond, and symptom reduction differed for the two treatments. For STDP, affective avoidance suppressed the relation of bond to symptom reduction, and negatively influenced symptom reduction. In CT, avoidance of affect was positively related to both the formation of the bond and to symptom reduction. Discussion: Although the bond is a common factor and important component of the alliance, it appears to operate differently in STDP and CT. A focus on affect is important to the benefits of STDP but interferes with the benefits of CT.

Panel

Process-outcome

Moderator:

Agnes von Wyl, Zurich University of Applied Sciences, Switzerland

Process-outcome research in different schools of psychotherapy

Multiple imputation of longitudinal data in process-outcome research

Aureliano Cramer — Zurich University of Applied Sciences, Switzerland, Margit Koemeda, Volker Tschuschke, Agnes von Wyl, Peter Schulthess

Objectives: Today, many statistical software packages provide algorithms to perform multiple imputations. However, they were originally developed for the imputation of cross-sectional data. The aim of this report is to develop a strategy to impute complex longitudinal data that encompasses process and outcome measures. Methods: Longitudinal data were analyzed within a multilevel framework. Different strategies of imputation were tested using package MICE for R. Missing values in level 1 and level 2 data were imputed in different steps. The sample used consisted of 310 outpatient therapies of variable length. The principal process measures were OQ-45 und HAQ. Results: Preliminary results suggested that the MICE algorithm is capable of imputing longitudinal data in a proper way. Conclusions: Preliminary results are encouraging. However, further simulations are needed in order to validate the approach.

Treatment fidelity and outcome: Results from the Swiss PAP-S-Study I

Volker Tschuschke — University Hospital of Cologne, Germany, Agnes von Wyl, Margit Koemeda, Peter Schulthess, Aureliano Cramer, Sabrina Blawath, Jessica Berglar

80 outpatient psychotherapies from 8 different theoretical concepts have been investigated intensively by objective ratings of complete sessions regarding therapists' intervention techniques. Three to five sessions from each therapy were drawn by chance and were being rated by trained raters who were blind towards treatment concept, process, and outcome. Treatment interventions by therapists were rated by using a newly developed manual (covering 100 different intervention techniques from various treatment concepts) and were clustered into three categories: school/concept true interventions, interventions from other schools/concepts (than own), and unspecific/common interventions. Results revealed that all therapists from all 8 involved concepts used approx. less than 20% specific (concept true) intervention techniques, more than 60% used unspecific/common techniques and approx. 20% -- 30% used intervention techniques from other concepts than own one. Specific interventions are significantly correlated with a better therapeutic alliance (HAQ, Factor 1), and professional experience (years since training) is significantly negative correlated with amount of intervention specificity. Results are discussed in the context of the equivalence paradox in psychotherapy research and the necessity for intensive process-outcome research instead of randomized-controlled studies.

Gender aspects of treatment interventions and outcome: Gender of patients and therapists, intervention styles and treatment outcomes (results from the Swiss PAP-S-Study II)

Sabrina Blawath — University of Cologne, Germany, Agnes von Wyl, Margit Koemeda, Peter Schulthess, Aureliano Cramer, Volker Tschuschke

This paper deals with the relationship between gender of therapists and patients in regards to therapeutic intervention techniques and treatment outcomes in 80 outpatient therapies from 8 different theoretical concepts. Complete therapy sessions have been investigated intensively by objective ratings regarding therapists' intervention techniques. Three to five sessions from each therapy were drawn by chance and were being rated by trained raters who were blind towards treatment concept, process, and outcome. Treatment interventions by approx 40 therapists from each gender with a similar relation of female/male patients were rated by using a newly developed manual (covering 100 different intervention techniques from various treatment concepts). Ratings were clustered into „Emotional Interventions“, „Supportive Interventions“, and „Interpreting Interventions“ in order to investigate questions, whether gender issues play an important role in psychotherapists' intervention styles or not and what this has to do with treatment outcome.

Panel

Process-outcome

Moderator:

Michael J. Constantino, University of
Massachusetts, Amherst, USA

Patient interpersonal characteristics, interpersonal therapy process, and treatment outcome in interpersonally-oriented psychotherapies for depression

Baseline patient characteristics as predictors of remission in interpersonal psychotherapy for depression

Michael J. Constantino — University of Massachusetts, Amherst, USA, Mariel L. Adams, Angela M. Pazzaglia, Samantha L. Bernecker, Carolina McBride

Aim: The present study will examine baseline patient factors as predictors of posttreatment remission in interpersonal psychotherapy (IPT) for depression. **Methods:** Archival data for this novel re-analysis derive from a study of IPT delivered naturalistically to adults ($n = 74$) at an outpatient mood disorders clinic of a university-affiliated hospital (McBride et al., 2010). Four specific domains of baseline patient characteristics (sociodemographic variables, clinical/diagnostic features, personality/interpersonal functioning, and cognitive factors) will be analyzed as predictors of remission using receiver operating characteristic (ROC) curve analysis (i.e., signal detection) -- an empirically driven, nonparametric technique appropriate for exploratory data analysis with dichotomous outcomes. **Results:** Analyzing the large set of predictors, ROC will identify distinct patient subgroups (through analysis of sensitivity and specificity) likely to show remission based on patients' baseline characteristics. ROCs can identify specific algorithms so that interactions between predictors can be interpreted in clinically meaningful ways (i.e., patients likely to remit vs. those at risk of non-remission). Effect size of ROC-derived classification will be evaluated with the area under the curve (AUC) statistic. **Discussion:** The findings will contribute to the currently scant literature on patient factors related to successful remission following IPT. Clinically, the results will inform treatment decision-making based on presenting patient profiles.

Change in interpersonal and cognitive patient variables as predictors of outcome in interpersonal psychotherapy for depression

Samantha L. Bernecker — University of Massachusetts, USA, Michael J. Constantino, Angela M. Pazzaglia, Brittany R. Iles, Carolina McBride

Aim: This study will examine the prediction of posttreatment outcome from change in patients' interpersonal functioning (e.g., attachment, interpersonal problems) and cognitive functioning (e.g., dysfunctional attitudes, self-criticism) in interpersonal psychotherapy (IPT) for depression. We hypothesize that interpersonal variables will change more than cognitive variables across treatment, but that change in both types will be equally strong outcome predictors. **Methods:** Data derive from a naturalistic database ($n=74$) of adults treated with 16 sessions of IPT (McBride et al., 2010). **Results:** To assess change on the relevant interpersonal and cognitive variables, we will create latent difference scores using hierarchical linear modeling. Specifically, we will fit a two-wave model of change to each individual's data and obtain the model-based empirical bayes estimates of each person's change score for use in the primary analyses. To assess the primary predictor questions, we will use hierarchical linear regression with posttreatment depression level as the criterion, the relevant change scores as the predictors, and baseline depression level as a covariate (as well as any patient demographic variables that are significantly associated with the criterion). **Discussion:** The findings will address whether IPT differentially affects interpersonal and cognitive factors. Finding that IPT more strongly affects interpersonal factors would provide evidence for IPT's theoretical specificity, while finding that IPT has comparable effects on both cognitive and interpersonal variables would support common-factors theories of psychotherapy. Additionally, the findings will provide data on potential change mechanisms in IPT for depression.

Alliance attunement and psychotherapy outcome: Using HLM to model dyadic processes in psychotherapy research

Holly Laws — University of Massachusetts, Amherst, USA, Michael J. Constantino, Bruce Arnow

Aim: Although there is general consensus across theoretical orientations that the therapeutic alliance is dyadically defined and constructed, there is little research taking both patient and therapist alliance perspectives into account using dyadic modeling. The present study addresses this gap by using dyadic statistical modeling techniques to account for both the therapist and patient reports of the alliance and the concordance between them. We hypothesize that similarity in alliance ratings by patients and therapists will increase during psychotherapy. We will then test two predictor models -- one where alliance attunement predicts outcome, and a second where the prediction of alliance attunement on psychotherapy outcome is moderated by alliance level. We hypothesize that greater alliance attunement will be predictive of lower depression levels at outcome only in those psychotherapy dyads with higher alliance levels. **Methods:** Data are drawn from the REVAMP study (Koscis et al., 2009) of chronic depression treatment, which measured both patient and therapist alliance ratings at six points across 12 weeks of psychotherapy. **Results:** Preliminary results from initial hierarchical linear modeling (HLM) analyses showed that, on average, patient and therapist views of the alliance became significantly more similar over the treatment course ($\gamma = .15, p < .001$). Greater

similarity was also related to higher alliance levels overall. We will conduct and report on further analyses to test whether increased similarity in views of the alliance are predictive of psychotherapy outcome and moderated by alliance level. Discussion: Results will be discussed with respect to their clinical and methodological implications.

The interactional facets of depression in psychotherapy

Martin Grosse Holtforth — University of Zurich, Switzerland, David E. S. Altenstein, Tobias Krieger, Nadja Doerig, Christoph Fluckiger, Franz Caspar

Background: Depressed psychotherapy patients frequently report interpersonal problems. However, previous research is equivocal regarding the exact nature of the interpersonal problems of depressed patients. The current study set out to (a) characterize depressed patients as a diagnostic group based on their interpersonal problems; (b) categorize individual depressives based on their localization in the interpersonal space; (c) relate membership of depressives in an interpersonal category to intake characteristics; (d) relate interpersonal category-membership to therapeutic relationship and therapy outcome; (e) examine the change of interpersonal problems in general and in interpersonal subgroups. Methods: To generate an interpersonally-based classification we examined 360 depressed patients from a pool of 1115 diagnostically diverse psychotherapy outpatients. Interpersonal problems were assessed using the German version of the Inventory of Interpersonal Problems (IIP-D). We used latent profile analysis (LPA) to identify subgroups based on their circular profiles. Process and outcome was assessed by patient self-reports. Results: Depressives were more interpersonally distressed and specifically more submissive than patients with other principle diagnoses or controls. The best-fitting classification grouped the depressives into eight latent classes, which differed regarding intake characteristics, strength of the therapeutic relationship, prediction of outcome by the therapeutic relationship, as well as change of interpersonal problems over therapy. Discussion: We discuss the results with respect to interpersonal theory, assessment, and interventions in depression therapy.

Panel

Integration

Moderator:

Andrew Athan McAleavey, Penn State University, University Park, USA

Common and faux-unique treatment variables: Integrations across psychodynamic and behavioral treatments

Discussant:

George Silberschatz, University of California, San Francisco, USA

The systematic use of homework in psychodynamic-interpersonal psychotherapy for depression

Dana L. Nelson — University of Delaware, Newark, USA, Louis G. Castonguay

Although the use of between-session activities or homework has traditionally been associated with cognitive-behavioral therapy (CBT), there is growing evidence that therapists of diverse orientations are incorporating it into their practice. However, whereas there is strong evidence to support the use of homework in CBT, there are currently no known studies exploring its use in other types of therapy. This paper presents an assimilative integration approach to the use of homework in psychodynamic-interpersonal psychotherapy for depression. The author will present two individual case studies of this integrative treatment, consider the effectiveness of the treatment and the effectiveness of the proposed integration, and explore how various aspects of homework use interact with one another and relate to symptom change over the course of treatment. Finally, several theoretical statements about the use of homework within the psychodynamic-interpersonal treatment model will be proposed based on these observations.

The how and why of insight: How do we help clients achieve insight, and why do we bother?

Andrew Athan McAleavey — Penn State University, University Park, USA, Louis G. Castonguay

The development of insight (new understandings of self, others, and emotions) has been identified as a common principle of change across many types of psychotherapy. Indeed, across several types of psychotherapy, cognitive-emotional impacts including insight are thought to play an integral role in facilitating symptomatic improvement. In this study, over 450 sessions of diverse outpatient psychotherapy were monitored via client and therapist self-report of symptoms, session quality, insight, and psychotherapy techniques. It was hypothesized that therapists would use more exploratory interventions in sessions higher in insight, and that insight would predict improved symptoms across clients. Multilevel linear modeling was used to test these hypotheses, and revealed complex and counter-hypothetical findings. Across psychotherapy types, clients reported more insight in the presence of lower levels of exploratory techniques. Additional analyses suggest that insight is a relatively weak, but significant predictor of symptomatic improvement; however, some clients experienced the opposite: insight predicted symptomatic deterioration. Overall, the results of this study suggest tremendous diversity among psychotherapy clients in terms of the types of helpful experiences in therapy. Rather than identifying "helpful" techniques, it is suggested that identifying what is helpful for an individual client may be much more important.

Parental attachment as a common factor predicting youth alliance formation

Sanno Elena Zack — Stanford University, Palo Alto, USA, Robert Adelman, Andrew Athan McAleavey, Soo Jeong Youn, James Franklin Boswell, Louis G. Castonguay, David Kraus

An emergent body of youth process research suggests that alliance is a common factor robustly predictive of treatment gain across therapeutic modalities. Less is known, however, about the factors that contribute to the creation of a strong alliance with adolescents, who are frequently characterized as other-referred and challenging to engage. Nor are there clear predictors as to which adolescents will form stronger alliances. One potential predictor of alliance, and ultimately treatment outcome, is the adolescent's pre-treatment interpersonal relationship history. Attachment, often associated with more psychodynamic approaches, is one potentially universally meaningful way of characterizing a person's approach to his or her interpersonal world. However, to date there is little research examining the role of attachment in alliance formation for adolescents. This study sought to examine pre-treatment attachment relationships as a predictor of alliance formation and treatment outcome within a residential facility providing integrative treatment for youth with substance use disorders. In a sample of 90 adolescents, pre-treatment parental, though not peer, attachment predicted therapeutic alliance formation. The expected alliance to outcome relationship was also replicated. Unexpectedly, however, the mechanism of action does not appear to be mediation or moderation, as despite the strong relationship between attachment and alliance and alliance and outcome, attachment and outcome were unrelated. Potential explanations for the findings are discussed as well as avenues for future research.

Panel

Supervision

Moderator:

Claus Haugaard Jacobsen, Aalborg University, Denmark

Supervision (qualitative studies in)

Discussant:

Margot J. Schofield, La Trobe University, Melbourne, Australia

"My worst supervision". Qualitative and quantitative data from the Danish DPCCQ

Claus Haugaard Jacobsen — Aalborg University, Denmark

The Danish version of Development of Psychotherapists Common Core Questionnaire (DPCCQ) includes supplementary items on clinical supervision. The paper is based on qualitative analysis of answers from 242 respondents on the following three open ended questions: 1) "What was the worst supervisory experience that you have had as a psychotherapist?", 2) "At what point in your career did this occur?" and 3) "What impact has it had on your development as a therapist?" The answers are structured in 12 categories. Furthermore, examples on each categories are presented. Finally, quantitative data from the DPCCQ are included in further analysis and the design, method and findings will be discussed.

Effects of supervision experience on therapist's clinical interventions

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

A cross-section of psychoanalytic treatment session - supervision session - treatment session will be focused with the question, which effects supervision experience have on therapist's clinical interventions. Therefore audiotaped and transcribed interaction sequences of treatment and supervision sessions will be investigated with context-analysis, a qualitative patient's-feed-back-oriented research method.

Group supervision: A conversation analytic study exploring the participants' management of group supervision

Alison Dart — University of Leicester, UK

The aim of this research is to examine in detail the process of the supervision dialogue in group supervision. Types of supervisor organising actions and then subsequent supervisee responses found in the data are examined. How these sequences affect the management and elicitation of the supervision tasks, or how supervision is 'talked into being' is explored (ten Have (1999)). It is intended to establish the beginnings of a dialogue with practitioners in showing them 'what' they do, with an attempt at clarifying 'how' supervision processes emerge from the central feature and action of talk. Psychotherapy is an emerging area of study within conversation analysis (CA). So far, much of the research has focused on therapy sessions (e.g., Peräkylä, Antaki, Vehviläinen, and Leudar, 2008). However, very little conversation analytic research offers an in depth analysis of psychotherapy supervision. The existing clinical and theoretical literature of supervision is sparse when it comes to putting theoretical assumptions of the process of supervision into practice in the actual interactions in supervision. The current report offers a preliminary look into the talk interactions of group psychotherapy supervision from a conversation analytic perspective. This study analyses supervision, particularly on the level of dialogue, and carries significance for supervisees' and supervisors' clinical practice. The paper will

present data from a qualitative project based on the transcription and analysis of audio recorded group supervision sessions conducted by an experienced supervisor and three trainee therapists. Data is collected from the University of Leicester Research Clinic.

Predicting in-session supervisory behavior from supervisory style

Katharine Suzanne Shaffer — University at Albany/SUNY, USA, Myrna Friedlander

The purpose of this study was to identify specific interactional behaviors that constitute a relational approach to supervision. In Study 1, 9 supervision researchers rated each of the 11 behavioral sequences in Ladany, Friedlander, and Nelson's (2005) interpersonal model of supervision as either interpersonal, task-oriented or both. Results showed that 5 of the interactional sequences were unambiguously seen as interpersonal (e.g., focus on countertransference), whereas 2 were clearly task-oriented (e.g., assessing skill). In Study 2, 77 psychotherapy trainees completed the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) and indicated the frequency with which their supervisors used each of the 11 behavioral sequences in their most recent supervision session on a 1 (not at all) to 5 (very much) scale. First, an exploratory factor analysis revealed two orthogonal factors. The first factor accounted for the majority of the variance (48%), with 7 behaviors having loadings > .50. Of these 7 behaviors, 5 had been rated as unambiguously interpersonal by the experts in Study 1. Next, we summed the raw scores to create the Relational Behavior scale ($\alpha = .86$). A multiple regression analysis indicated that 64% of the variance in Relational Behavior was accounted for by perceptions of supervisors' Attractiveness (a common factor reflecting likeability, e.g., "warm," "friendly") and Interpersonal Sensitivity (e.g., "perceptive," "affirming,") on the SSI. Notably, only perceived Interpersonal Sensitivity uniquely predicted Relational Behavior, $t(73) = 8.51$, $p = .0001$. Predicting explicitly relational supervisory behavior can inform future research on parallel interpersonal processes in supervision and psychotherapy.

Panel

Process

Moderator:

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

Exploring corrective experiences in different forms of therapy: Views from qualitative analyses and basic research

Corrective experiences in cognitive behavior therapy

Louis G. Castonguay — Penn State University, University Park, USA, Dana L. Nelson, James Franklin Boswell, Samuel Schieffelin Nordberg, Andrew Athan McAleavey, Michelle G. Newman, Thomas Borkovec

Aim: The goal of this study was to describe how corrective experiences (CE) take place in cognitive behavioral therapy (CBT) for generalized anxiety disorder (GAD). **Method:** Using Elliott's Comprehensive Process Analysis, four coders observed and coded 14 sessions of CBT given to one client diagnosed with GAD. The coding involved intense analyses of two significant episodes of CE, as well as their effect and the context within which these episodes took place. The CBT sessions were part of a two-segments (50 minutes each) treatment protocol administered by the same experience therapist (the other segment was an interpersonal/emotion deepening approach, which is the focus of a companion paper in the current panel). **Results:** The analyses revealed client used (and benefitted from) techniques learned in session (e.g., awareness of anxiety triggering cues, relaxation, shift in cognitive appraisal) to change maladaptive patterns of thinking and behaving in different situations (outside treatment) that previously triggered symptoms at the core of his GAD.

The corrective contrast experience as a contextual principle of change

Timothy Anderson — Ohio University, Athens, USA

, Benjamin Ogles, Bernadette D. Heckman, Peter MacFarlane

This study examined Corrective Experiences (CEs) as a common principle of change in which a new experience is contrasted to the client's previous experiences. Two psychotherapy data sets were combined and common symptom measures and clinician ratings were used to identify 27 clients with at the upper end of improvement of these samples. We used an operational definition of CEs as beginning with client retrospective, post-treatment reports of a change event that was linked to an event(s) and that was specifically identified by the client as contrasting with their typical experiences from the past. We then searched the completed therapies of these clients for the location within therapy in which these CEs were first reported. For those CEs that occurred within therapy, we identified 3 types of CEs: (a) relational enactments with the therapist; (b) client discovery of new experiences; and (c) those in which the basis structure of therapy facilitated the CE. For CEs that occurred outside of therapy sessions, the CEs included (a) relational enactments with significant others; and (b) self-directed corrections that were mostly intrapersonal. We then began to identify the contextual links that surrounded the development and emerging power of these change experiences. We suggest that using the integrated contextual model facilitates the understanding of change events that initially seemed unremarkable to the passing observer and yet were reported as being most significant in the client's post-therapy descriptions of their improvements.

What can basic cognitive science contribute to an understanding of corrective experiences?

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

Corrective experiences are by definition experiences with a potential of changing individuals so that their functioning is more adaptive after than before the experience. Although some therapists may see their patients' like building sets in which one block can be exchanged by another, or a computer program in which an algorithm can be replaced by a different one, such views are not very convincing for a number of reasons. It is more plausible that patients function as dynamic systems which can be fed and led by therapists, but not directly changed. This paper looks into basic cognitive science in search of concepts that may support our understanding of processes taking place when corrective experiences occur. Neural network models (connectionist models) will be in the focus of the presentation. Findings from interviews with patients after corrective experiences, mostly supporting the models, will be presented and discussed.

Panel

Psychodynamic

Moderator:

John Christopher Perry, McGill University, Montreal, Canada

Motives and development: 1) normative versus treated samples 2) change over psychotherapy

Eriksonian development and motives in a normative sample of women

Jesse Metzger — McGill University, Montreal, Canada

, John Christopher Perry, Annett Koerner

Aims. Understanding motives is a cornerstone of psychoanalytic theory, practice, and research. Using the Wish and Fear Method (4th edition), the aims of the present study were 1) to determine the prevalence of each motive (wish and fear), and the proportion of motives attributable to each of the 8 Eriksonian stages of development, and 2) to determine the association of these motives and developmental stages with defensive, psychosocial, and maternal functioning in a normative sample of women. **Methods.** Participants (n = 60 of an eventual 172 to be rated) were non-ill, control mothers for a study of maternal preoccupation in women with breast cancer. We rated transcribed, standardized interviews about interpersonal vignettes in this systematically gathered community sample using the W&F Method. **Results.** In the initial cohort, a mean of 43 motives were identified, three-quarters of which were wishes and one-quarter of which were fears. The weighted mean stages were between Stage 3, Initiative vs. Guilt, and Stage 4, Industry vs. Inferiority, for wishes, and between Stage 2, Autonomy vs. Shame/Doubt, and Stage 3 for fears. Motives spanned all 8 developmental stages. Eight individual wishes reflecting 6 of 8 stages were present in more than half the sample; by contrast, only four individual fears, reflecting only the first three stages, were present in more than half the sample. The most prevalent wishes and fears are also presented. **Discussion.** The findings improve our understanding of motives by providing normative adult data and enabling comparison to patient samples in other studies.

Motives and development in adults with recurrent major depression and/or treatment-refractory disorders

Annett Koerner — McGill University, Montreal, Canada

, John Christopher Perry

Aims. Despite the central role that motives play in dynamic psychology, there is a widespread absence of systematic study of motives in patients presenting for treatment. This report examines motives in two patient groups entering treatment and compares them with a normative sample described in the preceding presentation. **Methods.** We collected Dynamic and RAP interviews and/or psychotherapy sessions in 3 study samples. Study 1 is the normative comparison sample consisting of women who were mothers, participating as community controls for a study of women with breast cancer. Study 2 included 12 adults entering treatment for acute, recurrent DSM-IV major depression, while Study 3 included 100 adults entering residential treatment for treatment-refractory disorders. The initial Dynamic or RAP interviews were rated using the Wish and Fear List method, following Erik Erikson's hierarchy of psychological development. **Results.** Both treated samples had high proportions of infantile (stages I & II) Wishes and Fears, and a higher proportion of motives that were fears. The normative sample of women had significantly higher mean wish and fear scores, indicating a higher level of developmental concerns. The most prominent motives are noted which differed by group, with a relative absence of higher Stage concerns in the treatment samples. **Discussion.** We found that motives matter, with moderate to severe psychiatric disorders associated with lower Stages of developmental concerns. The most prominent wishes and fears and the relative proportion of fears may help guide the treating clinician in the order in which psychological issues are addressed in treatment.

Change in motives in two treated samples: Adults with recurrent major depression and/or treatment-refractory disorders

John Christopher Perry — McGill University, Montreal, Canada, Annett Koerner

Aims. One clinical sign of improvement in psychotherapy is that over time the patient's motives or concerns advance developmentally. For instance, issues around distress or nurturance may give way to concerns over self-control, or developing meaningful goals or intimacy. This report examines change in motives over the course of treatment. **Methods.** Patients were included from studies 2 and 3 in the preceding presentation. In study 2, patients with recurrent major depression entered a 20-session therapy, receiving either Dynamic Psychotherapy or CBT. Sessions 3 and 14 were rated using the Wish and Fear List method. In Study 3, subjects began intensive dynamically oriented residential therapy and were followed for up to 13 years with periodic interviews which were rated by the same method, blind to time. **Results.** In short-term therapy (Study 2), patients demonstrated decreasing infantile wishes (Erikson Stages I & II), and increasing adult fears (Stages VI through VIII). The proportion of motives that were fears did not significantly change. In long-term follow-up (Study 3), there was a highly significant rise in the mean Eriksonian Stage of Wishes, reflecting a decrease in infantile wishes and increases in child-adolescent and adult wishes. The proportion of fears decreased significantly. **Discussion.** Short term therapy is associated with modest changes in motives, whereas a greater degree of developmental progression in both wishes and fears occurred over long-term follow-up of intensively treated patients. The time-scale over which developmental shifts in motives occurs requires years rather than months.

Panel

Training

Moderators:

Marilyn Fitzpatrick, McGill University,
Montreal, Canada; Thea Lauree
Comeau, McGill University, Montreal,
Canada

Values clarification: Theory and practice

An analysis of the use of values clarification with therapists to offset burnout

Thea Lauree Comeau — McGill University, Montreal, Canada, Marilyn Fitzpatrick

Aim: One of the greatest risks therapists face in practicing psychotherapy is the experience of burnout. Burnout can result in decreased treatment efficacy and increased risk for clients (Maslach, 1976; Munroe, 1999). Novice therapists and women are at increased risk for burnout (Skovholt & Jennings, 2004). Values conflict (Leiter & Harvie, 1997). Several interventions have been explored to offset the risk of burnout in therapists with varied levels of effectiveness. This paper seeks to explore the use of Acceptance and Commitment Therapy (ACT) valuing techniques for offsetting the risk of burnout in therapy trainees. ACT valuing is based on the idea that reflecting on value systems, and committing to active efforts to live according to those values improves psychological well-being. Though there is a breadth of literature supporting the use of ACT values clarification exercises with clients, To date, the use of values clarification to help psychologists offset the risks of burnout has not been articulated.. **Method:** This paper will analyze the literature regarding the effectiveness of ACT valuing techniques with clients and therapists and propose a method to train novice therapists in values clarification and commitment. The goal will be to create a vehicle to test the impact of values clarification on trainee experiences of burnout. **Significance:** This work will contribute to understanding how to help psychotherapy trainees cope with the demands of their practice and offset the potential deleterious effects of burnout.

Preventing burnout in novice therapists: The impact of a pilot values clarification workshop in supervision

Antoine Thomas Beauchemin — McGill University, Montreal, Canada, Thea Lauree Comeau, Marilyn Fitzpatrick, Jack DeStefano

Background: The experience of psychotherapy trainees is challenging. Novice therapists have an increased risk of burnout, when compared to more tenured therapists (Skovholt & Ronnestad, 2003). Values conflict has been identified as a risk factor for burnout (Leiter & Harvie, 1997). Research suggests that supervision is an essential arena in which trainees can learn skills, such as self-care, to reduce likelihood of burnout (Ronnestad & Skovholt, 2001; Savic-Jabrow, 2010). The purpose of this study is to pilot a values clarification workshop and explore whether providing training in values clarification will lower student burnout. **Methods:** Participants consisted of 30 master's level students engaged in their first psychotherapy practicum, which included weekly supervision groups. All participants attended a values clarification workshop. Burnout was assessed at equally high-stress times before and after the workshop. Students' burnout was assessed by providing them with a definition of burnout and asking them to describe the extent to which they identify with that definition (Rafferty, Lemkau, Purdy, & Rudisill, 1986). Levels of burnout were compared between the two time points to establish whether the workshop contributed to burnout minimization. **Data Analysis:** Data was analyzed using thematic analysis, to observe of novel insights and unanticipated results. This technique allowed for the exploration of similarities and differences within the data set. **Discussion:** This paper explores levels of burnout experienced by students in their first practicum, and evaluated the contribution of a pilot values clarification workshop

to burnout prevention in supervision.

The impact of a values intervention in training

Robin L. Grumet — McGill University, Montreal, Canada, Marilyn Fitzpatrick

Aim: From an Acceptance and Commitment Therapy (ACT) perspective, the process of valuing is critical to well-being. Behaving consistently with one's values is associated with less psychological distress, increased life satisfaction, and increased self-reports of quality of life. Such findings are derived from clinical populations and less is known about how ACT valuing contributes to well-being in training situations. The current study investigates the effectiveness of an ACT based values intervention in increasing subjective well-being (SWB) in a sample of graduate students studying Counselling Psychology. Additionally, the mechanisms by which valued living fosters well-being are explored. Method: A qualitative interview was conducted prior to the provision of an ACT values intervention to assess graduate students' current level of values clarity, values-behavior congruence, experience of engagement and meaning in life, and SWB. The students then participated in a 3 hour long values clarification intervention involving didactic training and a series of experiential exercises to elaborate commitment to value-based living. One month following participation in the intervention, another qualitative interview assessed post intervention levels of values clarity, values-behavior congruence, experience of engagement, meaning, and SWB. Results and discussion: Preliminary data exploring the effectiveness of the intervention will be presented and discussed to indicate the potential importance of values clarification in increasing SWB in training.

Panel

Alliance

Moderator:

Jeremy Safran, New School University,
New York, USA

Measuring the alliance: the development of measures of ruptures and negotiation

Discussant:

William B. Stiles, Miami University, Oxford, USA

An observer-based measure -- The Rupture Resolution Rating System V3 (3RS)

Allison Mitchell — New School University, New York, USA, Catherine Eubanks-Carter, Jeremy Safran, Christopher Muran

Aim: Previous research on rupture resolution has involved applications of various fine-grained third-party coding strategies, including those developed to measure interpersonal behavior, vocal quality, emotional involvement, transferential psychodynamics, reflective functioning, as well as rupture resolution directly as defined by our stage-process model. Such intensive efforts have precluded assessing large samples and conducting large-scale studies. This presentation introduces the third version of an observer based measure of rupture and resolution, The Rupture Resolution Rating System (3RS). Method: 14 research assistants at the Brief Psychotherapy Research Program attended weekly meetings where they were trained to code rupture and repair in video taped therapy session using the 3RS manual. This paper will present data regarding 30 sessions of Cognitive Behavioral Therapy and 30 sessions of Brief Relational Therapy. Results: Rater reliability will be reported along with a comparative analysis of post session self-report measures of ruptures and the data collected via 3RS. Discussion: The revised version of 3RS requires less training, no transcription, and less time to code. The 3RS is comprised of two sections: one concerning withdrawal and confrontation rupture markers; the other concerning therapist resolution processes. Keywords: The Rupture Resolution Rating System (3RS), rupture, observer-based measure

The Alliance Negotiation Scale: Psychometric construction and preliminary reliability and validity analysis

Jennifer Marie Doran — New School University, New York, USA, Jeremy Safran, Vanina Waizmann, Kelly Wagner Bolger, Christopher Muran

Aim: The construct of the working alliance has been widely researched and empirically supported, demonstrating a modest but consistent impact on psychotherapy outcome. Despite its popularity, its emphasis on agreement and collaboration has led to criticism. It has been argued that researchers should focus more on alliance ruptures and how disruptive therapy events are negotiated in treatment. The current study builds on past research on the creation and evaluation of a measure designed to capture the degree of negotiation in the therapy relationship, the Alliance Negotiation Scale (ANS; Doran, Safran, Waizmann, Bolger & Muran, under review). Method: 258 participants currently in psychotherapy completed the ANS and the Working Alliance Inventory-short version. A panel of six experts on the therapeutic relationship were surveyed and asked the rate the quality of each scale item being considered for inclusion and their overall impressions of the negotiation construct. Results: A working version of the ANS was constructed through consideration of theoretical, statistical, and expert-rated criterion. This paper evaluates the psychometric

properties of the scale, combining data from an exploratory factor analysis, expert ratings of item content and a preliminary investigation of reliability and construct validity. The ANS consists of two distinct factors that demonstrate adequate internal consistency. Correlations between these factors and the working alliance offer preliminary support for its construct validity. Discussion: This paper provides an initial step towards validation of the ANS. The psychometric integrity of the construct and future need for validation are discussed.

Adaptation of the Alliance Negotiation Scale in Argentina (ANS-A) and comparison with the original version

Vanina Waizmann — Universidad de Belgrano, Buenos Aires, Argentina
, Kelly Wagner Bolger, Jennifer Marie Doran, Jeremy Safran, Andres Roussos

Aim: The aim of this work is to examine the validity of a Spanish version of the Alliance Negotiation Scale (Doran, Safran, Waizmann, Bolger & Muran, under review). Method: The original version of the instrument was translated into Spanish by 2 Spanish-English bilingual researchers and the translations were then discussed by researchers that work with the Therapeutic Alliance to ensure that the concept explored within the Argentinean context was efficiently targeted. The instrument was completed by a sample of 200 people in therapy in Argentina. The same factor analytic solution used in the original ANS was applied to the Argentinean version. Comparisons were made between the factor structure and psychometric properties of both scales. Results: Psychometric properties of the Argentinean instrument and its comparison with the US instrument will be presented. There are few adaptations of instruments in Argentina, that measure the peculiarities of the patient-therapist relationship. Discussion: This work represents a step forward for Argentinean researchers and clinicians in their way to assess this relationship, and well as it provides with information for the next steps of the validation of the original instrument.

Panel

Child/Adolescent

Moderator:

Sandra Rafman, McGill University,
Montreal, Canada

Play, trauma and development: New directions in play therapy research

Tools for the observation and research of children's play: The Children's Play Therapy Instrument (CPTI); The Children's Developmental Play Instrument (CDPI); The Children's Play Therapy Instrument: Adaptation for Trauma Research (CPTI-ATR)

Saralea Chazan — Steinhardt School, New York University, USA

The Children's Play Therapy Instrument (CPTI), (Kernberg, Chazan & Normandin, 1997; revised Chazan, 2004); The Children's Developmental Play Instrument (CDPI), Chazan, 2005; 2010); The Children's Play Therapy Instrument-Adaptation for Trauma Research (CPTI-ATR), (Chazan & Cohen, 2003; 2010a; 2010b) will be presented as tools for the observation and research of children at play. All three instruments are based on concepts drawn from the psychodynamic theory of coping-defensive strategies (Kernberg, 1989, 1994; Murphy & Moriarty, 1976). Each of the scales is comprised of three levels of analysis: Segmentation of the child's activity; Dimensional Analysis (Descriptive Components; Affective Components; Cognitive Components; Narrative Components; Developmental Components); and Functional Analysis (Coping-Defensive Strategies). Additional specific differences between the instruments will be described. This presentation will focus primarily on findings of a CDPI construct validity study (2011, submitted) of mainstream children between the ages of 1.3 and 6.1 years. Ten-minute videotapes were analyzed using correlation analysis. Good to excellent reliability on this data was established by Kappa ratings of two independent raters. Factor analysis revealed three underlying clusters of variables corresponding to the following play styles: Adaptive; Impulsive/Disorganized; Conflicted/Inhibited. These results provide support for the construct validity of the CDPI. The study suggests disorganization in play activity among mainstream children may be an expression of aggression, rather than a distinct and separate characteristic.

Trauma, play and resilience in young children

Esther Cohen — Hebrew University, Jerusalem, Israel

The aim of this presentation is to highlight the interplay between traumatic events, play and adaptation of young children. The play patterns of preschool children directly exposed to terror attacks have been analyzed using the Children's Play Therapy Instrument- Adapted for Trauma (Chazan & Cohen, 2005) and compared to those of non-traumatized youngsters. The children's level of posttraumatic adaptation has been assessed by using parental ratings of the child's posttraumatic symptoms (SSIORIYC; Scheeringa & Zeanah, 1995) and behavior disorders (CBCL, Achenbach & Edelbrock, 1983). The results highlight the distinct features of posttraumatic play. Significant correlations were found between the children's posttraumatic adaptation and their ability to process the traumatic event through play, while using soothing mechanisms. Constriction of play or being overwhelmed by emerging content were significantly

associated with posttraumatic symptoms. Implications for the use of play will be discussed for identifying children in distress, for play- therapy, and for prevention. As an outgrowth of these findings an innovative preventive intervention was designed and implemented (NAMAL-Hebrew acronym for Let's Make Room for Play) with mothers and toddlers living under the chronic stress of recurrent missile attacks. It focuses on bolstering resilience through strengthening playfulness in parent-toddler relationships. Findings from the evaluation of this program will be presented, based on analyses of play sessions using the Test of Playfulness (Bundy, 2003) and the Emotional Availability Scales (Biringen, Robinson & Emde, 2000) and parental reports on children's adaptation and parenting efficacy.

Play, trauma and moral disruption

Sandra Rafman — McGill University, Montreal, Canada, Joyce Canfield

During and following traumatic events, the pre-school population is often under-studied and under-served. Play narratives are media par excellence to explore representations and transformations associated with disruptive events. In a previous study, categories reflective of a shattered moral or just universe were found to complement notions of physical and relational trauma and loss in understanding preschool children's construction of their world following parental death or disappearance in the context of political violence (Rafman, 2004, 2008, Rafman, Canfield, Barbas and Kaczorowski, 1996). As developmental research increasingly highlights children's early moral competence, this presentation explores whether the perspective of a disrupted moral universe could be applied to the play narratives of children who had experienced different traumatic experiences, such as disasters, specifically Haitian Canadian children who had experienced the 2010 earthquake or children and their siblings facing life-threatening illness. Experienced therapists determined the coding categories and judged the sessions. For many children, developmental concerns interacted with medical, political, disaster, familial or peer-related issues but were overshadowed by the threat of death. The ambiguous and unpredictable course of illness, war and disaster were salient. Dilemmas related to good and evil, trust and betrayal, protection and aggression were prevalent and increase with greater clinical disturbance. In political violence or disaster contexts, the child's personal or familial "explanation" intertwined with conflicting cultural or collective historical accounts, memories, and explanations of the events, causing great confusion.

Play and psychotherapy process in a single case study of a 3 year old child

Elisa Delvecchio — University of Padova, Italy
, Adriana Lis, diana mabilia, Valentina Rigon

Results from previous meta-analyses demonstrated effects in the relationship between play, adaptive cognitive and affective outcome in treatment (Fisher, 1992; Galyer & Evans, 2001). Moreover literature showed how long-term effects of pretend play intervention should facilitate positive affect and skills development (Moore & Russ, 2008). The aim of the present paper was to evaluate the function of play during a psychotherapy psychodynamically oriented of a three years old girl, Sarah. She was referred by her parents for some regression in language and cognitive achievement. The therapy included 60 video recorded of once a week sessions spread in three years. Psychotherapy process through the analysis of pretend play was evaluated (Play Category System, Bornstein & O'Reilly, 1993). Moreover emotional themes (Affect in Play Scale Affective Scale, (Russ, 2004), and child's language (verbal production) were assessed. The main hypothesis was that with the increasing of the level of sophistication of play, Sarah was able to use a dynamic pattern of emotions and modulate them. Moreover the cognitive skills increased from a more concrete level to a more representational one. Personality structure, cognitive and emotional developmental trends through three therapeutic periods (T1. beginning, T2. central phase and T3.conclusion) were analyzed and relations between play intervention and outcome issues were also discussed.

Panel

Process-outcome

Moderator:

Samuel Schieffelin Nordberg, Penn
State University, University Park, USA

Capturing and predicting psychological change: Using research findings to facilitate treatment monitoring and feedback.

The graphical display of treatment effects and non-linear change patterns early in treatment

Wolfgang Lutz — Universität Trier, Germany
, Julian Rubel, Katharina Köck

Aim: The development of systems to provide feedback based on non-linear change patterns and to identify patients at risk for treatment failure in outpatient psychotherapy. Methods: This study uses data from approximately 1700 patients in outpatient psychotherapy treated with different treatment modalities in three federal states of Germany by 349 therapists as well as dataset of approximately 400 patients with session reports of the outpatient center at the University of Trier. In all setups a feedback system about patient status at the beginning of treatment as well as during the course of treatment was used to support clinical decisions. Treatment effects between sites as well as differential therapist effects will be compared based on graphical tools and distribution plots. Furthermore non-linear change clusters are modeled with the help of Growth Mixture Models (GMM) to detect patterns of change early in treatment

and to identify different subgroups of clients with respect to outcome and treatment duration. Results: The GMM approach was applied to identify non-linear patterns of change in order to improve predictions of treatment progress and duration. Based on both datasets, different possibilities of developing those models will be demonstrated especially with respect to non-linear change patterns. Discussion: Examples of advantages and disadvantages of those models will be given and practical applications will be discussed. Keywords: patient-focused psychotherapy research, longitudinal data analysis, graphical feedback systems, decision rules, non-linear change

Differences in degree or in kind: Do latent profiles of treatment-seekers at intake predict meaningful differences in outcome?

Samuel Schieffelin Nordberg — Penn State University, University Park, USA, Louis G. Castonguay, Jeffrey Hayes, Benjamin D. Locke

Objective: Using a brief measure of psychological distress, with eight subscales, the project explored the usefulness of quantitatively derived profiles of college students' reported symptoms at intake for predicting differential outcome over time. Method: Two waves of broadly-sampled intake data were analyzed using Latent Profile Analysis. The first exploratory analysis was performed on a wave of 19,247 clients beginning psychotherapy. This was followed by a confirmatory analysis on data collected a few years later, on a similar broad sample of 19,247 clients. Following the establishment of these profiles, longitudinal data collected from over a dozen counseling centers were examined ($n=3,320$), using the emergent profiles to predict the trajectory of change. Results: Analyses confirmed that there appear to be stable patterns of response which replicate across time and samples. Additionally, profiles meaningfully predicted significantly different rates of change. Discussion: Generating profiles of response-patterns appears to be a useful tool for predicting outcome for some, but not all clients in counseling. While some profiles appear to truly indicate qualitative differences in clients, others appear less clearly differentiated, and may better reflect differences in degree, rather than in kind.

Investigating continuous and discontinuous patterns of change in different phases of outpatient psychotherapy -- A piecewise and latent transition analysis

Julian Rubel — Universität Trier, Germany, Wolfgang Lutz

Objective: This study investigates the relationship of discontinuous session-to-session shifts (e.g. gains and losses) compared to patterns based on a linear perspective of change in different phases of the therapeutic process. Method: Piecewise Growth Mixture Modeling and Latent Transition Analysis is used to identify latent change classes in different phases of therapy as well as to connect these phases via transition probabilities for a sample of 1500 psychotherapy outpatients with various diagnoses (mainly anxiety disorders and depression). Early change clusters are associated with different indicators of discontinuity such as sudden gains and losses. Furthermore, this paper inquired into the predictive quality of change clusters for continuous and discontinuous change paths as well as therapy outcome and drop out. Results: Different patterns of early and late change could be identified and depicted a significant relation to sudden gains and losses as well as other indicators of discontinuous ways of change. Especially, the very early phase of treatment was, yet again, of huge importance for a successful therapy. Conclusions: The development of patient-specific decision rules and feedback systems could profit a great deal from a deeper knowledge about expected patterns of early and late change. However, several methodological limitations hint at the necessity to a broader investigation of change -- beyond the linear model. Keywords: sudden gains, sudden losses, piecewise growth mixture modeling, latent transition analysis, patient-focused research

Risk models for negative treatment outcomes in psychiatric outpatients: Predicting end state functioning and rate of change using classification and regression trees (CART) and multilevel modeling

Kim de Jong — Erasmus University Medical Center, Rotterdam, Netherlands, Annet Nugter, Cor Ninaber, Wolfgang Lutz, Joost R. van Ginkel, Willem J. Heiser, Philip Spinhoven

Objective. Risk models that aimed to identify consistent predictors for negative outcomes have encountered several challenges. This study uses state of the art statistical techniques to handle these problems, by using multilevel analysis combined with multiple imputation to predict the rate of change and classification and regression tree (CART) analysis to predict end state functioning. Method. A naturalistic sample of 1540 outpatients (63% female; age range 17-67 years, $M=37.5$, $SD=11.7$) was collected in three mental health care organizations in the Netherlands. Patients completed the Outcome Questionnaire (OQ-45; Lambert et al., 2004) regularly during treatment. In addition, several potential predictor variables were collected. Results. Initial severity, educational level, expectancies, Global Assessment of Functioning (GAF) and the working alliance were significant predictors for end state functioning. In predicting rate of change, the same predictors were found, except for educational level. In addition, prior treatment,

comorbidity and having a personality disorder as main diagnosis were significant predictors for rate of change as well. Conclusions. Although there was overlap in predictors of negative outcomes between end state functioning and rate of change as outcome variables, both analyses provide different information. By combining the prediction models, patients that may need to be monitored more closely during treatment could be identified so that negative outcomes may be prevented. By using CART and multilevel analysis combined with multiple imputation substantially more data could be used in analysis than would otherwise have been the case, thus reducing the selection bias and improving generalization.

Panel

Group

Moderator:

Giorgio Tasca, University of Ottawa and
The Ottawa Hospital, Canada

Change mechanisms in group psychotherapy: The roles of attachment, complementarity, and alliance in improving outcomes

Discussant:

Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany

Matching women with binge eating disorder to group treatment based on attachment anxiety: Outcomes and moderating effects

Giorgio Tasca — University of Ottawa and The Ottawa Hospital, Canada, Kerri Ritchie, Natasha Demidenko, Louise Balfour, Leah Keating, Hany Bissada

AIM: Previous research indicated that higher attachment anxiety in women with binge eating disorder (BED) was associated with better outcomes and positive group therapy processes when they received psychodynamic group therapy. In the current study we hypothesized that compared to psychodynamic therapy groups homogeneously composed of those with BED and low attachment anxiety, those with high attachment anxiety would have better outcomes and a larger alliance-outcome relationship. METHOD: Using baseline attachment scale scores we assigned 102 women with BED to therapy groups homogeneously composed of either low attachment anxiety ($n = 52$) or high attachment anxiety participants ($n = 50$). RESULTS: All participants received Group Psychodynamic Interpersonal Psychotherapy (GPIP). GPIP was effective in reducing days binge, depression, and other outcomes with large effects across conditions. Contrary to hypotheses, attachment anxiety condition did not moderate outcomes. However, attachment anxiety condition did moderate the alliance-outcome relationship such that group therapy alliance growth was associated with improved binge eating only in the high attachment anxiety condition. DISCUSSION: The results provide further support for the effectiveness of GPIP for BED. However, the results are cautionary in terms of creating homogenous groups based on an attachment dimension because some of the outcomes were attenuated compared to a previous randomized trial. Clinicians should be attentive to and encourage the growth of group therapy alliance especially for anxiously attached individuals in order to maximize their outcomes.

Attachment towards the therapy group in women with binge-eating disorder

Leah Keating — Carleton University, Canada, Giorgio Tasca, Mary Gick, Kerri Ritchie, Louise Balfour, Hany Bissada

OBJECTIVE: Binge-eating disorder (BED) is characterized by overeating and loss of control, and negatively impacts physical and mental health. Interpersonal attachment has been implicated in treatment outcomes for women with BED. Attachment to the therapy group is a newer concept that may also change as a result of group psychological treatment. This study examines: (1) the psychometric properties of the Social Group Attachment Scale (SGAS) in group therapy for women with BED; and (2) whether Group Psychodynamic Interpersonal Psychotherapy (GPIP) results in changes in attachment to the therapy group. METHOD: 102 women in 12 groups received 16 weekly sessions of GPIP. Two study conditions were homogeneously composed of women with high and low pre-treatment interpersonal attachment anxiety. Participants completed the SGAS at weeks 4, 8, 12 and 16 of their group. RESULTS: At week 4, SGAS subscales were moderately correlated with pretreatment measures of interpersonal attachment. The SGAS Avoidance subscale was moderately negatively correlated with the Group Climate Questionnaire - Engaged subscale, while the SGAS Anxiety subscale was not associated with the Engaged subscale. Growth curve modeling indicated that attachment anxiety and avoidance towards the therapy group decreased significantly during treatment for both study conditions. DISCUSSION: Results support the concurrent and discriminant validity of the SGAS in a group therapy context and suggest that attachment insecurity towards the therapy group reduces during therapy, indicating sensitivity to change. Reductions in attachment insecurity toward the therapy group may be a mechanism by which psychodynamic group therapy effects change in women with BED.

The relationship among attachment anxiety, interpersonal complementarity, and treatment outcomes in group psychotherapy of women with binge eating disorder

Hilary Maxwell — University of Ottawa, Canada, Giorgio Tasca, Mary Gick, Kerri Ritchie, Louise Balfour, Hany Bissada

AIM: Interpersonal complementarity during the early stage of therapy may be related to treatment outcomes. The extent to which a patient experiences attachment anxiety may also affect the amount of interpersonal complementarity interactions in which a patient engages with a therapist during group therapy. We hypothesized that interpersonal

complementarity early in group therapy will be associated with positive outcomes at post-treatment. **METHOD:** We included 60 women with Binge Eating Disorder (BED) who interacted with a therapist during the third session of a group psychological treatment. Participants were assessed for attachment anxiety pre-treatment and then assigned to one of 12 homogenously composed groups of high or low attachment anxiety. Participants completed outcome measures of depressive symptoms and binge eating frequency at pre and post-treatment. Weighted percent complementarity was calculated for each sequential interaction between a patient and therapist that occurred during the middle 60 minutes of the third group therapy session. **RESULTS:** Low attachment anxiety participants had greater interpersonal complementary interactions during the early stage of treatment compared to high attachment anxiety participants. Greater interpersonal complementarity early in group therapy across all groups was related to a decrease in binge eating frequency at post-treatment. **DISCUSSION:** Results suggest that group therapists might focus on promoting greater interpersonal complementary interactions within groups in the early stage of treatment in order to improve outcomes. This may be particularly important for groups whose members experience higher attachment anxiety.

Panel

Supervision

Moderators:

Bruce E. Wampold, University of Wisconsin, Madison, USA ; Takuya Minami, University of Wisconsin, Madison, USA

Supervision in clinical settings and clinical trials: Best practices?

Discussant:

Dennis M Kivlighan, University of Maryland, College Park, USA

Clinical supervision: Best practices and future directions

Nick Frost — University of Wisconsin, Madison, USA

, Brian Pace, Bruce E. Wampold

Clinical supervision is considered to be a central component of effective mental health service delivery (Callahan et al., 2009). However, empirical research on the impact of clinical supervision and its affect on client outcomes has faced many methodological obstacles (Schoenwald et al. 2009; Freitas, 2002). The present review extends the literature on best supervisory practices by attempting to identify the link between clinical supervision and therapeutic outcome; in addition, distinguishing the supervisory practices that have an evidence-base (i.e. best practices). Utilizing constructive feedback, maintaining a strong supervisor-supervisee alliance, and mutual goal setting have been demonstrated to have a significant impact on the supervisory relationship and subsequent supervisee self-efficacy (Patton & Kivlighan, 1997; Holloway, 1987). Recent research has demonstrated a strong relationship between clinical supervision and positive client outcomes (Bambling et al. 2006). Moreover, preliminary findings suggest that differential supervisory approaches have a uniform affect on client outcomes (Bambling et al. 2006). Ethical considerations and methodological limitations may limit the ability to study the complex relationship between clinical supervision and client outcomes. However, future areas of improvement for reporting and studying this integral component of psychotherapy are presented. In addition, those supervisory practices which have garnered empirical support are identified.

A qualitative investigation into the process of psychotherapy supervision in randomized controlled trials

Jamila Siddiqui — University of Wisconsin, Madison, USA

, Simon B. Goldberg, Bruce E. Wampold

Randomized controlled trials (RCTs) of manualized psychotherapy treatments often include clinical supervision in their study designs (e.g. Foa et al., 1999; Hollon et al., 1992). Review of the literature does little to demystify the process and content of this type of clinical supervision, which is assumed to have an influence on the implementation of the treatment in question. While a limited number of studies have examined the impact of supervision on treatment delivery and outcomes (Bambling et al., 2006; Freitas 2002; Patton & Kivlighan 1997), the impact of clinical supervision remains largely unidentified. It appears we are still in the beginning stages of identifying what really occurs in RCT supervision and how this may or may not influence RCT findings. Using data from qualitative interviews of RCT researchers, the current study will investigate the process and content of supervision within RCTs. Preliminary qualitative data suggest that clinical supervision in RCTs includes a significant focus on adherence to treatment protocols, perhaps more so than supervision provided in clinical settings. Implications for RCT procedures, reporting, and interpretation will be discussed.

Supervision process and reporting in randomized clinical trials

D. Martin Kivlighan — University of Wisconsin, Madison, USA

, Abigail M. Lindemann, Andrew P. Wislocki, Bruce E. Wampold

While the need for supervision to support clinical practice is recognized across psychological disciplines, questions about how supervision should be provided and how it affects client outcomes still exist (Milne & Westerman, 2001; Freitas, 2002; Holloway & Neufeldt, 1995). Despite a lack of systematic knowledge about the effectiveness of

supervision in improving client outcomes, supervision has become a routine component of randomized clinical trials (RCTs) that evaluate treatment effectiveness. In a recent article, Roth, Pilling, & Turner (2010) discuss the lack of information reported in RCTs regarding supervision frequency, process, and content in cognitive behavioral therapy trials. We expand on Roth et al. (2010) by: (a) reviewing RCTs for all bona fide treatments and (b) examining other aspects of supervision process such as amount, supervisor/supervisee assignment, etc., all with the goal of clarifying current supervision process and reporting across all treatments. As the information provided in published studies is often minimal, we also reviewed the research design and methods sections of NIH funded RCT grant proposals. Our findings lend needed insight into how supervision is currently being used and reported in the RCT literature and grant proposals, as well as contributing to the body of literature on best practices in supervision.

Panel

Change Process

Moderator:

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

Change in distress for diverse populations: Results from two practice-research networks

Discussant:

Benjamin D Locke, Penn State University, University Park, USA

Individual differences in psychotherapy change among ethnic minority patients

Joan DeGeorge — University of Massachusetts, Amherst, USA, Michael J. Constantino, Samuel Schieffelin Nordberg, David Kraus

There is limited research on ethnic minorities in psychotherapy, particularly with regard to the processes of change. The primary aim of this study is to examine individual differences in psychotherapy change among ethnic minority patients. The specific questions addressed include: (1) Do patients of varying ethnicities have multiple change trajectories over time? and (2) What participant characteristics predict membership in one or another group, as defined by the trajectories? Predictors of change include level of age, education, and other demographic variables. Data derive from adult patients being treated naturalistically in numerous clinics engaged in a national Practice Research Network. These clinics all administer a core outcome battery (Treatment Outcome Package). Currently, the data set contains 1,430 Hispanic, Black, and White patients who completed at least three administrations of the repeated outcome measure. To examine different trajectories of change in different ethnic minority groups, we fit latent class growth models to the repeated measures data using mPlus. Using these models, we found preliminary results showing the Hispanic group has a best fitting 1-class model for depression symptoms and a best fitting 3-class model for panic symptoms (non-responders, responders, and worsening). Within the 3-class model for panic, the probability of being in the group of positive responders increases with years of education and younger age while an increase in age increases the probability of being in a non-responder group. Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

Effective treatment for ethnic minority clients: Examining change in a practice research network

Allison Jane Lockard — Penn State University, University Park, USA, Jeffrey Hayes, Jamie M. Graceffo, Benjamin D. Locke

There has been increased attention placed on examining the impact college counseling has on academic outcomes. Studies have shown that counseling has a positive impact on retention and decreases students' academic distress. The studies demonstrating a positive relationship between counseling, retention, and academic distress, however, have focused primarily on European American students. Very little is known about how counseling impacts academic distress for ethnic minority students. As college campuses become more diverse, it is important to explore the impact counseling has on academic distress for racial and ethnic minorities in order to provide culturally responsive treatment. The purpose of this study is to examine academic change over the course of counseling for treatment-seeking, ethnic minority clients and compare these results to a non-clinical sample. Both samples completed the Counseling Center Assessment of Psychological Symptoms (CCAPS). Data on treatment seeking, ethnic minority clients derives from the Center for Collegiate Mental Health (CCMH) 2010-2011 data seam, which compiled data from 97 university counseling centers in the United States and consists of over 69,000 clinical college students. Data from the non-clinical sample consists of students who were not in treatment but also took the CCAPS on a repeated basis during 2010-2011. The CCAPS includes a scale specifically measuring academic distress that will be used for this study. Repeated measures data will be examined to explore changes in academic distress for ethnic minority students. Findings from this study will be reported, while implications and recommendations for future research will be discussed.

Changes in depressive symptoms for treatment-seeking gender and sexual minority clients

Jessica C. Effrig — Penn State University, University Park, USA

, Janelle K. Sheridan, Andrew Athan McAleavey, Benjamin D. Locke, Kathleen J. Bieschke

Minority stress theory suggests that individuals of sexual or gender minority status are at increased risk for psychological distress due to factors including discrimination and prejudice. Indeed, research supports the link between sexual or gender minority status and increased psychological distress in the general population, as well as in a population of treatment-seeking college students. Little is currently known, however, about how change in psychological distress occurs over the course of treatment for college students in psychotherapy who identify as members of these particular minority groups. The purpose of this study is to examine change in psychological distress--specifically, depression--over the course of a semester for treatment-seeking sexual or gender minority college students. Data on these students derive from a practice-research network, the Center for Collegiate Mental Health (CCMH). The 2010-2011 CCMH dataset that will be used for this study contains data from approximately 69,000 treatment-seeking college students from 97 college counseling centers in the United States. College students seeking treatment at these counseling centers completed the Counseling Center Assessment of Psychological Symptoms (CCAPS). The CCAPS, a measure of psychological distress, includes a subscale specifically measuring depressive symptoms that will be used for this study. Repeated measures data will be examined to explore changes in depressive symptoms over the course of treatment for sexual or gender minority students. Findings from this study will be reported, and implications and recommendations for both practice and research will be discussed.

Panel

Case studies

Moderators:

Mattias Desmet, Ghent University, Belgium; Carolina Seybert, University of Ulm, Germany and George Washington University, USA

Psychoanalytic single case studies published in ISI ranked journals: A review

Discussants:

Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Horst U. Kächele, International Psychoanalytic University, Berlin, Germany

Overview of psychoanalytic single case studies published in ISI ranked journals according to publication year and publication language

Mattias Desmet — Ghent University, Belgium, Reitske Meganck, Ruth Inslegers, Jochem Willemsen

Aim: Single case studies are quintessential for psychoanalytic theory, research and practice. At this moment, however, the field of single case research deals with a lack of surveyability, which hampers the full exploitation of its potential. This reading presents an overview of clinical and empirical single case studies on psychoanalytically oriented psychotherapies that were published in ISI-ranked journals on the basis of publication year and publication language. **Methods:** Case studies were selected if they were either (1) the focus of the publication or (2) illustrative accounts of sufficient size (more than 50% of the publication or longer than 5 pages). The type of single case study (clinical, naturalistic, experimental), the publication year, and the publication language was registered. **Results:** Four hundred and sixty-five single case reports met inclusion criteria. Evolutions in the number of clinical, empirical-naturalistic and empirical-experimental single cases published in ISI ranked journals throughout the years are presented in bar charts. An overview of the numbers of single cases according to the publication language is provided as well. **Discussion:** Contrary to what is generally taken for granted, the results show that the number of single cases published in ISI-ranked journals increases throughout the years. This holds for all three types of single cases (clinical, naturalistic, experimental). The majority of the single cases is written in English. A smaller but still substantial part, however, is written in German.

Research methodology in psychoanalytic single case studies published on Web of Science: A review

Jochem Willemsen — Ghent University, Belgium

, Ruth Inslegers, Mattias Desmet, Reitske Meganck

Aim: Single case studies are quintessential for psychoanalytic theory, research and practice. At this moment, however, the field of single case research deals with a lack of surveyability, which hampers the full exploitation of its potential. This article reviews methodological characteristics of clinical and empirical single case studies on psychoanalytically oriented psychotherapies that were published in ISI-ranked journals. **Methods:** Case studies were selected if they were either (1) the focus of the publication or (2) illustrative accounts of sufficient size (more than 50% of the publication or longer than 5 pages). Basic information on research methodology (Is the case study a clinical case, an empirical naturalistic case, or an empirical experimental case? Is the data-analysis qualitative, quantitative, or mixed?) was systematically screened by means of the Inventory for Basic Information in Single Cases (IBISC). **Results:** Four hundred and sixty-five single case reports met inclusion criteria. An summary of the results of the IBISC screening is presented. The review showed that most analytic cases are clinical cases; empirical naturalistic and experimental single cases are

a minority. Furthermore, researchers often don't mention the type of data (session notes, audiotapes, etc.) they used. Discussion: The reviews shows that clinical cases would benefit from a more systematic reporting of several methodological characteristics. Furthermore, authors of future empirical single cases could attune their research methods to each other to anticipate the accumulation of single cases to multiple cases.

Patient and therapist characteristics in psychoanalytic single case studies published in ISI ranked journals: A review

Reitske Meganck — Ghent University, Belgium, Ruth Inslegers, Jochem Willemsen, Mattias Desmet

Aim: Single case studies are quintessential for psychoanalytic theory, research and practice. At this moment, however, the field of single case research deals with a lack of surveyability, which hampers the full exploitation of its potential. This article reviews patient and therapist characteristics in clinical and empirical single case studies on psychoanalytically oriented psychotherapies that were published in ISI-ranked journals. Methods: Case studies were selected if they were either (1) the focus of the publication or (2) illustrative accounts of sufficient size (more than 50% of the publication or longer than 5 pages). Basic information on the patient (age, gender, diagnosis...) and the therapist (age, gender, education, theoretical background...) was systematically screened by means of the Inventory for Basic Information in Single Cases (IBISC). Results: Four hundred and sixty-five single case reports met inclusion criteria. The review revealed a rich set of clinical descriptions, in particular with respect to subjective experiences of patient and therapist. Objective characteristics were adequately reported in most cases for patients but not for therapists. A summary of the results of the IBISC screening is presented. Special attention is paid to an overview of sets of single cases according to the main diagnostic categories. Surprisingly, however, authors usually don't mention the diagnostic system they use. Discussion: This review proves that accumulation of research findings across single cases is feasible for the major diagnostic categories. Guidelines proposing a more systematic use of diagnostic systems are provided.

Panel

Process-outcome

Moderator:

João Salgado, ISMAI - Instituto Superior da Maia, Portugal

ISMAI Depression Project: A comparative trial of emotion-focused therapy and cognitive-behavioral therapy.

Discussant:

Robert Elliott, University of Strathclyde, Glasgow, UK

ISMAI Depression Project: Preliminary results of a randomized clinical trial of EFT and CBT

João Salgado — ISMAI - Instituto Superior da Maia, Portugal

ISMAI Depression Project is based on a randomized clinical trial, in which EFT and CBT treatments of depression are being compared. This presentation aims to introduce the general aims and design of this project (e.g., assessment procedures at intake and during treatment, randomization, control of adherence to treatment manuals; training and supervision), as well as to present the preliminary outcome results. The project aims to achieve a minimum of 35 patients in each condition. As a work-in-progress, the results refer to the first 30 concluded treatments. All patients are being thoroughly assessed and randomized to one of the treatment conditions. Each patient receives 16 sessions of CBT or EFT. The preliminary outcome comparative results are presented, including the ones regarding the relative efficacy of each treatment (including effect sizes, overall improvement and deterioration rates, attrition analysis, and reliable change index calculations).

Distancing, immersion, and emotional arousal: An intensive case study of a good outcome case

Eunice Dias Barbosa — ISMAI - Instituto Superior da Maia, Portugal, João Salgado, Tiago Ferreira, Pedro Brandão Lourenço, Pedro Pinto

Recent laboratory investigations indicate that self-distancing can facilitate adaptive self-reflection about negative experiences, by opposition to self-immersion that can lead to a process of rumination. However, such results contrast with clinical findings demonstrating the therapeutic potential of self-immersion. For example, Emotion-Focused Therapy emphasizes intense emotional arousal in promoting change, particularly in the treatment of depression. Consequently, this study aims to explore the association between self-distancing, self-immersion and emotional arousal with therapeutic change, based on an analysis of a good outcome case of Emotion-Focused Therapy with a patient with depression, drawn from the ISMAI Depression Project. Following a microanalytic research strategy, these variables (distancing/immersion; emotional arousal) were assessed session-by-session, as well symptomatology (OQ-10), in order to clarify their relation with outcome. As initial hypotheses, we expect to find that: a) self-distancing and self-immersion are complementary in the therapeutic process, and both present in the process of change; b) heightened emotional arousal in mid-therapy, favors distancing at later stages and the reduction of symptomatology. The preliminary results are compared with these hypotheses.

Process research of EFT: An assimilation analysis of a good outcome case

Isabel Morais Basto — ISMAI - Instituto Superior da Maia, Portugal, Inês Mendes, João Salgado

The Assimilation Model helps to explain how clinical problems can evolve from a state of pain to a state of greater well being, by integrating previously excluded problematic experiences in the self. However, although there are several single case studies of therapeutic interventions that stated that assimilation is associated with psychotherapeutic success, in fact, there is a need to consolidate this findings by analyzing, more deeply, a good outcome case in order to verify if the integration of problematic experiences are followed by changes, moment by moment, in therapy. This study responds to this need by examining the assimilation development in an entire good outcome case of emotion-focused therapy drawn from ISMAI Depression Project ("Maria"). The study aims to verify if the therapeutic success is associated with the higher levels of assimilation and if negative affect levels increase at an intermediate stage of assimilation and decrease when higher levels of assimilation are achieved.

Voices of the self in emotion-focused therapy: Positioning microanalysis of a good outcome case

Pedro Brandão Lourenço — ISMAI - Instituto Superior da Maia, Portugal, João Salgado, Tiago Bento, Diana Santos, Márcia Campos

Aim: This study departs from a dialogical perspective and, based on the metaphor of the self as a multiplicity of voices, seeks to understand how clinical problems and their change involve dynamic processes of interplay between those "voices" or "self-positions". Following a microanalytic research strategy, our aim is to develop the dialogical perspective about self-stability and change in psychotherapy, as well as to foster our idiographic knowledge of a specific case drawn from a clinical trial. Method: The Positioning Microanalysis Manual was applied to a good outcome case of emotion-focused therapy of the ISMAI Depression Project in order to account for the self-positions ("voices") and dynamics involved in the clinical problems and in their change process. Results: Self-positions and their features will be identified, as well as the relations they entail throughout therapy. Discussion: This analysis is a work in progress and will provide a glimpse of the positioning and repositioning processes that promote change in self-positions in order to achieve psychotherapeutic change. The results will be compared with other dialogical models based on the idea of multiple and opposing voices of the self.

Panel

Process-outcome

Moderators:

Jochen Schweitzer, University Hospital, Heidelberg, Germany; Christina Hunger, University Hospital, Heidelberg, Germany

Empirical findings of systemic constellation work: Randomized control trial (RCT) on short- and mid-term effects

Discussant:
Martin Grosse Holtforth, University of Zurich, Switzerland

Changes Which Make A Difference: Psychotherapeutic Progress Stimulated By Systemic Constellations

Christina Hunger — University Hospital, Heidelberg, Germany, Annette Bornhaeuser, Jochen Schweitzer-Rothers, Jan Weinhold

Aim: Systemic constellations are a method for psychotherapeutic intervention and counselling that follow the principles of systemic therapy (Schweitzer & von Schlippe, 2003). The goal of this study was to examine the efficacy of systemic constellations on well-being, symptomatology and motivational incongruence. Method: Data derive from a randomized clinical trial that compared the efficacy of systemic constellations with a waiting list control group in an adult population (n = 128). Demographic data and all outcome measures were assessed at baseline. The intervention was a three day systemic constellation seminar. Effects of systemic constellations after two weeks and four month were assessed by the Outcome Questionnaire-45 (OQ-45), the questionnaire on the evaluation of psychotherapeutic processes (FEP) and the incongruence questionnaire (INK). Results: As predicted, in contrast to the control group, clients that participated in a systemic constellation seminar showed an increase in well-being, less psychopathological symptoms, problems in interpersonal relationships and social role performance, and better motivational congruence after two weeks. The effects were medium to small. They persisted after four month, with the only exception of well-being. Discussion: The results indicate that the participation in a systemic constellation seminar has positive effects on dimensions central to psychotherapy.

Improving interpersonal relationships through systemic constellations: Findings from a new questionnaire on experiences with important others

Anna Halas — University of Koblenz-Landau, Germany, Annette Bornhaeuser, Jan Weinhold, Jochen Schweitzer-Rothers, Christina Hunger

Aim: Systemic constellations aim at altering fundamental dynamics of how people perceive and interact with important persons in their social network. The fundamental dynamics addressed in systemic constellations are belonging,

autonomy, accord and confidence in the future. The goal of this study was to map the efficacy of systemic constellations on these four dimensions. Method: Data derive from a randomized clinical trial that compared the efficacy of systemic constellations with a waiting list control group in an adult population (n = 128). Demographic data, previous experience with systemic constellations, depression and anxiety symptoms were assessed at baseline. The intervention was a three day systemic constellation seminar. Effects of systemic constellations at two weeks and four month were assessed with the Heidelberg Questionnaire on Experiences in Systems (HQES). Results: As predicted, clients of systemic constellations showed significant improvement on all four dimensions after two weeks. The effects were medium to small. This effect persisted over the four month period, with the only exception of confidence in the future. Discussion: The results lend support for the positive effects of systemic constellations on experiences with important others regarding belonging, autonomy, accord and confidence in the future.

What kind of goals do clients aim to achieve by means of systemic constellations? Goals and goal attainment

Annette Bornhaeuser — University Hospital, Heidelberg, Germany, Elisabeth Wolff, Jan Weinhold, Tjorven Harmsen, Jochen Schweitzer-Rothers, Christina Hunger

Aim: Clients of systemic constellation seminars have a broad range of personal issues (Cohen 2006). The aim of this study was to examine the content and incidence of goals associated with utilization of a systemic constellation seminar, whether and how they compare with those reported by psychotherapy patients and to which extent participants of systemic constellations achieved their goals. Methods: Data derive from a randomized clinical trial in an adult population (n = 128). Demographic data and a maximum of three goals per participant were collected at baseline; the latter were categorized by means of the taxonomy of the Bern Inventory of Treatment Goals (BIT-T). The intervention was a three day systemic constellation seminar. Goal-related achievement at two weeks and four month was assessed. Results: The BIT-T was applicable to the goals associated with systemic constellations though a few limitations emerged. For the majority of the study population, interpersonal goals ranked first. Symptom-related goals were of minor importance. As predicted, clients of systemic constellations showed significant better achievement of their goals after two weeks. The between-group effect size was large. This effect persisted over the four month period. Associations between goal-related changes and psychological, respectively interpersonal outcome measures will be presented. Discussion: Differences between the treatment goals of psychotherapy patients as reported in the literature and clients of systemic constellations will be discussed with reference to future research on and practice of systemic constellations.

Panel

Change Process

Moderator:

Miguel Gonçalves, Universidade do Minho, Braga, Portugal

Innovative moments research program: New findings

Discussant:

Lynne Angus, York University, Canada

Therapist interventions and client innovative moments in emotion-focused therapy for depression

Miguel Gonçalves — Universidade do Minho, Braga, Portugal

, Carla Alexandra Castro Cunha, Clara E. Hill, Inês Sousa, António P. Ribeiro, Lynne Angus, Leslie Greenberg, Inês Mendes

According to the narrative approach, change in self-narratives is an important part of successful psychotherapy. In this view, several authors have highlighted the usefulness of narrating new experiences (like actions, thoughts and stories) during therapy in contrast with maladaptive client self-narratives. These new experiences are termed here innovative moments (IMs) and different types can be specified: action, reflection, protest, reconceptualization and performing change. With the aim of understanding which therapist skills are related to client IMs, we analyzed the association between exploration, insight and action skills and IMs in two initial, two middle and two final sessions of three good and three poor outcome cases of emotion-focused therapy (EFT) for depression. All skills (exploration, insight and action) preceded IMs more often in good than poor outcome cases, particularly in the middle phase. In addition, in comparison with poor outcome cases, exploration and insight skills more often preceded action, reflection and protest IMs in the initial and middle phases of EFT but more often preceded reconceptualization and performing change IMs in the final phase of good outcome cases. Action skills were more often associated to action, reflection and protest IMs across all phases, especially in the final phase, of good outcome EFT.

Resistance to narrative change in grief psychotherapy

Daniela Rodrigues Alves — Universidade do Minho, Braga, Portugal, Pablo Fernández-Navarro, Miguel Gonçalves, António P. Ribeiro, Eugénia Ribeiro

Grief psychotherapeutic change can be promoted by processes of meaning reconstruction that help clients revising their life narratives. Several studies in psychotherapy have shown that the process of narrative transformation occurs through

the emergence and expansion of moments of novelty, known as innovative moments (IMs). However, these innovations can challenge a person's usual way of act and think (problematic self-narrative), generating ambivalence. This ambivalence can be interrupted by a return to the problematic self-narrative, ensuring the homeostasis of the previous meaning system. This cyclical movement, named "mutual in-feeding", can maintain a problematic stability across therapy and lead to therapeutic failure. In this study we identified return-to-the-problem markers (RPMs), which are empirical indicators of the mutual in-feeding process, for all IMs in 2 cases of constructivist grief psychotherapy, a good outcome case (GO) and a poor outcome case (PO). Both cases have shown a high percentage of IMs with RPMs: 33.46% in the GO and 41.66% in the PO. Moreover, as the number of IMs increased, the number of RPMs also increased. This result is not congruent with previous studies in which PO cases had significantly higher levels of IMs with RPMs than the GO cases. This novelty-resistance movement suggests that to release pain and move forward adaptively in life can be a very demanding step to grief clients, both in GO and PO cases. We hypothesize that this mechanism allows the client to protect himself from the guilt of "moving forward" as a disconnection from the deceased.

The change of self-narratives in psychotherapy with depression

João Batista — Universidade do Minho, Braga, Portugal, Miguel Gonçalves, Daniela Rodrigues Alves

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

Panel

Training

Moderator:

Mikael Leiman, University of Eastern Finland, Joensuu

Evidence-based psychotherapy training: Assessing competence development of psychotherapists

The "inner" experience of psychotherapeutic education

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

I will investigate transcribed research dialogues of two graduated psychotherapists (PA and CBT) with context-analysis according their "inner" experience of developing competence in psychotherapeutic education. For that investigation the influence of researcher's interventions on the dialogue-partner shall be analyzed. With context-analysis it should be possible to differentiate between the dialogue-partner's communications as reflections on the researcher's interventions and as reflections on their training experience.

Studying therapist self-reflection with dialogical sequence analysis

Mikael Leiman — University of Eastern Finland, Joensuu

Research on expertise relies on direct observation of real or simulated work performance, sometimes enriched by "think aloud" instruction. This is not possible in psychotherapy. Hence, indirect methods have to be used. Third-party evaluations of recorded psychotherapy sessions represent a straightforward approach, which raises the issue of evaluation criteria. Task analysis has been one strategy to generate a conceptual model on which the criteria can be based. Adherence measures that are used in assessing the mode compatibility of psychotherapists within a specific psychotherapy model represent a similar, normative third-party approach. An important issue in competence evaluation is how the therapists' personal understanding of what they are doing affects their performance. This aspect has been addressed by using three methodical strategies. Tape-assisted recall allows a "think aloud" method that is used after the event. Structured or open interviewing represents another mode of eliciting therapist self-reflection on their way or relating to various aspects of their competence or competence development. Finally, questionnaires can be used to address specific aspects of competence, predetermined by the researcher's interests. Self-reflective methods are liable to address what Chris Argyris called "espoused theory" instead of the "theory-in-use". This susceptibility limits their use

in assessing skilled performance. However, in psychotherapy the "tools of self-reflection" play an important part in therapeutic practice. The paper compares two psychotherapists' views on their training (psychoanalytic and CBT) and extracts their individual mode of reflection by using dialogical sequence analysis.

Supervisors' competence evaluations

Hanne Strømme — University of Oslo, Norway, Charlotta Bjørklind

How do supervisors evaluate therapeutic competence within the psychodynamic tradition? This is the topic in a joint research project between Stockholm University and the University of Oslo. The research questions are: Which kind of competence understanding has supervisors of student-therapists, how do they relate their competence conceptualization to their view of effective factors in therapy, and how do supervisors assess the competence of student therapists? The study aims to discover supervisors' attitudes towards competence evaluations in their work, and procedures they may use in these evaluations. Thus, the study has an inductive, explorative approach, which represents an alternative to studies based on preformed evaluation criteria. Participants in the study are supervisors at the departments of psychology in Stockholm and Oslo, which also makes it possible to compare the supervisor group at these two university clinics. A united interview guide was prepared, a qualitative semi-structured interview method has been used, and the analysis is based on Grounded Theory. Some preliminary outcomes will be presented.

Panel

Narrative

Moderator:

Lynne Angus, York University, Canada

Assessing the contributions of narrative and emotion processes in Emotion-Focused Therapy for Trauma (EFT-T): A process-outcome analysis

Discussant:

Hadas Wiseman, University of Haifa, Israel

Narrative and emotion processes in Emotion-Focused Therapy for Complex Trauma (EFTT)

Sandra Clare Paivio — University of Windsor, Ontario, Canada

EFTT (Paivio & Pascual-Leone, 2010) is an evidence-based, individual therapy for men and women with complex PTSD stemming from childhood abuse (emotional, physical, and/or sexual). Disruptions in emotional and narrative processes are at the core of disturbances stemming from child abuse trauma. These disturbances include difficulties with emotion awareness and regulation (both under-regulation and over-control) and associated difficulties making sense of traumatic experiences and integrating these experiences into current meaning systems. These difficulties, in turn, are evident in impoverished and incoherent trauma narratives. EFTT focuses on helping clients to access and express previously avoided trauma feelings and associated meanings which contributes to the construction of new meaning and more coherent narratives regarding self, others, and traumatic events. The primary re-experiencing procedures used in EFTT are imaginal confrontation (IC) of perpetrators of abuse and neglect in an empty chair and/or empathic exploration (EE) of traumatic experiences exclusively in interaction with the therapist. Results of two clinical trials support the efficacy of EFTT (Paivio & Nieuwenhuis, 2001; Paivio et al., 2010) and process-outcome studies support emotional engagement with trauma material during IC and EE as a mechanism of Change (Paivio et al., 2001; Chagigiorgis & Paivio, 2009). A recent study (Mundorf & Paivio, 2011) also found that the quality of trauma narratives written before and following EFTT was a reliable index of trauma recovery and ongoing research (Carpenter, Angus & Paivio) presented in this panel is examining in-session narrative and emotional processes in EFTT.

The Narrative and Emotion Processes Coding System (NEPCS): Application to psychotherapy for trauma

Tali Boritz — York University, Canada, Naomi Carpenter, Lynne Angus, Emily Bryntwick, Sandra Clare Paivio

The Narrative and Emotion Processes Coding System (NEPCS; Boritz, Bryntwick, Angus, & Greenberg, 2010) is an observer-based coding system that was developed to identify specific narrative-emotion integration processes in psychotherapy. The NEPCS allows for the identification of eight different types of narrative-emotion subtypes: Same Old Story, Empty Story, Unstoried Emotion, Abstract Story, Fragmented Story, Competing Plotlines Story, Unexpected Outcome Story, and Discovery Story. Aim: Previous studies have examined application of the NEPCS to depression samples. Different patterns of narrative-emotion processing have been demonstrated at early, middle, and late stages of therapy in recovered versus unchanged clients in brief psychotherapy for depression. Given that a key goal of trauma therapy is the accessing, experiencing, and expression of emotion in the context of traumatic memories, the present study sought to extend the NEPCS for use in psychotherapy for trauma. Method: The NEPCS was applied to psychotherapy sessions of recovered and unchanged clients receiving Emotion-Focused Therapy for Trauma (EFT-T). Results: The NEPCS was demonstrated to be applicable to trauma samples. Modifications to the original coding system will be discussed. Discussion: The NEPCS appears to be a useful tool for identifying narrative-emotion process indicators in psychotherapy for trauma. This has important implications for further psychotherapy process research and psychotherapist training.

The impact of narrative and emotion integration to treatment outcome in emotion-focused therapy for trauma: A pilot study

Naomi Carpenter — York University, Canada, Lynne Angus, Sandra Clare Paivio, Tali Boritz, Emily Bryntwick

An important aspect in Emotion-Focused Therapy for Trauma (EFTT) is the integration of trauma memories and feelings to develop a coherent narrative, new meaning construction and trauma resolution (Paivio & Pascual-Leone, 2010). The Narrative Emotion Process Coding System (NEPCS; Boritz, Bryntwick, Angus & Greenberg, 2010) is a systematic method of identifying eight commonly articulated story types in therapy. Preliminary research has found that key story types are associated with therapeutic outcome among clients receiving psychotherapy for depression (Boritz, Bryntwick, Angus & Greenberg, 2010). This research demonstrates the importance of narrative and emotion integration to treatment outcome. Aim: To extend the NEPCS to a trauma sample and examine the contribution of NEPCS markers to treatment outcome in EFTT. Method: The NEPCS was applied to two early, two middle, and two late therapy session of four clients receiving EFTT. The reliable change index (Jacobson & Truax, 1991) and Cohen's d (Cohen, 1988) were used to select one recovered and one unchanged clients in the Imaginal Confrontation (IC) condition, and one recovered and one unchanged client in the Empathic Exploration (EE) condition, based on pre- and post-test scores on the Impact of Events Scale (Horowitz, 1986) and Resolution Scale (Singh, 1994). Results: The proportion of key story types over the course of therapy differentiated between recovered and unchanged clients in the IC and EE condition in EFTT. Discussion: The importance of key narrative-emotion subtypes in contributing to positive therapeutic outcome in the treatment of trauma will be discussed and future psychotherapy process research directions.

Panel

Therapist factors

Moderator:

Thomas Albert Schroder, University of Nottingham, UK

Therapist difficulties and coping strategies: Extending the range and expanding the concepts

Therapeutic difficulties and coping strategies among psychotherapists in India

Poornima Bhola — National Institute of Mental Health and Neuro Sciences, Bangalore, India, Shveta Kumaria, David E. Orlinsky

Aims: Psychotherapists inevitably encounter difficulties and challenges during their therapeutic work with clients. Typically, dealing with such difficulties can span a range of options like supervision, consulting professional literature and resources, or self-reflection. While some coping responses may be constructive, others could reflect counter-therapeutic measures. A focused exploration of difficult experiences and coping repertoires is particularly warranted in environments where professional challenges are compounded by large caseloads, limited manpower and professional resources. This paper explores these critical issues among psychotherapists in India. Methods: 250 psychotherapists from varied professional backgrounds and experience levels responded to the Development of Psychotherapists Common Core Questionnaire-India version (Bhola, Kumaria & Orlinsky, 2008). A section of 19 items assessed difficulties in practice and 23 items asked about methods of coping. Results: The findings highlight the types and frequency of therapeutic difficulties and coping strategies used by therapists and associations with experience levels and professional training. Discussion: The findings highlight some of the realities of the therapeutic profession in India. Implications for training, supervision and continuing professional development will be discussed.

Difficulties experienced by Australian therapists: Who is most likely to experience difficulties?

Margot J. Schofield — La Trobe University, Melbourne, Australia, Jan Grant, Christine Forrester-Knauss

Aim: This paper examines the frequency of therapists' experiences of 16 important professional challenges such as feeling threatened or traumatised by clients, feeling sexually attracted to clients, experiencing suicide and attempted suicide of clients, and dealing with revelations of sexual abuse of clients and other unprofessional behaviour by professionals. It also examines the relationship between experiences of difficult professional issues and other personal and professional characteristics, including coping strategies. Methods: An internet-based survey was used to collect data from a large national Australian sample of psychotherapists and counsellors. The survey was based on the Development of Psychotherapists Common Core Questionnaire (DPCCQ - Australian-version) and included new questions about the frequencies of 16 types of professional difficulties experienced by therapists in the last 12 months and more than 12 months ago. Results: The three most commonly experienced difficulties were feeling concern about a colleague's competence to practice (32%) feeling concern that a client could seriously harm another (24%), and having a client attempt suicide (23%). Personal and professional characteristics associated with experiencing specific difficulties are presented as well as factors associated with a high number of difficulties experienced. Discussion: The findings illustrate a relatively high frequency of difficult issues and point to protective and risk factors. This has implications for training, supervision and ongoing professional development. Suggestions for future research are made. Key Words: Counselling; Psychotherapy; Professional issues; Psychotherapist development

Guilt, shame and humiliation --The therapist's tale: Investigating therapists' self-conscious emotions by analyzing narratives of therapeutic difficulties

Thomas Albert Schroder — University of Nottingham, UK, Paul Gilbert

Aim: All therapists, regardless of their theoretical orientations or professional backgrounds, can experience self-conscious emotions, e.g. shame or humiliation, in the course of their work. If remaining unprocessed, such experiences may lead to critical alliance ruptures with damaging impact on patient engagement and the eventual outcome of therapy, and/or place limitations on the use clinicians can make of formal supervision and peer support. Having a framework to make sense of such experiences is a first step towards mitigating their impact and helping towards safe effective practice. **Method:** The categories of self-conscious emotions reported in this paper are based on a study which brings together previous work by Gilbert on different dimensions of shame (internal, external and humiliation) and their differentiation from guilt; and by Schröder on therapists' experience of difficulties in their practice. A proportion of an extant database of approx. 1000 narratives supplied by 650+ psychotherapists and counsellors, each relating an account of a difficulty encountered in therapeutic practice, has been analysed with regard to therapist's self-conscious emotions. **Results:** The resulting categories, which can be reliably identified through a rating manual and a set of decision-making rules, provide a structure for understanding self-conscious emotions. **Discussion:** We present the categories, together with a set of illustrative prototypical examples, and discuss their implications for clinical practice and supervision.

Panel

Personality disorders

Moderator:

Shelley McMain, Centre for Addiction and Mental Health and the University of Toronto, Canada

Mechanisms of change in treatments for borderline personality disorder

Discussant:

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

Change in biased thinking in the early sessions of a treatment for borderline personality disorder: A study based on observer-rated assessments

Ueli Kramer — Institute of Psychotherapy, Lausanne, Switzerland, Franz Caspar, Martin Drapeau

Borderline Personality Disorder (BPD) is characterized by both a set of maladaptive thinking styles and problematic schemas, including a firm belief that the world is a dangerous place. In a recent controlled study that used validated observer-rated methods (Drapeau, Perry, & Dunkley, 2008) to assess biased thinking, we have shown that BPD display heightened levels of negative biases, in particular fortune-telling and over-generalizing. Independently, for a small sample of patients with BPD, Kramer et al. (2011) have shown that using the motive-oriented therapeutic relationship, based on the individualized understanding of the patient according to Plan Analysis (Caspar, 2007) can improve treatment outcomes. The present pilot study aimed to examine the effects of the motive-oriented therapeutic relationship on the cognitive processes of patients with BPD. Change in biased cognitions in N = 10 patients who had received Plan Analysis and the Motive-Oriented Therapeutic Relationship (MOTR; Caspar, 2007) was compared to that of N = 10 patients who received specific psychiatric treatment, according to a manual (Gunderson & Links, 2008). Results show a greater decrease in over-generalizations in patients who have received MOTR, compared to the controls. These findings add to previous results on the change processes involved in early-therapy sessions (Kramer et al., 2011) and underline the importance of an individualized case formulation method in bringing about therapeutic change.

Effects of motive-oriented therapeutic relationship on emotional processing in early-phase treatment for borderline personality disorder: An exploratory study

Laurent Berthoud — Institute of Psychotherapy, Lausanne, Switzerland, Ueli Kramer, Antonio Pascual-Leone, Franz Caspar

Introduction: Motive-Oriented Therapeutic Relationship (MOTR; Caspar, 2007) has shown to be related to therapeutic outcome, in particular in treatment facing patients with Personality Disorders (Kramer et al., 2011). However, a better understanding of the processes involved in change is crucial (e.g., Pascual-Leone, 2009). This exploratory study will examine the influence of the therapist's MOTR, based on the case formulation method of Plan Analysis, towards the patient and focus especially on the emotional processing of Borderline Personality Disorder (BPD) in early-phase treatment. **Method:** Two BPD outpatients -- one from a 10-session control condition (Gunderson & Links, 2008), the other from a 10-session condition infused with MOTR -- are assessed using the Classification of Affective-Meaning States (CAMS; Pascual-Leone & Greenberg, 2005, 2007). Three sessions are examined for each patient: the intake, the ones with the highest and the lowest score on the alliance-level. **Results:** Results of this exploratory study are promising and show the applicability of emotional processing variables to the psychiatric treatment frame with patients presenting with BPD. Moreover, there are hints allowing the hypothesis of better-quality emotional processing in treatments involving MOTR. **Discussion:** These findings have the potential in contributing to the understanding of the change process at play in the treatment of BPD.

Psychotherapy process in three treatments for borderline personality disorder: Unique and common mechanisms

Kenneth N. Levy — Penn State University, University Park, USA

, Tracy L. Clouthier, Rachel H. Wasserman, Joseph E. Beeney, John F. Clarkin

Borderline personality disorder (BPD) is a highly prevalent, chronic and debilitating disorder characterized by emotional lability, impulsivity, interpersonal dysfunction, angry outbursts, and suicidality. Historically, BPD has been considered difficult to treat, with patients not adhering to recommendations, using services chaotically, and dropping out. However, there has been a burgeoning empirical literature on the treatment of BPD, and there are now a range of treatments that have shown efficacy. The goal of this study is to examine the psychotherapy process in three distinct treatments for borderline personality disorder: Dialectical Behavior Therapy (DBT), Transference Focused Psychotherapy (TFP), and a supportive psychodynamic treatment (SPT). Ninety women reliably diagnosed with BPD were randomly assigned to one of the three treatments. Psychotherapy process was rated on two sessions early in treatment: one session within the first four weeks and another session at about 12 weeks. Process was assessed using the Psychotherapy Process Q-Sort (PQS; Jones, Cumming, & Horowitz, 1988). The PQS is a 100-item measure that requires trained raters to use a card sort over nine categories to describe patient and therapist behaviors and attitudes, as well as the qualities of the interactions between the patient and the therapist. Examination of the most and least characteristic items for each treatment and inferential statistics assessing process differences between treatments revealed that, while many process elements were similar, there were a significant number of differences in process between the three treatments. Findings will be discussed in terms of putative mechanisms of change as a function of treatment.

Interpersonal style, alliance and outcome in two treatments for borderline personality disorder

Shelley McMain — Centre for Addiction and Mental Health and the University of Toronto, Canada, Cindy

Henneberger, Tim Guimond, Joshua Murray

Individuals with Borderline Personality Disorder (BPD) have difficulties in interpersonal relationships and these problems often extend to the therapy relationship. Several studies have demonstrated the relationship between patient interpersonal style, alliance and treatment outcomes in non-BPD populations. To date, no studies have examined the relationship between interpersonal style, alliance and treatment outcome in BPD. The present study examined whether the therapy alliance mediates the relationship between patient interpersonal style treatment outcomes in two treatments for BPD. The study sample consisted of 180 patients enrolled in a randomized controlled trial evaluating the effectiveness of Dialectical Behavior Therapy (DBT) versus a psychodynamic approach (General Psychiatric Management). Mediation analyses revealed that patient affiliation and friendly-dominance at pre treatment predicted reduced symptom distress at post treatment and that this relationship was mediated by the strength of the alliance in the DBT condition. The results suggest that interpersonal style and alliance are important factors to consider in psychotherapy. Research on interpersonal style and subtypes of borderline disorder warrants further study since the findings have potential implications for treatment matching.

Panel

Change Process

Moderator:

George Silberschatz, University of California, San Francisco, USA

Lessons learned from a lifetime of psychotherapy research and practice

Discussant:

Catherine Eubanks-Carter, Yeshiva University, New York, USA

Healing the split between the clinical researcher and the clinical practitioner: Let's start with me

Barry E. Wolfe — Center for Training in Psychotherapy Integration

This paper highlights many of the major issues that separate the researcher from the clinician and then offers some possible solutions. The format involves an enacted two-chair dialogue between my researcher side and my therapist side. The dialogue involves three phases. Phase One involves each side presenting a straw man of each other's position. In Phase Two, the two sides engage in a creative dialogue regarding many of the issues that divide them. Phase Three eventuates in a series of synthetic solutions that honors the concerns and core values of each side. Solutions include: 1. Broadening the definition of clinically useful research. 2. Researcher-practitioner collaboration. 3. Appropriate dissemination of user-friendly research findings. 4. Translating research findings into experience-near procedures such as case studies. 5. Providing clinicians with easy access to a video archive of research therapies.

Learnings From Doing The Chapter On The Client For The Next Edition Of the Lambert/Bergin & Garfield Handbook: Implications For Future Research

Arthur C. Bohart — California State University Dominguez Hills, USA, Amy G. Wade

Aim and Methods: The overall aim is to give a brief overview of what we know about the client's role in psychotherapy and then to discuss implications for future research. This will be based on learnings from doing the chapter on client's

contribution to the therapy process for the next edition of Lambert/Bergin & Garfield Handbook of Psychotherapy and Behavior Change. Results and Discussion: We discuss the value of continued attempts to identify single static client variables that may contribute to outcome such as age or gender. We discuss issues concerning matching based on static conceptions of client variables versus looking at them in a more dynamic sense. We suggest the importance of greater research emphasis on looking at therapy from the client's perspective. By this we do not mean merely looking at clients' phenomenology, but rather more intensively examining how clients actually process and utilize how they involve themselves in therapy and what they are learning. We also discuss the importance/value of qualitative research in understanding how clients contribute to the therapy process.

Psychotherapy: Lives intersecting

Louis Breger — California Institute of Technology

Patients' accounts of their psychoanalytic therapies will be presented. This work is based on Breger's new book, *Psychotherapy: Lives Intersecting* (Transaction, 2012) in which over thirty of his former patients report their therapy experiences in their own words. After a fifty-year career, Breger surveyed and interviewed his patients to see if their progress, begun in therapy, had continued, expanded, or regressed. Their vivid accounts highlight what they remembered as being most helpful, therapeutic, or curative in their treatment and provide a clinically rich long-term follow-up on psychodynamic psychotherapy. The patients' narratives emphasize the importance of the connections between the therapist and patient, illustrating the centrality of the relationship in contemporary psychoanalytic psychotherapy.

Panel

Process-outcome

Moderator:

Bryan Forrester, Palo Alto University,
USA

InnerLife: A clinician/patient driven telehealth source for treatment guidelines

Discussant:

Larry E. Beutler, Palo Alto University, USA

Introduction of Systematic Treatment Selection (STS) Model and a tutorial on InnerLife

Bryan Forrester — Palo Alto University, USA, Ashley Boyer, Hannah Holt, Christina (Ting Ting) Shiu, Mickey Stein, Joseph Tomlins, Larry E. Beutler

Diagnostic assessments provide valuable information about patients' presenting symptoms and relevant psychiatric disorders. Non-diagnostic assessments offer valuable supporting information by identifying dimensions of patient and treatment intervention qualities that are predictive of treatment response (Cole & Magnussen, 1961; Beutler & Clarkin, 1990). The STS Model synthesizes the data from these two types of assessments and combines the information into a one narrative report, which provides an empirically based treatment recommendation that best suits a particular individual. In addition to initial treatment planning guidelines, therapists can utilize information from the report to modify decisions throughout the treatment process. These decisions include when and how to make adjustments to therapist behavior and treatment interventions to match predisposing patient qualities. Empirically supported matching of specific patient-treatment-therapist dimensions has reliable and valid predictive qualities for treatment outcome. InnerLife & Forensic STS InnerLife and Forensic STS are the two major technological applications of the STS system. These user-friendly, internet-based web portals allow patients, clinicians and non-mental health professions to assess and track patients' progress. Innerlife, the adult version of STS, has been specifically tailored to fit the needs of mental health and medical professionals. Forensic STS, an adolescent version, has been designed to fit the needs of professionals working at each level of the judicial system by producing customized, narrative reports in non-clinical language, which can provide treatment relevant information to probation offices, attorneys, and judges.

Construct Validity of the Systematic Treatment Selection System Self-Report Form in a Sample of Randomly Selected Undergraduate Students

Aaron Michelson — Palo Alto University, USA

, Evangelina Regner, Bryan Forrester, Larry E. Beutler

Aim: STS is an empirical model of psychotherapy designed to improve effectiveness of psychotherapy by matching the most optimal treatment interventions to client dispositional factors and problems (Beutler & Clarkin, 1990). The STS Self-Report is comprised of 22 broad symptom scales, six STS planning dimensions, and 13 questions on client preferences for self-help resources. In this study, construct validity of 4 treatment planning dimensions (e.g., internalization, externalization, resistance, and subjective distress) was conducted using similar assessments of client personality factors. Test-retest reliability was predicted to be moderately high, based on a previous cross-cultural reliability study of the STS-SR (Kimpura et al., 2010). Method: Data was collected from a representative undergraduate college student sample of 71 randomly selected participants over the age of 18. Construct validity of the four STS planning dimensions was examined using a multitrait-multimethod matrix. Test-retest reliability was assessed between a two-week period. Results: The four treatment planning scales correlated moderately with similar scales in the

Eysenck Personality Inventory, short version, Dowd Therapeutic Reactance Scale, and NEO Five-Factor Inventory (convergent validity) and did not significantly correlate to dissimilar constructs in the comparison instruments (discriminant validity). Test-retest reliability was found to be moderately high. Discussion: Findings will be discussed regarding future clinical and research implications. Further validity studies will improve the development of the STS system by integrating assessments of patient attitudes towards self-help resources and validating the 22 symptom scales.

Reliability of the Systematic Treatment Selection (STS) System in Cross-Cultural Settings and Exploring the Coping Ability Mechanisms between West and East

Satoko Kimpara — Palo Alto University, USA

, Aaron Michelson, Larry E. Beutler

Aim: Since 1990, Beutler and his colleagues have developed an empirically based model called STS that allows clinicians to individually tailor treatment interventions based on clients' dispositional factors, including a broad range of psychological symptoms and personality traits. Reliability of 22 kinds of psychological problems and six STS planning dimension system on STS Self-Report (STS-SR) form was examined across North America, Mainland China, Japan, Korea and Taiwan. We explore cross-cultural differences and similarities between the STS-SR questionnaires. Coping style mechanisms between West and East were assessed by comparing four STS planning dimensions such as client internalization, externalization, resistance, and subjective distress. Method: Data was collected from 200-300 clinical and non-clinical community samples that were over the age of 18 and balanced in age, gender, and education. Experts from these countries conducted double translations. After evaluating the readability and comprehensiveness of these items, reliability for each scale and sub-scale was conducted using both alpha-test and distributional analysis for cross-cultural findings. Four STS planning dimensions were examined by correlational analyses. Results: Results of reliability studies demonstrated moderately high consistence. Cross-cultural differences and similarities on STS-SR supported past STS empirical studies of 25 years. In particular, a difference in coping mechanism, namely individualistic vs. communal, between West and East was reflected amongst the four STS planning dimensions. Discussion: Findings will be discussed regarding future clinical and research implications in cross-cultural settings.

Exploring the Psychometric Properties of Spanish (Argentine) Systematic Treatment Selection System

Evangelina Regner — Palo Alto University, USA, Larry E. Beutler

Aim: Beutler and colleagues have developed a model for assigning optimal treatment which is based on years of scientific research in the clinical field. The Systematic Treatment Selection (STS) system provides a web-based report that suggests optimal interventions and strategies. The STS system is based on evidence-based resources for evaluation, treatment planning, and tailoring interventions to specific patients. Findings on North American samples have confirmed moderate to strong predictions of changes in patients seen in a variety of mental health settings. Since efficiency and effectiveness of an intervention or treatment, necessarily requires evidence-based instruments, the purpose of this study was to adapt and evaluate the psychometric properties of the new version of Systematic Treatment Selection Self-Report (STS) in Argentinean sample. Methods: Sample: is based on clinical and non-clinical samples (between 3 to 5 subjects per item) of both female and male adults, aged above 18. Procedures: 1- Double translation was conducted and reviewed by bilingual experts and subjects through interviews. 2- Content validity was evaluated by experts and judges and the administration of the pilot probe. 3- Discriminative power analysis of the item was examined by using t-test. 4- Reliability was analyzed through internal consistency and t-retest. 5- Construct validity study was explored across different types of validity. Results: The results obtained are statistically acceptable. Psychometric analysis shows good evidence of STS dimensions. Discussion: Findings will be discussed and integrated with the studies presented in the panel. Future directions of the research will be presented.

Panel

Child/Adolescent

Moderator:

Agnes von Wyl, Zurich University of Applied Sciences, Switzerland

Therapeutic alliance, emotional involvement, and engagement in therapy with young people

The importance of the parent-therapist alliance in child psychotherapy

Agnes von Wyl — Zurich University of Applied Sciences, Switzerland, Manuela Jaeger

As in psychotherapy with adults, in psychotherapy with children and adolescents one of the most robust findings is the positive association between the therapeutic alliance and outcome (McLeod, 2011). But there are some peculiarities in psychotherapy with children and adolescents that we have to consider. Because young people's participation is often involuntary, at least initially, the therapeutic alliance is considered to be even more important than in psychotherapy with adults (Green, 2006). Additionally, besides the alliance between patient and therapist, the alliance between parents and therapist has an important impact on the therapeutic process. Another difference was reported by Shirk and

Karver (2003). In contrast to research findings on psychotherapy with adults, the alliance reported by young patients is not a robust indicator of psychotherapy outcome. Therefore, concerning the alliance between therapist and parents, we need to know more about how the therapeutic relationship develops. At the same time, we need the ratings by independent raters in addition to the ratings by young patients. In this study, we measured the alliance of 10 children aged 8-12 years, of one session each, using the German-language versions of the Working Alliance Questionnaire short revised (WAI) (Wilmers et al., 2008). We used the patient, parent, therapist, and independent rater versions. We are looking for similarities and differences between the diverse perspectives. The aim is to generate hypotheses about the integration of parents in the challenging work with young patients.

The behavioral indicators of disengagement scale: A cross-validation study of therapeutic process with adolescent clients

Emma Lee Peterson — University of Denver, USA, Stephen R. Shirk

A major threat to the successful therapy in clinical service settings is poor or minimal client engagement in therapeutic processes. The detection of engagement problems early in therapy has important implications for clinical practice since early therapist behaviors affect the trajectory of treatment involvement (Jungbluth & Shirk, 2009). Early alliance is also a reliable predictor of treatment continuation and outcome (Hawley & Weisz, 2003). An important task for research, then, is to identify specific behavioral indicators of early disengagement. This presentation will report on our current efforts to identify early behavioral predictors of alliance problems, early drop out, and poor treatment adherence using the Behavioral Indicators of Disengagement Scale on two different samples of depressed adolescents in clinical trials. First, the presentation will focus on scale development, which involved a practice-based evidence approach. Practicing clinicians completed a survey in which they rated 26 client behaviors on two scales: 1) the frequency with which they have seen the behavior at the beginning of therapy, and 2) how much the behavior impedes the development of a working alliance. Next, the presentation will report on results of using the scale to code the first 15 minutes of the first session of a school-based CBT protocol for depressed adolescents and a community-based RCT comparing Mindfulness-based CBT and usual care for depressed adolescents with a history of interpersonal trauma. Frequencies of behavioral indicators of disengagement will be correlated with pre-treatment characteristics and subsequent therapeutic process variables in both samples.

Emotional involvement in CBT for depressed adolescents with a history of interpersonal trauma: Change trajectories of process and relationships to outcome

Patrice Siapno Crisostomo — University of Denver, USA, Stephen R. Shirk

Aim: Few studies have evaluated associations between therapy processes and treatment outcomes in evidence-based treatments (EBT's) for youth in the context of effectiveness trials. Understanding the active components of EBT's in clinical service settings can improve treatment effectiveness and guide dissemination efforts. Emotion processes have been identified as a potential mechanism of change in Cognitive Behavioral Therapy (CBT) for adolescent depression. Specifically, client emotional involvement in CBT for adolescent depression has been shown to be significantly related to treatment outcome (Crisostomo, 2009). The present study will examine the change trajectories of client emotional involvement, specifically during discussions of trauma-related content. Relationships between client emotional involvement and treatment outcome will also be evaluated. Method: Analyses will be based on data from a community-based randomized clinical trial for youth with a depressive disorder and a history of trauma. 44 adolescents were randomized into a 12-session treatment, and assigned to either usual care (UC), or a modified cognitive-behavioral therapy (m-CBT) which incorporates mindfulness-based strategies around content specific to adolescents with trauma. Client emotional involvement will be observationally coded from in-session discussions of trauma-related content using an adaptation of the Emotional Involvement Coding Scale (Crisostomo, 2009). Results: For both treatment conditions, multivariate analyses will be conducted to examine change trajectories of emotional involvement during discussions of trauma and relationships to depression treatment outcomes. Discussion: Implications of the present study will be discussed.

Examining the therapeutic alliance-outcome relationship and third variables

John Paul M. Reyes — University of Denver, USA, Stephen R. Shirk

Psychotherapy research reveals consistent associations between therapeutic alliance and treatment outcome in the youth and adult literatures (e.g., Horvath & Symonds, 1991; Shirk & Karver, 2003). Despite these consistent findings, prospective associations are not sufficient to support the claim that the alliance is a change mechanism. In the youth literature, some important alliance issues remain unexplored. This study examines whether the association between alliance and outcome is a function of third variables. Specifically, pre-treatment client characteristics may predict both process (i.e., alliance) and outcome. Alliance, then, may be a mere proxy for pre-treatment characteristics that predict treatment response. Pre-treatment interpersonal functioning and stages of change have been posited as predictors of therapy process and outcome (e.g., Eltz, Shirk, & Sarlin, 1995; Lewis et al., 2009). Consequently, alliance may simply be an index of pre-treatment interpersonal problems, attachment styles, or stages of change. Participants were 37 adolescents (ages 13 to 17) presenting for treatment at a community mental health agency with a primary diagnosis of depression and history of interpersonal trauma. Participants were randomized to receive usual care or a modified cognitive-behavioral treatment, incorporating mindfulness-based interventions and sessions targeting trauma-related

cognitions. It is hypothesized that across treatment conditions, pre-treatment client characteristics (e.g., interpersonal functioning and stages of change) will demonstrate significant associations with therapeutic alliance; however, alliance will continue to predict treatment response when controlling for pre-treatment characteristics.

Panel

Disorder

Moderator:

Björn Philips, Center for Dependency Disorders, Stockholm, Sweden

Psychotherapy for patients with substance use disorders: Predictors, moderators, process, and outcome

Discussant:

Robert J. Gregory, SUNY Upstate Medical University, Syracuse, USA

The importance of therapy motivation for patients with substance use disorders

Björn Philips — Center for Dependency Disorders, Stockholm, Sweden, Peter Wennberg

Aim: To study whether patients' therapy motivation, in accordance with Self-Determination Theory, is related to other patient characteristics and whether it predicts retention in psychotherapy. **Methods:** Data were collected within a naturalistic outcome study of various forms of psychotherapy for patients (n=172) with substance use disorders at a large public addiction clinic in Stockholm, Sweden. Motivation for psychotherapy was examined using the Client Motivation for Therapy Scale (CMOTS), which comprises the subscales Autonomous Motivation, Controlled Motivation and Amotivation. **Results:** Female patients showed more autonomous and less controlled therapy motivation, as well as lower levels of amotivation, compared to male patients. Patients with more severe symptoms and impairments showed higher levels of controlled motivation. The pattern of correlations between the motivation variables and the expectation subscales was consistent with theoretical assumptions. Controlled motivation and amotivation had significant negative correlations with retention in psychotherapy. Quite surprisingly autonomous motivation was not significantly associated with psychotherapy retention. **Discussion:** The present study confirmed that CMOTS is a useful instrument with good psychometric properties. Controlled motivation might be an especially negative prerequisite for patients with SUDs, as it implies that they seek therapy because of feelings of guilt and pressure from people around them. The absence of a positive correlation between autonomous motivation and retention in therapy might appear due to weaknesses in the naturalistic design.

Expectations and alliance: Interacting factors in psychotherapy

My Frankl — Center for Dependency Disorders, Stockholm, Sweden

, Björn Philips, Peter Wennberg

Aims: The main aim is to examine how the discrepancy between treatment expectations and experience of psychotherapy correlate with therapeutic alliance in a naturalistic setting for patients with substance use disorders. The hypothesis is that if expectations held by the patient are met, this would effect the alliance positively and vice versa; if expectations are not met, this would have negative consequences on the alliance. In addition, we investigated the psychometric properties of the short version of the Psychotherapy Expectations Experiences Questionnaire (PEX) and whether different dimensions of psychotherapy expectations predicted retention in psychotherapy. **Methods:** Patient's Expectations and Experience of Treatment Questionnaire (PEX) and Working Alliance Questionnaire (WAI) were used. The discrepancy between expectations and experience of psychotherapy was computed in terms of Euclidian distances and the correlation between this factor and therapeutic alliance was analysed. **Results:** For patients in group therapy, discrepancy between expectations and experience correlated negatively with alliance. For patients in individual therapy, the correlation was not significant. The internal consistency of all five subscales in PEX was satisfying. The defensiveness subscale was found to predict attrition. **Discussion:** These findings suggest that knowledge of patients' expectations of therapy will be important for the psychotherapy process and should be addressed at the beginning of psychotherapy, at least in group therapy. Using PEX both prior to and during psychotherapy provides valuable information regarding confirmation or disconfirmation of treatment expectation.

Borderline personality disorder and deficits in mentalization

Per Konradsson — Center for Dependency Disorders, Stockholm, Sweden

, Peter Wennberg, Björn Philips

Aim: The papers constituting the thesis for the main author's PhD aims to expand the knowledge of mentalization, particularly in Mentalization-Based Treatment (MBT). These are: 1) MBT for Dual Diagnoses: a randomized controlled trial examining the efficacy of MBT as a complement to treatment as usual (TAU) for substance dependence compared to TAU alone in patients with Borderline Personality Disorder (BPD) and concomitant substance dependence. Ongoing study. 2) Early signs of relapse in substance abuse during MBT. Therapy sessions from the previous study are rated using Psychotherapy Process Q-Sort and on a scale of mentalizing to ascertain whether or not there are changes, common in each of the psychotherapeutic processes, that precede relapse. Planned study. 3) Mentalizing capacity in a Relational Frames Theory-model. Persons with BPD, persons with autism spectrum disorder and undiagnosed controls are interviewed using the Reflective Functioning Interview and their answers are conceptualized in a MBT-frame as well as an RFT-frame. Planned study. 4) DSM-IV versus DSM-5 in the diagnosis of BPD. Does a change in DSM-systems

lead to different outcomes in the previous studies? Planned study. Methods: As stated above. Results: Some baseline data from study 1 are presented. Discussion: Findings will be discussed with respect to their conceptual, empirical, and clinical implications, especially how they can be related to differences in outcome between treatments.

Panel

Process-outcome

Moderator:

Doris F. Chang, New School University,
New York, USA

Culturally-informed approaches to conducting psychotherapy process research with racial/ethnic minority patients

Discussant:

Jairo Fuentes, Adelphi University, New York, USA

Examining the working alliance as a predictor of treatment engagement in racially/ethnically mismatched therapy dyads

Lia Okun — The New School For Social Research, New York, USA, Doris F. Chang, Kalli Feldman, Monica Thomas, Jeremy Safran

Aim: A strong therapeutic alliance is understood to be a critical ingredient of treatment effectiveness (Horvath, 2000). However, the alliance formation process may be complicated by racial, ethnic, and cultural differences between patient and therapist (Fuentes et al., 2002). This study examines associations between the working alliance, ruptures, treatment engagement and outcome in R/EM and White patients receiving treatment from non-Hispanic White therapists. Methods: Data were drawn from a matched sample of 59 R/EM patients and 59 White patients. Measures included the Working Alliance Inventory, reported ruptures, number of sessions attended, the SCL-90 and the Inventory of Interpersonal Problems. Analyses confirmed that there were no racial/ethnic differences for demographic characteristics and pre-treatment symptom severity. Results: Early alliance, number of sessions attended, treatment dropout, early rupture reports, and post-treatment symptom change did not differ by patient race/ethnicity. For White patients, early working alliance was predictive of number of sessions attended ($r=.41$, p

The multicultural therapy process coding system: Initial development and predictions of treatment outcome

Doris F. Chang — New School University, New York, USA, Monica Thomas, Kalli Feldman

Aim: Only a handful of psychotherapy process studies have analyzed actual psychotherapy sessions with R/EM patients (e.g., Jones, 1978; Thompson & Jenal, 1994). This study describes the development and preliminary results from an observational coding system designed to assess cultural and relational process factors in R/EM patient-White therapist dyads. Methods: The Multicultural Therapy Process Coding System (MTPCS) was developed based on a review of the multicultural counseling and psychotherapy process literatures and iteratively refined over time. Three sessions from the early phase of treatment were coded in 21 cross-racial/ethnic dyads. Each session was coded by two coders (ICC range= .72 to .98). Cases were classified into "good outcome" or "poor outcome" groups based on SCL-90 and IIP data (see Samstag et al., 1998). Coders were blind to treatment outcome. Results: Preliminary results found that positive outcomes were characterized by the therapists' use of directive strategies, interventions that reflected a cultural content orientation toward the client's presenting problems, statements that demonstrated an awareness and understanding of the client's culture, and validation of the client's experiential reality as an ethnic minority. Poor outcome cases had therapists who used non-directive strategies more often, and ignored the client's cultural concerns. Patients in the poor outcome group did not discuss racial, ethnic, or cultural dimensions of their presenting concerns, while the positive outcome group more often discussed these contextual factors. Discussion: Results provide preliminary evidence of the utility of the MTPCS for predictions of treatment outcome with R/EM patients.

The elephant in the room: Effects of broaching race, ethnicity, and culture in cross-racial therapy dyads

Lory Reyes — The New School For Social Research, New York, USA, Laurie Paul, Doris F. Chang

Aims: Multicultural counseling research suggests that it is important for the therapist to attend to the patient's race, ethnicity and culture (REC), perhaps explicitly (Sue & Sue, 2008). The current study explores how REC content is broached in therapy as well as patients' and therapists' responses in cross-racial/ethnic therapy dyads. Methods: Using grounded theory, sessions were separately analyzed from the broader application of the MTPCS along five dimensions: 1) When REC is explicitly broached, what is discussed? 2) Who initiates the discussion? 3) What precedes the discussion? 4) What happens immediately after REC is broached? and 5) What are the effects of broaching REC? Results: REC was explicitly broached in 10 out of 45 sessions; the number of times REC was broached ranged from 1 to 5 per session. Preliminary results suggest several emerging themes: When REC was explicitly broached by the patient, themes related to immigration, language barriers, and stereotypes emerged in association with presenting problems. When the therapist broached REC, it was in reference to REC differences between them. In most sessions, patients tended to initiate discussions of REC and many therapists failed to explore its salience. When therapists broached REC,

some patients elaborated further, while others disagreed or changed the subject. Discussion: Preliminary results show therapists' interpretations of REC tended to be inaccurate. Yet, when therapists responded in an effort to explore rather than offer interpretations, patient's self-disclosure tended to deepen. Results of this study suggest that patients' responses depended on the extent to which the therapist explored REC and the quality of the therapist's interpretation.

Measurement of ruptures in therapy with racial/ethnic minority patients

Monica Thomas — The New School For Social Research, New York, USA, Doris F. Chang, Jeremy Safran

Aim: Previous research has shown that patients tend to underreport ruptures in the therapy relationship. This may be particularly true for racial/ethnic minority (R/EM) patients because of power inequities that are exacerbated with non-Hispanic White therapists. Additionally, cultural variation in norms regarding emotional expression, direct versus indirect communication, and interpersonal relationships (particularly with authority figures) may require culture-specific approaches to identifying ruptures. This study will compare three methods of detecting ruptures and assess their applicability to R/EM patients. Method: Patient and therapist self-reports of ruptures will be assessed via postsession questionnaires (N=118). Control charting (Stiles et al., 2004; Strauss et al., 2006), a statistical approach to detecting ruptures in the relationship, will be based on repeated postsession assessments of the Working Alliance Inventory. Finally, an observer-based measure of therapy process will be used to identify ruptures. Once ruptures are identified, coders will observe how they are expressed and the antecedents precipitating the rupture event. Results: Analysis of self-reported data found that R/EM patients reported comparable numbers of ruptures as the matched White sample. However, preliminary analysis based on an observer-based coding system (N=12) indicated that 100% of the cases had at least one rupture and in 50% of these cases, ruptures were found to have been precipitated by cultural misunderstandings. Discussion: These preliminary findings suggest that results may differ depending on the measurement. Results also provide some evidence that cultural misunderstandings may be a risk factor for ruptures.

Panel

Case studies

Moderators:

Reitske Meganck, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium; Mardi Jon Horowitz, University of California, San Francisco, USA

Systematic single case studies as a royal way to insight in change mechanisms

Discussant:

Horst U. Kächele, International Psychoanalytic University, Berlin, Germany

How is change at the level of affect regulation achieved in a drug free Therapeutic Community? A systematic single case study on a person suffering from severe addiction

Virginie Debaere — Ghent University, Belgium, Ruth Inslegers, Reitske Meganck, Stijn Vanheule

Aim: Psychodynamic conceptualizations consider addiction as a solution away from the psychic realm and the social bond to deal with overwhelming arousal. Ambulant psychotherapy has shown low levels of effectiveness for this population. In contrast, outcome studies in drug free Therapeutic Communities (TC's) have proven to be effective in providing a drug free changed lifestyle, but the treatment process in these self-help group programs stays misunderstood. In this systematic single case study we investigate how the disruptive affect regulation in a TC resident is restricted by the interventions of the peer community and led towards more verbalized ways of dealing with arousal. Methods: The Clinical Diagnostic Interview and the Inventory of Interpersonal Problems-32 have been administered both at the beginning and the end of the treatment process. Besides this, every two weeks the first author conducted a short interview on the resident's TC experiences. Fluctuations in subjective well-being and affect regulation were linked to TC interventions using thematic analysis on the clinical material. Results: The results illustrate how interventions at the level of the peer community succeed in restricting dysfunctional patterns of affect regulation, what allows the person to deal with subjective issues of his traumatic childhood. Discussion: The changing process in a TC resident indicates that interventions aimed at restricting dysfunctional patterns of affect regulation are a necessary condition to make people suffering from addiction responsive to 'psychotherapeutic' treatment. The TC program will be discussed within a psychodynamic conceptual framework. Strengths and limitations of the study will be considered.

How do interpersonal representations and relations evolve during a stay in a drug free therapeutic community? A systematic single case study of a person suffering from severe addiction

Ruth Inslegers — Ghent University, Belgium, Virginie Debaere, Reitske Meganck

Aim: From a psychodynamic perspective, people suffering from addiction are characterized by a bland way of using language reflecting both their withdrawal from interpersonal relations and their poor mentalization ability. Therefore, ambulatory psychotherapy has shown low levels of effectiveness for this population. In contrast, outcome studies in drug free Therapeutic Communities (TC's) have proven to be effective in providing a drug free changed lifestyle, but the treatment process in these self-help group programs stays misunderstood. In this systematic single case study we will illustrate how interpersonal representations and relations evolve during a stay in a TC. Methods: The Clinical Diagnostic

Interview and the Inventory of Interpersonal Problems-32 have been administered both at the beginning and the end of the treatment process. Besides this, every two weeks the researcher conducted a short interview on the resident's TC experiences. Using thematic analysis on the clinical material, fluctuations in subjective well-being are linked to changes in interpersonal representations and relations and to TC interventions. Results: The results indicate that interventions at the level of the peer community encourage verbalization of arousal and conflicts. Gradually, dynamics of acting out and interpersonal withdrawal make place for elaborated interpersonal representations and more stable relations. Discussion: The changing process in a TC resident indicates that the TC treatment program succeeds in guiding residents towards a more mentalized way in dealing with overwhelming arousal. The program will be discussed within a psychodynamic conceptual framework. Strengths and limitations of the study will be considered.

A systematic comparative case study of a successful vs. an unsuccessful parent psychotherapy:

Factors related to change

Susan S. Woodhouse — Penn State University, University Park, USA, Jessica C. Effrig, Julie R. S. Beeney, Glen Cooper, Kent T. Hoffman, Bert Powell

Aim: Insecure attachment, particularly disorganized attachment, is linked to later psychopathology. The Circle of Security is a parent psychotherapy that significantly reduced the risk of disorganized attachment in parents' children (Hoffman et al., 2006), yet we understand little about why outcomes varied across participants. We use a systematic comparative case study design to examine the process of psychotherapy over time in a successful and unsuccessful case. Additionally, we examine pre-treatment mother-child interactions, maternal developmental history, and internal working models of self and child. Methods: Participants were two low-income mothers who participated in a 20-week Circle of Security group. Each child was initially classified as insecure-disorganized; post-treatment one child was classified secure and the other was insecure-other. Child attachment was assessed ($\kappa=.74$) both pre- and post-treatment using the Strange Situation. Pre-treatment mother-child interactions were assessed in lab book sharing and clean up tasks. Maternal history and models of self/child were identified through a 60-minute interview that included questions adapted from the Parent Development Interview and the Adult Attachment Interview. Psychotherapy process will be assessed via videotapes of the six 1.25-hour sessions in which the target mothers were the focus of the treatment and episodes from other intervention sessions (in which other caregivers were the focus of the session) involving target mother verbalizations. Results: Results of a systematic comparative case study will be presented. Discussion: Findings will be discussed in terms of implications for factors related to change and potential change mechanisms.

Change, stuck, rupture and resolution episodes in psychotherapy: A qualitative analysis of a single case

Henry Daniel Espinosa — Pontificia Universidad Católica de Chile, Santiago, Irma Oriana Morales-Reyes, Mariane Krause, Carolina Altimir

Aim: Although a large amount of research in psychotherapy addresses "relevant episodes" as meaningful units for the study of the therapeutic process, the definition of different types of episodes still needs to be clarified. The goal of this presentation is to describe and distinguish four types of episodes: Change, Stuck, Rupture and Resolution. Method: The analysis is based on data from a single case: a psychodynamic therapy, with a depressed woman, who attended therapy once a week. 25 episodes of the four types were selected. Content was analyzed through Grounded Theory, while the formal features of therapeutic communication were addressed using the Therapeutic Activity Coding System (TACS). Results: Results show that there is an overlapping of contents between stuck and change episodes, in the sense that in both cases the main problems of the client constitute the central theme, but with a different evolution within the episode. In a similar way, rupture and resolution episodes share issues related to the therapeutic relationship, but they differ in the communicative actions used by client and therapist. These results are illustrated through clinical vignettes. Discussion: Similarities and differences of these episodes can be understood in a matrix composed by two axes: the subjective transformation process that develops during therapy and the quality of the therapeutic alliance. The clinical implications of this distinction are discussed, as well as the relevance of single case studies for the in-depth study of episodes in psychotherapy.

Panel

Narrative

Moderator:

Rodrigo Lopes, Universidade do Minho,
Braga, Portugal

Does narrative therapy work for depression? Empirical evidence from RCTs

Discussant:

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

Survival analysis of clinically significant change of a randomized clinical trial of narrative therapy and cognitive-behavioral therapy with moderate depressed clients

Rodrigo Lopes — Universidade do Minho, Braga, Portugal, Miguel Gonçalves, Inês Sousa

Results from an earlier clinical trial comparing Narrative Therapy to Cognitive-Behavior Therapy (CBT) for depression showed that NT is an efficacious treatment but there were significant differences in symptom reduction according to BDI-II if dropouts were included in the analysis. There was also a non-significant trend showing that NT clients dropped out earlier. These findings suggest that the timing that the clients attain reliable improvement may differ in both treatments. This paper aims to re-analyze the data using a survival analytic approach in order to assess how long it takes to attain clinical significant change. The trial comprised of 63 clients, with mean age 35.44 (SD = 11.51), 81% female, diagnosed with Major Depression Disorder according to DSM-IV-TR, who were randomized to either NT or to CBT and received an average of 12.94 sessions (SD=7.05) and were assessed for follow up at around 20 months. Beck Depression Inventory-II (BDI-II) and Outcome Questionnaire-10 (OQ-10) were used to track symptomatic course of clients during interventions. At session 12, around 50% of the clients had attained reliable change in the NT sample and 40% in the CBT sample but this difference was not significant. Other clinical variables such as being a dropout or a completer, having or not comorbidity and being or not on medication at the onset of treatment did not predict the survival curves. This paper discusses these results.

Evaluation of biological rhythms in a clinical trial for depression

Ricardo Azevedo da Silva — Universidade Católica de Pelotas, Brazil, Karen Jansen, Luciano Dias de Mattos Souza, Luciana Quevedo, Ricardo Tavares Pinheiro, Taiane A. Cardoso, Thaise Mondin

Background: There is evidence that psychiatric disorders influence the biological rhythm. In depression, the symptoms of sleep / wake, appetite and social rhythms, are misfits. Studies indicate that when the markers of biological rhythms are regulated, there is likely to lead the individual to a new episode of mood disorder. Objective: To verify the regulation of biological rhythms in two models of brief psychotherapy for the remission of depressive symptoms. Methods: We conducted a randomized clinical trial with 18 to 29 years who met diagnostic criteria for depression according to the Structured Clinical Interview for DSM (SCID). In order to assess the biological rhythm was used to interview Biological Rhythm of assessment in Neuropsychiatry (BRIAN), while the severity of depression was assessed using the Hamilton Depression Scale (HAM-D). The models used were cognitive psychotherapy: Narrative and Cognitive Therapy Cognitive-behavioral therapy. Results: The cognitive behavioral therapy was more effective in regulating the biological rhythm with a mean of 13.6 (± 6.65) points, while the narrative had an average of 6.82 (± 9.79) ($p > 0.013$). For the remission of depressive symptoms to cognitive behavioral psychotherapy had an efficiency of 8.22 (± 4.41) points cognitive narrative psychotherapy and 6.21 (± 8.68). Conclusion: Brief psychotherapies are low cost to public health and show similarities in efficacy when compared to the use of medications. This study found that brief psychotherapies for depression appear to be effective in regulating the biological rhythms.

Remission of anxiety symptoms in brief cognitive interventions for depression inn young adults

Luciano Dias de Mattos Souza — Universidade Católica de Pelotas, Brazil, Taiane A. Cardoso, Thaise Mondin, Karen A. Pinheiro, Luciana Quevedo, Ricardo Tavares Pinheiro, Karen Jansen, Ricardo Azevedo da Silva

Cognitive therapies has shown considerable efficacy in treating depressive disorders and anxiety disorders. The comorbidity between these conditions is not uncommon as well as manifestations of anxiety symptoms in Major Depressive Disorder (MDD). This paper aimed to verify the remission of anxiety symptoms on two brief cognitive interventions for MDD. A randomized clinical trial with youth from 18 to 29 years old who met diagnostic criteria for MDD assessed by the Structured Clinical Interview for DSM (SCID). Depressive symptoms were assessed using the Hamilton Depression Scale (HAM-D), whereas anxiety symptoms were assessed using the Hamilton Anxiety Scale (HAM-A). The models of psychotherapy used were: Cognitive Narrative Therapy (TCN) and Cognitive Behavioral Therapy (CBT), both with 7 sessions. After the end of treatment, an evaluation was performed with the HAM-D and HAM-A. The mean of remission of anxiety symptoms in CBT was 11.38 and 8.73 in the TCN. While the mean of remission of depressive symptoms in the CBT and TCN were 8.22 and 6.21, respectively ($p > 0.05$). There was a significant negative correlation between anxiety symptoms at baseline and remission of depressive symptoms post-intervention. Psychotherapeutic interventions showed remission of symptoms of anxiety and depression. A clear impact of anxiety on the remission of depressive symptoms was observed. It is suggested that specific interventions for anxiety and worry management can improve the effectiveness of treatment, even in the absence of any specific anxiety disorder.

Panel

Psychodynamic

Moderator:

Clara E. Hill, University of Maryland,
College Park, USA

Dream work in psychodynamic psychotherapy

Discussant:

Horst U. Kächele, International Psychoanalytic University, Berlin, Germany

Amount of dream work in psychodynamic psychotherapy

Ellen Baumann — University of Maryland, College Park, USA

, Clara E. Hill, Charles J. Gelso

Aim: Survey results indicate that almost all therapists pay at least some attention to dreams although dreams are rarely the focus of psychotherapy. Cognitively-oriented therapists reported that about 15% of clients brought dreams into therapy, and therapists spent about 5% of the time in therapy working with dreams (Crook & Hill, 2003), although psychoanalytic therapists worked with dreams with about half of their clients about half of the time (Hill et al., 2008). Furthermore, both client and therapist variables appear to influence whether dreams are discussed in therapy. Therapists were most likely to focus on dreams when clients presented troubling or recurrent dreams or nightmares, were psychologically minded, wanted to learn about their dreams, had post-traumatic stress syndrome, or were seeking growth; furthermore, therapists were more likely to do dream work if they valued dreams and had training in dream work (Crook & Hill, 2003). Relatedly, clients who reported discussing dreams had higher dream recall and more positive attitudes toward dreams than clients who did not discuss dreams (Crook-Lyon & Hill, 2004). In the present study, we report on the amount of dream work with different types of clients and therapists in ongoing psychodynamic psychotherapy. **Method:** All clients and therapists completed measures of attachment style prior to starting therapy. Following all sessions, therapists indicated whether they had worked with a dream in the session. If they answered yes, they were asked to indicate how much time they spent on dreams.

Encouragement of Dream Work in Psychodynamic Psychotherapy

Sakar Pudasaini — University of Maryland, College Park, USA

, Clara E. Hill, Charles J. Gelso

Aim: Survey studies by Crook and Hill (2003) and Crook-Lyon and Hill (2004) suggested that clients talked more about dreams in therapy if therapists suggested that they bring dreams into therapy. The survey nature of these studies, however, limits their applicability to ongoing psychotherapy. In addition, one experimental study (Halliday, 1992) suggested that when a therapist encouraged her patients to talk about dreams, they were more likely to do so. Unfortunately, this study was limited because it involved only one therapist, and this therapist clearly believed in the effects of encouragement and was therefore invested in the outcome of the study. Hence, these findings need to be replicated in ongoing psychotherapy with therapists who are not invested in the outcome of the findings. The purpose of the present study was to assess the effects of therapist encouragement. **Methods:** For half of their clients, therapists mentioned in either the intake or session 1 that they find it helpful to work with dreams and encouraged clients to bring in dreams to therapy. No such mention was made with the other half of their clients. We then analyzed whether and how many dreams clients brought into the first 10 sessions of therapy.

Therapists' Activities in Working With Dreams

Teresa Huang — University of Maryland, College Park, USA

, Clara E. Hill, Charles J. Gelso

Aim: In survey data, cognitively-oriented therapists reported that they most often listened to dreams, explored connections between dream images and waking life, asked for description of images, and collaborated with clients to construct interpretations of dreams (Crook & Hill, 2003). In contrast, psychoanalytic therapists reported using far more exploratory and insight-oriented activities but fewer action-oriented activities than did the more cognitively-oriented therapists (Hill et al., 2008). Similarly, clients who brought dreams into sessions indicated that therapists mostly helped them interpret their dreams, relate their dreams to waking life, and associate to dream images (Crook Lyon & Hill, 2004). Although these findings are interesting and make sense, they are limited in that they are based on surveys of retrospective recall and thus may reflect attitudes toward working with dreams rather than actual practice. Hence, more work is needed examining how therapists actually work with dreams in ongoing psychotherapy. Furthermore, we need to know whether therapists use more of certain types of activities with some clients than others. We speculate that activities are different with clients who have high versus low transference and with whom therapists have high versus low countertransference. **Method:** Therapists conducted 50 minute sessions using their clinical judgment. Following all sessions, therapists were asked whether they had worked with a dream in the session. If they answered yes, they were asked to indicate how much they did of each of a number of activities. Therapists also rated client transference and their own countertransference after every session; supervisors also rated countertransference.

Case example of working with dreams in psychodynamic psychotherapy

Harold Chui — University of Maryland, College Park, USA

, Clara E. Hill, Charles J. Gelso

Aim: Our purpose is to illustrate how dreams can be used within psychotherapy, specifically how dream work can facilitate therapy and how dreams change across the course of successful therapy. A 28-year old African woman who was high on both anxious and avoidant attachment attended 17 sessions of psychodynamic psychotherapy with a female Chinese doctoral student therapist. Method: The client reported dreams in sessions 1, 7, and 15. The therapist and client spent 5-7 minutes talking about the dreams in sessions 1 and 7, but spent about 55 minutes (the session ran overtime) on the dream in session 15. Excerpts from the three sessions will be provided to illustrate the dream work. Results: Working with the dreams appeared to be an effective therapeutic strategy for helping this client gain some insight and action ideas related to her traumas (abduction in Africa, abortion and abandonment by husband). In sessions 1 and 7, the client was not able to talk about the dreams, and in fact, seemed dissociated when talking about the dreams. In session 15, in contrast, she was able to talk openly and benefit from the dream work. Interestingly, the content of the dreams changed also over the course of the therapy, reflecting her changes. Whereas in the early dreams, there were no positive interactions with others, she had a man in the final dream who loved her and helped her, and she was able to have a sense of agency through praying. Discussion: We will discuss possible reasons why this client presented dreams and profited from working with dreams, given that only 7 out of 50 clients presented at least three dreams in psychotherapies lasting at least 10 sessions.

Panel

Therapist factors

Moderator:

Timothy Anderson, Ohio University,
Athens, USA

Therapist personal characteristics, behaviors, and match

Does theoretical orientation and level of experience influence the way therapists ask questions?

Héctor Fernández-Álvarez — Fundación Aiglé, Argentina, Beatriz Gómez, Sergi Corbella

In the context of the research program on the personal style of the therapist and the developments of the Aigle therapist observation guide -- verbal (ATOG-V), the aim of this study was to analyze the impact of theoretical orientation and level of experience in the way therapists ask questions. Verbatim transcribed sessions of 3 psychodynamic therapists and 3 integrative therapists with different levels of experience: Low (1-5 years); Moderate (6-15 years) and High (more than 16 years), were analyzed. A procedure for speech unit identification was carried out and 7 categories for questions were classified. Results indicate that ATOG-V is a sensible instrument to detect variations in the personal style regarding inter-therapist differences.

Reliability of therapist facilitative interpersonal skills for brief responses to "thin slice" client video simulations

Andrew Smith McClintock — Ohio University, Athens, USA, Xiaoxia Song, Grace Jameson, Timothy Anderson, Candace Patterson, Gregory A. Goldman, Brian Uhlin, Peter MacFarlane, Elizabeth Davis Goldman

This study focuses on inter-rater reliability of ratings of therapists' Facilitative Interpersonal Skills (FIS) using a single therapist response to a brief segment ("thin slice") of a standardized client video presentation (less than 2 minutes). Within the first 5 weeks of their graduate training, prospective trainees completed a class exercise in which they were asked to provide individual verbal responses to video clips of challenging client verbal responses. The therapists' responses (two for each simulated client) were audio recorded. After the therapist-participants left the university, their responses were then rated by four researchers (one doctoral professor, two graduate students, and one undergraduate). FIS scores were based on the sum of the eight single-item observational ratings of common relationship based variables, most of which have been more extensively researched as processes found in empirically supported relationships. Ratings were reliable across all of the FIS items. The factor structure of the FIS was also explored using principle components of the 8 FIS item ratings. Discussion of these findings will focus on the reliability of "thin slice" data for common relational variables for therapists.

Therapist Facilitative Interpersonal Skills (FIS) as a prospective predictor of alliance and outcome

Candace Patterson — Private Practice, Durham, NC, USA, Timothy Anderson, Gregory A. Goldman, Brian Uhlin, Peter MacFarlane, Elizabeth Davis Goldman, Xiaoxia Song, Andrew Smith McClintock

This study focused on the predictive utility of a common therapist relational characteristic / skill referred to as Facilitative Interpersonal Skills (FIS). Using a longitudinal design, this study gathered therapy performance data from a sample of 53 graduate students enrolled in a clinical psychology doctoral program. The prospective therapists responded to standardized client video clips of psychotherapy simulations. These responses were later rated for FIS. In addition to FIS, measures of other relevant therapist relational variables included questionnaire measures of social

skills, sociability, prior clinical experience, sex, and age of therapist. After one year, in which these prospective therapists completed pre-requisite course work, they began conducting psychotherapy as trainees within an in-house psychology clinic. Throughout the remainder of their training experience, session process data of the clients of these therapists were collected, including the Working Alliance Inventory (WAI) and the Outcome Questionnaire (OQ). Results of the study examine the relationship between therapist relational characteristic variables and the WAI and OQ change variables. In addition, we examined whether increased therapy practice improved alliance and outcome in the presence of FIS by including an analysis that included the order in which clients were assigned to each therapist.

The process of client-therapist matching in psychodynamic psychotherapy

Emanuel Schattner — Hebrew University, Jerusalem, Israel, Orya Tishby, Hadas Wiseman

Aim: The efficacy of psychodynamic psychotherapy is supported by considerable research (Shedler, 2010), but its comparative breadth, depth and individualization render it much harder to study with systematic outcome studies. Thus, the growing realization that the interpersonal intricacies of the therapeutic alliance are best approached with a methodological pluralism (Barber, 2009; Hill, & Knox, 2009) is even more pertinent as regards psychodynamic psychotherapy (Luyten, Blatt & Corveleyn, 2006). The aim of this study is to examine the nature and development of the client-therapist relationship and its relation to outcome through the concept of matching, viewed as client-therapist personality compatibility. **Method:** Building on data collected by Orya Tishby and Hadas Wiseman, this study identifies the 'successful' v. 'unsuccessful' therapies of a single therapist, based on varied measures (OQ, WAI, SEQ, and others) administered at four time points. Then, a rigorous qualitative analysis of the development of the relationship in 'successful' v. 'unsuccessful' treatments is carried out, using the Relationship Episodes of the CCRTs as material. **Results:** This is an ongoing study. Preliminary results show that a 'successful' therapy is not necessarily characterized by a good match at the outset, but rather by a process, often explicitly negotiated, by which there occurs a gradual, mutual, adjustment. **Discussion:** Far from being a crystallized concept (e.g. gender, ethnicity), matching is in fact a relational, fluctuating aspect of a good alliance. In addition to its theoretical and methodological contribution, this study is important in its implications to therapist training.

Panel

Experiential/EFT

Moderator:

Alberta Eveline Pos, York University,
Canada

Exploring the impact of individual differences on the change process during experiential treatment for depression

Discussant:

Rhonda Goldman, Argosy University, Schaumburg, USA

The relationship between alliance patterns during experiential treatment for depression and the benefit of additional sessions on long term outcomes

Alberta Eveline Pos — York University, Canada, George Monette, Mark Thompson

Aims: For 74 York I and II clients who underwent 16-20 sessions of experiential therapy for depression patterns of alliance development have been shown to predict long-term outcomes 18 months post-treatment (Pos & Thompson, 2010). Differences in treatment length occurred amongst these clients but no study has yet examined whether allowing clients additional sessions results in added gains post-treatment, and whether alliance patterns can predict which clients will benefit from additional sessions, and to what degree. The aim of the present study was to investigate these relationships. **Method:** Using HLM this study modeled the concurrent impact of alliance patterns, time (pre-treatment, termination and 18 month follow-up) and treatment length (session number) on the prediction of several domains of outcome (depressive symptoms, general psychiatric symptoms, self-esteem, and interpersonal problems) for clients from the York I and II depression studies. **Results:** An interaction between alliance patterns and additional sessions on outcomes was found. Additional sessions were of value only for those clients exhibiting a low-slow-growth alliance pattern. For these clients an additional 4 sessions (ie 20 as opposed to 16 sessions) prevented relapse at follow-up. Fewer than 20 sessions led to deterioration at follow-up. Additional sessions had no impact on clients showing an early-strength-with- steady- growth alliance pattern. **Discussion:** These results will be discussed in terms of how decisions for additional treatment might be best made and further examined.

The influence of clients' interpersonal problems on their capacity to utilize therapist empathy during experiential psychotherapy for depression

Ashley Jessica Spigelman — York University, Canada, Alberta Eveline Pos

Aim: The working alliance and client emotional processing are two change processes that predict outcome in experiential therapy for depression (Hovarth & Bedi, 2002; Pos et. al, 2009). Experiential theory assumes that beginning in first sessions, therapist empathy is essential for facilitating these processes. This assumption was supported by Spigelman and Pos (2011), who found that therapist empathy in session one predicted clients' post session one alliance reports and working phase emotional processing scores. They also found that therapist empathy indirectly predicted outcome through its effect on both processes. The current study examines whether clients' interpersonal problems limit their capacity to engage with an empathic therapist, and the potential impact of this on early alliance formation and

later emotional processing. Method: Therapist empathy was rated using a new observer-rated empathy measure: The Measure of Expressed Empathy (MEE; Watson & Prosser, 2002) for 30 first sessions of psychotherapy (N = 30). Ratings were compared to clients' post session one alliance reports on the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986, 1989) and emotional processing scores, as rated by the Experiencing Scale (EXP; Klein et al., 1969). The Inventory of Interpersonal Problems (IIP; Horowitz et al., 1988) was used to measure clients' interpersonal problems, and subgroups were defined by clinical norms on IIP subscales on social inhibition and self-assertion. Results: Preliminary results will be presented. This study has implications for furthering our understanding of how clients' interpersonal problems influence their capacity to benefit from therapist empathy.

Interpersonal processes and therapist empathy: Achieving a productive alliance and good outcome in experiential therapy for depression

Karen Wong — York University, Canada, Alberta Eveline Pos

Aims: The quality of the therapeutic alliance after session one has been found to predict outcome in experiential therapy for depression, with higher alliances being associated with improvements in both depressive and general symptomology (Pos, Greenberg & Warwar, 2009). However, some clients who report poor initial alliances in the first session are still able to build productive therapeutic relationships and achieve good outcome in the overall therapy process. This study examines client interpersonal behaviours and therapist empathy in the first session, with the aim to distinguish clients who are able to immediately make use of the experiential relationship style from those that require additional sessions or especially attuned therapist empathy before being able to form a working relationship in this model. Outcome will be assessed using the Rosenberg Self-Esteem Scale, Beck Depression Inventory, Inventory of Interpersonal Problems, and the Symptom Checklist-90. Method: Data from 29 clients who participated in two randomized clinical trials examining experiential therapy for depression will be presented. One-way ANOVAs will be used to examine differences between groups. Results: Preliminary results will be reported. Some qualitative findings on the differences between groups on core themes of therapy will also be presented. Discussion: Findings will be discussed with respect to their theoretical and clinical implications. This study has ramifications for appropriate client-treatment matching

Panel

Culture

Moderators:

Lindsey Michelle West, Georgia Health Sciences University, USA; Jessica Graham, University of Massachusetts, Boston, USA

Mindfulness and values clarification in the treatment of psychological consequences of racist experiences

Discussant:

Lizabeth Roemer, University of Massachusetts Boston

Functioning in the face of racism: The potential buffering role of values clarification in a Black American sample

Lindsey Michelle West — Georgia Health Sciences University, USA

Aim: Much remains to be learned about how to help Black Americans function optimally in the face of the perceived racial discrimination. One potential factor that may buffer the negative impact of perceived racial discrimination is attention to and clarification of what is meaningful for the individual (i.e., values clarification). The present study examined whether writing about important values lessened the negative effects of imagining a race-related stressful situation. Methods: Fourteen Black American participants were recruited from a larger study where they had endorsed having experienced racism-related stress in response to experiences of perceived racial discrimination from service providers, in addition to inclusion criteria. Participants were randomly assigned to a written values clarification or control condition and were presented with a racism-related stimulus before and after the experimental manipulation. The effects of values clarification on self-reported distress, and positive and negative affect were examined. Results: Condition assignment had a marginally significant effect on overall subjective units of distress with a large effect size, indicating that participants who wrote about meaningful topics reported less distress in response to the racism-related stimulus than those who wrote about why unimportant topics might be important to someone else. Medium-sized effects were found on overall positive emotional responses and overall negative emotional responses. Discussion: Findings will be discussed in terms of directions for future research and implications for clinical practice. Case examples of using values interventions with clients from minority backgrounds will be provided.

The phenomenology of values

Clare Foa — McGill University, Montreal, Canada
, Marilyn Fitzpatrick

Aim: Values have been considered important therapeutic change mechanisms among a number of theoretic perspectives. However values have proved problematic from an empirical standpoint in terms of their operationalization

(Rohan, 2000). Counselling psychology holds a unique opportunity to examine the emic properties of values and to elucidate process level features of valuing. An important line of inquiry is what differentiates people in whether they hold values that serve the good of humanity versus values that serve the good of the self; how stable these values are; and how values change effects therapeutic outcomes. Motivation research has shown participants with greater autonomous regulation express more prosocial values, as compared to extrinsically regulated participants who hold more self-enhancement values. In line with the humanistic tradition, Self-determination Theory (SDT) holds that provided requisite psychological nutrients (autonomy, competence, and relatedness), humans are naturally inclined toward growth and integration of experience. One's motivation differs according to the degree of autonomy experienced. Method: In an effort to understand what motivates people to hold values that serve the good of humanity above the benefits to the self, a phenomenological study was conducted with a community sample of 40 participants. Semi-structured values-clarification interviews were coded for content describing the valuing process; the motivational regulation of core values; attainment of psychological nutrients; and expression of integrative tendencies. Results: Participants' reports articulate the phenomenological meaning of a life well-lived and highlight important constructs of inspiration and generativity.

Racism and anxiety: Mindfulness as a potential buffering factor

Jessica Graham — University of Massachusetts, Boston, USA

Aim: Epidemiological studies indicate that 24.7% of Black Americans meet criteria for at least one anxiety disorder during their lifetimes (Breslau et al., 2006) and that anxiety disorders are more persistent and pervasive in individuals who identified as Black when compared to other racial groups (Breslau et al., 2004). The goal of this paper is to describe how a culturally-specific stressor (racist experiences) might lead to anxiety, and how mindfulness might buffer this negative impact, presenting findings from a correlational study and an experimental study examining these relationships. Method: In an ongoing study, a large sample of undergraduate students who identify as Black complete measures of perceived racial discrimination, symptoms of anxiety, and mindfulness skills. A smaller subsample will participate in an experimental study in which they are randomly assigned to a mindfulness or control manipulation and are exposed to a racism-related stressor before and after this manipulation. Anxiety and stress symptoms will be measured in response to the stressor at both time points. Results: Correlations between perceived racial discrimination and anxiety symptoms will be reported as will the results of ANCOVAs examining the impact of the mindfulness manipulation on reports of anxiety and stress following the second exposure to the racism-related stimulus. Discussion: Findings will be discussed in terms of directions for future research as well as implications for clinical practice. Case examples of using mindfulness with clients from minority backgrounds will be provided.

Panel

Integration

Moderators:

Kevin B. Meehan, Long Island University, Brooklyn, USA; Kenneth N. Levy, Penn State University, University Park, USA

Object representations in psychopathology and psychotherapy: Research utilizing the ORI

Discussant:

Kenneth N. Levy, Penn State University, University Park, USA

Change in object representations as a function of treatment in a randomized clinical trial for borderline personality disorder

Kevin B. Meehan — Long Island University, Brooklyn, USA, Kenneth N. Levy, Diana Diamond, Jill C. Delaney, John F. Clarkin

Numerous studies have demonstrated change in representations of self and others during the course of treatment. Representational change is hypothesized to occur in treatments that specifically promote increased differentiation and integration of representations, such as a manualized psychodynamic treatment called Transference Focused Psychotherapy (TFP). Previous research has uniquely demonstrated structural change in TFP, as evidenced by change in attachment status and reflective functioning (RF). Further, change in representations on the Object Relations Inventory (ORI) as well as RF was demonstrated on a small pre-post sample of TFP. The ORI may be a particularly good measure of structural change in TFP, because of the theoretical overlap between Kernberg's and Blatt's conceptualizations of object representations. However, to date change in representations on the ORI as a function of treatment group has yet to be demonstrated. In the present study participants include 33 patients for whom pre-post ORI data is available treated in a randomized controlled trial (RCT) for Borderline Personality Disorder (BPD) randomized to TFP, supportive psychotherapy (SPT), and Dialectic Behavioral Therapy (DBT). Results indicate a significant difference and large effect size for change in representations of others as a function of group, with representations becoming more complex in TFP but not in the comparison group. There is a trend towards difference in change in representations of "self" as a function of group, with a medium effect size, suggesting that representations became more complex in TFP but not in the comparison group. Limitations and future directions of this research are discussed.

The representations of self and others - Common factors in therapeutic change?

Ilan Harpaz-Rotem — Yale School of Medicine, USA, Sidney Blatt

Aims: Processes that lead to normal development of the representations of self and others are also central to understanding processes of therapeutic change in any form of psychotherapy. These processes manifest themselves through the dialectical interpersonal exchanges of gratification and frustration, of disruptions and repair that are central to the development of the self. We aimed to evaluate the contribution of different attributes of interpersonal relationships to the development of the self and patients' wellbeing during the course of psychotherapy and to map the different paths to positive therapeutic gains. **Method:** 36 adolescents and young adults were evaluated during the course of 12-month intensive psychodynamic psychotherapy. Main outcome measures were changes in the Differentiation-Relatedness (D-R) scores of mother, father, significant other, self and therapist and GAF scores. **Results:** We found that changes in the level of D-R in patients' self-representation were primarily associated with changes in D-R of their therapist. A best-fit model indicated that beyond the change in the patient's description of the therapist only a self-designated significant other outside the family added significantly to the change in self-representation. Structural equation modeling also suggested that patients' growing recognition of the therapeutic relationship (measured by a more matured representation of the therapist) is associated with the patients' overall level of clinical functioning. **Discussion:** These results add further support to the importance of the therapeutic relationship in building more differentiated and integrated representations of self and of significant others.

Bursting the bubble: The role of object representations and self object needs in approaches to treatment with overt and covert narcissists

Nicole Nehrig — Long Island University, Brooklyn, NY, USA, Lisa Weiser, Alina Pavlakos, Kevin B. Meehan, Philip Wong

This study examines the relationship between overt and covert narcissism, unmet selfobject needs, and the structural level of object representations. A sample of 199 college students from a diverse urban university were administered self-report measures of overt and covert narcissism, the Selfobject Needs Inventory (SONI), and the Object Relations Inventory (ORI) coded using the Differentiation-Relatedness (D-R) scale. The SONI is comprised of five factors corresponding to approach and avoidance of Kohut's selfobject needs for mirroring, idealization, and twinship. The items for avoidance of idealization and twinship are collapsed into one factor. Overt narcissists scored significantly lower on D-R than covert narcissists. Overt narcissism was positively correlated to selfobject needs for approach idealization and avoidance of idealization/twinship while covert narcissism was positively correlated to approach mirroring, and twinship, and avoidance of idealization/twinship. Approach twinship was negatively correlated to mother D-R scores and approach idealization was negatively correlated to father and self D-R scores. These findings suggest that certain selfobject needs may be best met by mother (e.g., mirroring and twinship) and others by father (e.g., idealization), such that when unmet in childhood the ability to conceptualize that particular caregiver in adulthood may be compromised. Furthermore, covert narcissism may be more strongly related to deficiencies in maternal care based on the need for twinship and overt narcissism deficiencies in paternal care based on the need for idealization. Implications for treatment approaches for each narcissistic type will be discussed.

Panel

Patient/client factors

Moderator:

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

Clients talking about therapy

Discussant:

Jeremy Safran, New School University, New York, USA

The relationships among former patients' perception of change, reasons for consultation, therapeutic relationship, and termination

Julieta Olivera — Universidad de Buenos Aires, Argentina, Malena Braun, Juan Martín Gómez Penedo, Andres Roussos

AIM: The purpose of this ongoing research is to analyze the relationship among former patient's perception of change, reasons for consultation, therapeutic relationship, and termination. **METHODS:** Semi-structured qualitative depth interviews, lasting approximately 90 minutes, were conducted with 20 former patients that had been in a psychotherapeutic treatment that ended no more than three years previous to the interview. The interviews gathered information about change on psychotherapy, reasons for consultation, therapeutic relationship, and termination. A qualitative approach, based on Consensual Qualitative Research (CQR -- Hill, Thompson, & Nutt-Williams, 1997) was used to analyze the interview transcripts. Domains, Core Ideas and Categories were created. A stability check was performed in order to analyze sample's representativeness. **RESULTS:** The categories included in the 4 identified domains show how the balance of negative and positive aspects of the patients and therapists relationship is associated with the perception of change and type of termination. Likewise, categories related to reasons for consultation were associated with types of change and mode of termination. **DISCUSSION:** The implications for clinical

practice of the interrelation of those components of change and interventions are presented. The relevance of the patient's perspective is increasingly being recognized as valuable for the understanding of the psychotherapeutic processes and generates hypothesis for future research. The development of studies oriented to the professional awareness about the perspectives of the patient will provide relevant data that will increase our understanding of psychotherapy and its effects.

Qualitative analyses of client experiences of self change in emotion-focused and client-centered brief therapy for depression : Key research findings and implications for clinical practice

Lynne Angus — York University, Canada, Karen Hardtke, Fern Kagan

AIM : To conduct a prospective, qualitative inquiry into clients' experience of self change in Emotion-focused Therapy of depression, using the Narrative Assessment Interview (Hardtke & Angus 2004). **METHODS :** The current study utilized the Narrative Assessment Interview protocol (NAI: Hardtke & Angus, 1998; Hardtke & Angus, 2004; Kagan 2007; Hardtke 2006) to explore shifts in clients' view of self at three points in time -- after session one, at treatment termination and follow-up interviews. The sample was comprised of 4 recovered vs 4 unchanged York II Depression Study clients who had undergone either Emotion-focused Therapy or Client-centred Psychotherapy. All 8 clients completed baseline, post and follow-up semi-structured Narrative Assessment interviews that inquired about views of self, desired changes, experiences of change, perceptions of therapist, the role of emotion, and least and most helpful aspects of therapy. The interviews were fully transcribed and an intensive grounded theory analysis was performed on client interviews. **RESULTS :** Two separate qualitative analysis generated a set of interrelated core categories representative of the experience of self-change that included Self-concept, Processing Style and Self-Change. The results of this study and implications for clinical practice will be presented and discussed.

Two ways of analysing clients' perceptions of important events in therapy

Erika Viklund — Linköping University, Linköping, Sweden, Rolf Holmqvist, Karin Zetterqvist Nelson

Aim: Understanding what clients find important in the therapy process is closely connected to the therapist's chance to establish and maintain a strong therapeutic alliance and, thus, to outcome. Previous studies on client-identified important events have typically focused on organizing events according to content and therapeutic impact. The present study extends this by also looking at how clients talk about the events. The aim is to deepen our understanding of what clients find important by looking at their accounts not only as directly corresponding to the underlying subjective experience, but also as interactionally shaped and contextually situated in ways that influence what can be said, and how. **Method:** Interviews with eight clients in short-term psychotherapy regarding their perceptions of important events were analysed, first using content analysis and then drawing on an analytical perspective informed by discourse psychology. **Results:** The content analysis yielded descriptions of five categories of events, which correspond well to those found in previous studies. The discourse analysis resulted in the identification of a dominating interpretative repertoire that clients draw upon to construct therapy as a special kind of talk that is different from everyday talk, involves specific roles, and requires experience and expertise. Accounts of important events are organized within this discursive framework. Challenges to it, for instance by invitations to speculate on the therapist's reactions, are handled by rejection and avoidance. **Discussion:** Findings will be discussed in relation to previous research on important events and with respect to their methodological and clinical implications.

A cross cultural look at patient's perspective of change

William Jock — New School University, New York, USA, Kelly Wagner Bolger, Martin G. Penedo, Julieta Olivera, Vanina Waizmann, Andres Roussos, Jeremy Safran

Abstract Aim: This presentation aims to address the first exploratory phase of a project that intends to analyze and compare cultural differences in former patient's perspective of change in Argentina and the United States. **Methods:** Semi-structured qualitative interviews, lasting approximately 1 hour, were conducted with 12 former patients that had previously been in individual therapy that ended no more than three years prior to the interview. Interviewers gathered information mainly surrounding change in psychotherapy, the therapeutic relationship, interventions, therapist characteristics, and termination. A qualitative approach based on Consensual Qualitative Research (CQR) was used to analyze the interview transcripts. Categories, frequency and mutual relationships were analyzed. **Results:** A group of domains were identified as relevant in both groups. These domains included interventions, approach, setting and therapist characteristics. The categories within the domains established will be presented and described. Cultural differences and similarities between the two cultures and characteristic elements of each culture will be examined. **Discussion:** Many therapeutic procedures that are tested in the United States are, afterwards, used in other countries without first validating them and taking into account the specificities of each culture. Implications of the results surrounding cultural differences will be discussed in terms of clinical application. New hypotheses and future directions for research will be suggested.

Panel

Child/Adolescent

Moderator:

Nick Midgley, Anna Freud Center,
London, UK

Treatment research with depressed adolescents

Discussant:

Charlotte Jarvis, Child & Adolescent Psychotherapist, London, UK

Incorporating qualitative data into a randomized clinical trial: The IMPACT Study (treatment of adolescent depression) and IMPACT-ME

Nick Midgley — Anna Freud Center, London, UK, Mary Target, Flavia Ansaldi

The IMPACT Study (Improving Mood through Psychodynamic and Cognitive Behavioural Therapies) is the largest clinical trial ever carried out in the UK investigating the effectiveness of psychological therapies (psychodynamic and CBT) in the treatment of severe adolescent depression. This paper will describe the IMPACT study and set out how an additional qualitative study (IMPACT-ME) has been added to form a 'double helix' design, where the findings from the two studies can be used to inform and enrich each other. The inclusion of qualitative data within a randomised clinical trial provides an opportunity for asking important questions about the relationship between 'outcomes' and the individual narratives and personal experiences of those patients who participate in the treatment. Although it is too early to report on findings from the study, issues relating to the research/practice relationship, and the possibility of using qualitative data to enrich the quantitative findings from clinical trials, will be discussed.

Psychodynamic psychotherapy for adolescents with severe depressive symptoms: First results of an effectiveness trial

Katharina Weitkamp — University Medical Center Hamburg-Eppendorf, Germany, Judith Daniels, Sandra Rosenthal, Georg Romer, Silke Wiegand-Grefe

Aim: This waitlist-controlled field study aims to evaluate the effectiveness of psychodynamic short and long term psychotherapy for adolescents employing a prospective design. The presented analyses focus on the self- and parent-reported levels of depression and the therapists' ratings of the patients' impairment. **Methods:** 47 adolescents (aged 12 to 21 years) who entered psychodynamic therapy in private practices in northern Germany participated in this ongoing study. Data is being collected from therapists, parents, and from the patients themselves. Questionnaires are administered at the beginning and the end of treatment, as well as up to 5 points in time during therapy. Follow-up takes place at 6 and 12 months after therapy. The Impairment-Score for children and adolescents (IS-CA, rated by therapists) is administered in conjunction with a number of symptom measures. Depression levels are measured with the self- and parent-reported screening questionnaire DIKJ, quality of life with the KIDSCREEN. **Results:** Patients received on average 80 sessions of therapy (range 25 to 180). Overall, patients showed pronounced impairments at the beginning of therapy. Significant improvement of the IS-CA values were established during the course of the treatment. Moreover, there was a significant reduction in parent- and self-reported depression in the treatment group. Quality of life improved significantly for the parent- and the self-report. The wait-list control group, which received minimal treatment, displayed a slight but not significant symptom improvement. **Discussion:** The results substantiate that psychodynamic therapy is successful in alleviating impairment and depressive symptoms for children and adolescents.

Patterns of change in the treatment of adolescents with depression

Marc J. Noom — Viersprong Institute for Research on Personality Disorders NL, Anke Schat, Robert R.J.M. Vermeiren, Frans G. Zitman

Aim: Routinely collected data during the treatment of adolescent depression enables us to search for patterns of change. Which growth curves can be distinguished and what are the characteristics of the adolescent clients that show these different types of growth curves? The aim of the present study was to discriminate latent growth curves in the treatment of adolescent depression and to describe the characteristics of the adolescents showing these typical patterns. **Methods:** In a naturalistic design, clinical data of 200 adolescents in treatment for depression with at least three measurements were analysed. The adolescents completed measures of depression, anxiety and quality of life at multiple time points. **Results:** Preliminary analyses indicate that different trajectories of change can be identified: a trajectory that can be characterized as "slow improvement", a trajectory that can be characterized as "rapid improvement", and a trajectory showing a mixture of slow and rapid phases of improvement. **Discussion:** A comparison of the trajectories of change revealed differences in characteristics of the adolescents. The theoretical and clinical implications of a typology of change trajectories will be discussed.

Panel

Depression

Moderator:

Martina Belz, University of Bern,
Switzerland

Current CBASP (Cognitive Behavioral Analysis System of Psychotherapy): Research and Theoretical Issues

Discussant:

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

A comparison of Cognitive Behavioral Analysis System of Psychotherapy (CBASP) vs. Interpersonal Psychotherapy in early onset chronic depression

Elisabeth Schramm — University of Freiburg, Germany

Aim: CBASP is a highly promising approach specifically designed for the treatment of chronic depression, but has not been directly compared to another depression-specific psychological approach. **Methods:** Thirty physician-referred outpatients with early-onset chronic depression were randomized to 22 sessions of either CBASP or Interpersonal Psychotherapy (IPT) provided in 16 weeks. The 24-item Hamilton Rating Scale for Depression (HRSD) was the primary outcome measure assessed posttreatment by an independent blinded evaluator. Secondary endpoints were, among others, remission ($\text{HRSD} \leq 8$) rates and the Beck Depression Inventory (BDI). The study included a prospective naturalistic 12-month follow-up. **Results:** Intent-to-treat analyses of covariance (ANCOVA) revealed that there was no significant difference in posttreatment HRSD scores between the CBASP and the IPT condition, but in self-rated BDI scores. We found significantly higher remission rates in the CBASP (57%) as compared to the IPT (20%) group. One year posttreatment, no significant differences were found in the self-reported symptom level (BDI) using ANCOVA. **Discussion:** While the primary outcome was not significant, secondary measures showed relevant benefits of CBASP over IPT. We found preliminary evidence that in early-onset chronic depression, an approach specifically designed for this patient population was superior to a method originally developed for the treatment of acute depressive episodes. Long-term results suggest that chronically depressed patients may need extended treatment courses. **Keywords:** Randomized controlled study, chronic depression, Cognitive Behavioral Analysis System of Psychotherapy, Interpersonal Psychotherapy

Summary of the six basic assumptions of the CBASP model

James P. McCullough, Jr. — Virginia Commonwealth University, USA

Aim: The CBASP Model rests upon six basic assumptions that inform and guide the psychotherapist who treats Chronic Depression Disorder (APA, DSM-V, in press). Each assumption will be stated and described to show how it influences the administration of the Model and guides the work of contemporary research with CBASP. **Methods:** Professor McCullough, the founder of the CBASP Model, opined that it was time to summarize the CBASP System in terms of its foundational underpinnings. Six assumptions contribute to the internal consistency that run through the theoretical system as well as everything the CBASP psychotherapist does. Power-point slides and written flip-chart illustrations will be employed in a lecture format to describe the foundations of the CBASP System. **Results:** The six assumptions are: Chronic Depression Disorder is maintained by pervasive interpersonal avoidance and a perceptual disconnection from the interpersonal environment; behaviour is heavily weighted over cognition; the therapist role is guided by Disciplined Personal Involvement tactics; patient behaviour is conceptualized from an interpersonal causal determinant model; patients who learn what CBASP teaches, from an acquisition learning perspective, can control and manage their disorder. **Discussion:** The CBASP Model has two essential goals: (1) to create a dyadic safety zone where learning becomes possible; (2) to teach patients to function interpersonally, a skill they do not possess at therapy outset. In achieving the second goal, the patient becomes perceptually anchored to his or her interpersonal environment overthrowing the intra-personal isolation that characterizes the disorder at treatment outset.

CBASP in the multicultural context

Todd Favorite — University of Michigan, USA

Aim: CBASP as an evidence-based treatment for chronic depression that has not been empirically tested within multicultural contexts. Three studies focus on the transferability of CBASP's principle into distinct cultural treatment settings. **Methods:** Study 1: American, post combat veterans with MDD and PTSD ($N=57$) were provided with a group application for CBASP for 24 weeks and compared to TAU group for veterans with depression. Study 2: Post disaster victims in Haiti were given group CBASP treatment ($N=84$) and interventions pilot study was developed for child earthquake victims ($N=52$) aged 6-12. Study 3: Feasibility study in Nepal where CBASP methods were provided for ($N=15$, identified with depression) in conjunction with health check at a rural health clinic. **Results:** In the veteran study, CBASP participants demonstrated a significant improvement in MDD and PTSD symptoms when compared to TAU group, $t(5)=5.12$, $p<.004$. The Haitian study there was a significant decrease in depressive symptoms in the adult sample from baseline for adult participants and similar findings for the children's pilot study. The feasibility study in Nepal evidenced a successful application of CBASP with ongoing data collection. **Discussion:** In each of these studies it

was necessary to accommodate specific cultural demands of the population in terms of language, and effective translation of CBASP concepts. Medical, and psychiatric comorbidities needed to be accommodated. It was necessary to provide culturally sensitive explanations and acceptance of culturally relevant explanatory models that teach CBASP principles. Keywords: CBASP, Chronic depression, multicultural psychotherapy

Panel

Process-outcome

Moderator:

Andrzej Werbart, Stockholm University,
Sweden

Not started and prematurely terminated therapies: The patient's and the therapist's contributions

Discussant:

Wolfgang Lutz, Universität Trier, Germany

Are prematurely terminators healthier? Psychopathological and outcome characteristics in psychodynamic high dose inpatient therapy

Joerg Frommer — Otto-von-Guericke-Universität Magdeburg, Germany

, Matthias Haase, Cornelia Ulrich, Thilo Hoffmann, Gabriele Helga Franke

Aim: Five to twenty-five percent of all inpatient therapies are terminated prematurely, approximately 50% of them during the first fourteen days. Symptomatology burden and interpersonal problems, high competency expectations and interpersonal conflict experiences during the course of therapy are discussed as possible reasons. Our study evaluated the impact of psychodynamic inpatient psychotherapy on patients' psychological distress and interpersonal problems comparing regular terminators with prematurely terminators. Method: Data were collected at three psychosomatic hospitals. All of them offer focus orientated psychodynamic psychotherapy. A total of 1775 patients were assessed with the Symptom-Checklist-90-Revised and the Inventory of Interpersonal Problems at intake (t0), 4 weeks later (t1), and at the end of therapy (t2). The treatment plan prescribed therapy durations of 10-12 weeks. Cases with duration of less than 8 weeks were defined as premature terminators. Results: 1296 patients completed the therapy after eight to twelve weeks and 479 patients terminated treatment prematurely. Prematurely terminators showed a statistically significant lower symptom load (GSI (t0) = 65.5) compared to regular terminators (GSI (t0) = 66.9). Furthermore, prematurely terminators showed a significantly lower expression of interpersonal problems. Discussion: Psychodynamic oriented inpatient psychotherapy presupposes adequate introspection competences and self-reflectivity. Low expression of interpersonal problems and symptom distress shown in prematurely terminators is likely to be an expression of their low ability to be aware of their symptoms and interpersonal problems.

Not started and unilaterally terminated therapies in the Swedish public health services

Andrzej Werbart — Stockholm University, Sweden, Mo Wang

Aims: This naturalistic study examines potential predictors of treatment attendance and discontinuation among patients in the three most common psychotherapy types in Swedish public health service settings. Patients who did not start psychotherapy after initial assessment are compared with patients who started psychotherapy. Patients who discontinued psychotherapy are compared with those remaining in treatment. Furthermore, we differentiate between patient-initiated and therapist-initiated not started and unilaterally terminated therapies. Methods: Data were collected over a 3-year period at 13 outpatient psychiatric clinics, using online patient and therapist questionnaires. Multiple logistic regression and chi-squared automatic interaction detection procedure were used to identify predictors. Results: Of the 1,498 registered patients 14% never started psychotherapy, 17% dropped out from treatment, 33% continued in treatment, while 36% dropped out from data collection. More patients had been given the recommendation of no or another type of treatment (9%) as patients applying for but never starting psychotherapy (5%). The discontinuation of treatment was initiated by the patient in 10% and by the therapist in 7% of cases. Significantly more nonstarters and dropouts were found at clinics with lower levels of organizational structure and stability. Discussion: Organizational factors (such as clarity and transparency, adaptation to therapeutic treatment, decision making, treatment policy and guidelines, and general stability) predicted both starting and continuing in treatment. The impact of organizational factors on treatment drop-out has probably not been sufficiently recognized by clinicians and researchers.

Difficult to treat? Early termination of therapies with traumatized refugees.

Marianne Opaas — Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Sverre Varvin

Many traumatized refugees in western countries need treatment and rehabilitation. Psychotherapy is central for treating posttraumatic problems. Research shows that many do not respond or drop out of treatment. Research has not been able to establish relationships between treatment outcome and client characteristics like demographics, trauma history or initial symptom severity. In a prospective, naturalistic study of 54 traumatized refugees in treatment in mental health specialist services in Norway, early terminated therapies (duration < 1 year, and < 11 sessions) were identified and studied. Aims/Research questions: What are the clients' and therapists' views about each other, the therapy, and what are the stated reasons for termination? What characterizes clients, therapy processes, and outcome in early terminated therapies? What seems to lead to early termination? Methods: Pretreatment assessment: Rorschach, AAI, HTQ, HSCL-25, SWAP-200, GAF. One-year follow-up: GAF, HSCL-25, HTQ. Process data: Qualitative analyses of interviews with

patients and therapists, data from treatment charts. Results: 13 clients/therapies were identified in the early terminated therapies group, with a mean of 7 months' duration and 5 therapy sessions. Further analyses of data in progress. Discussion: Less than 11 sessions may be a non-therapeutic dosage of therapy (Lambert, 2007). In this light the following questions regarding our 'early enders' will be addressed: Interventions not fit to the client? Frames not proper? Special challenges to alliance in these treatments? Implications for future treatment planning.

Barrier to mental health care in young American soldiers returning from deployment to the recent conflict in Iraq and Afghanistan

Ilan Harpaz-Rotem — Yale School of Medicine, USA

Aims: The specific reasons for why soldiers choose not to seek mental health treatment are not well understood and speculative at best. Understanding the barriers to mental health care among this population is crucial for the future development of an intervention that will increase retention and adherence to recommended treatment. We aimed to: (1) Compare and contrast psychologically symptomatic veterans who do utilize mental health services with symptomatic veterans who do not utilize services (2) Evaluate the link between objective and subjective barriers to care and the actual services utilization of soldiers returning from the conflict in Iraq/Afghanistan. Methods: Both quantitative and qualitative data collection methods were used. We (1) conducted interviews with soldiers and collected narratives on their mental health needs, beliefs about mental illness and mental health services (2) used standardized questionnaires to assess current mental health status and objective barriers to care. Veterans' mental health utilization was tracked for 1-year from initial assessment. Results: The strongest correlate of service use was more severe psychological distress measured by symptoms of PTSD and depression. Stigma and beliefs about psychotherapy were not associated with either the likelihood of attending mental health treatment or attrition rates. Qualitative interviews indicated that military commander and unit openness to mental health treatment were the major enabling factor in seeking help. Discussion: Better understanding of the mental health needs of soldiers and the barriers they face provides the basis for the development of an intervention that may increase retention and adherence to psychiatric treatment.

Panel

Group

Moderator:

Steinar Lorentzen, University of Oslo,
Norway

Moderators and mediators in treatment

Mediators of treatment effects in a RCT of short- and long-term psychodynamic group psychotherapy

Steinar Lorentzen — University of Oslo, Norway, Anette Fjeldstad, Torleif Ruud, Per Høglend

Aim: To test potential mediators of change in a Randomized Controlled Trial (RCT) of short- (20 weekly sessions) and long-term (80 sessions) psychodynamic group psychotherapy. Methods: 167 outpatients with affective, anxiety, and/or personality disorders, from 3 sites in Norway, were randomized to the two treatment arms. Altogether, there were 18 groups, 9 therapists, and manualized therapies. The mediators Self-understanding of Interpersonal Problem (SUIP), Attributional style (ASQ) and Internalization of the group (by the individual patients) were selected apriori as potential mediators of change. Patients were interviewed and assessed before and three years after start of therapy. Primary outcome variables were GAF-symptoms and GAF-function (both observer rated) and repeated measures of Inventory of interpersonal problems (self-rated). The potential mediators were rated three and 5 times during the short- and long-term therapy, respectively. Statistics: Mixed linear models for repeated measures. Results: The differential outcome between the therapies and the moderating effect of presence of personality disorder, as well as potential mediating effects will be presented.

The moderating role of personality on treatment results in anxiety a comparison between younger versus older adults

Anke Schat — Leiden University Medical Center, Marc J. Noom, Frans G. Zitman, , Robert R.J.M. Vermeiren

Aim: This study is aimed at identifying moderators of treatment result in different age groups. The moderating role of demographic factors and four personality trait clusters, corresponding to the Neuroticism Extroversion Openness Personality Inventory Revised (NEO-PI-R), will be analyzed in a naturalistic outpatient setting. Method: Data from outpatients, referred for treatment of anxiety disorders between 2005 and 2008 (n=951) were collected. As part of the Routine Outcome Monitoring Procedure, the MASQ, SF36, DAPP-SF and BSI were administered, and demographic information was collected. In two age groups (18-25 and 26-65), the influence of four personality trait clusters derived from the DAPP-SF (emotional dysregulation, dissocial behavior, inhibition and compulsivity) and demographic factors on symptom reduction and quality of life was assessed, using repeated measures ANOVA. Results: Preliminary results indicate that patients with anxiety disorder and high scores on the compulsiveness cluster of the DAPP-SF, show a larger improvement on the MASQ anxious arousal subscale. No effect of age was found. Discussion: Results indicate

that patients with high levels of compulsivity, which converges on the conscientiousness dimension of the NEO-PI-R (Widiger & Simonsen, 2005), show a larger improvement on anxiety measures. Results are similar for both younger and older adults. However, the possible effect of baseline severity should be taken into account.

Cluster C personality disorder pathology and patient gender as moderators of treatment effects in a randomized clinical trial for patients with personality disorders

Theresa Wilberg — University of Oslo, Norway

, Paul N. Johansson, Per Høglend, Merete S. Johansen, Øyvind Urnes, Elfrida Kvarstein, Sigmund Karterud

Aim: In this study we examined the effects of 1) day hospital treatment followed by long-term outpatient group- and individual psychotherapy, versus 2) outpatient individual psychotherapy in private practice. The goal was to analyze whether patients responded differentially to the two treatment modalities as a function of Cluster C psychopathology and/or patient gender. **Methods:** 113 patients with various types of personality disorders were randomized to one of the two treatment modalities. Cluster C personality pathology was assessed at baseline using the SCID-II structured clinical interview for personality disorders. The outcome measures, Inventory of Interpersonal Problems and Global Assessment of Functioning, were assessed at baseline and after 8, 18 and 36 months. Using linear mixed models, we estimated the effects of the two treatments at different levels of Cluster C pathology, for men and women respectively. **Results:** Preliminary results indicate that both Cluster C pathology and patient gender moderated the effect of treatment.

Panel

Change Process

Moderator:

Sarah A. Hayes-Skelton, University of Massachusetts, Boston, USA

Processes and mechanisms of action in a randomized controlled trial of two behavioral therapies for generalized anxiety disorder

Clients' perception of helpful aspects of therapy across two behavioral therapies for generalized anxiety disorder

Cara Fuchs — Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA, USA, Sarah A. Hayes-Skelton, Lizabeth Roemer, Susan M. Orsillo

Aim: Cognitive behavioral treatment approaches for generalized anxiety disorder (GAD) involve common (i.e., having a supportive therapist) and specific factors (i.e., practicing relaxation exercises) that likely contribute to clients' improvement. Less is known about the perceived helpfulness of these factors. Therefore, this study examines clients' perceptions of helpful aspects of therapy across two treatments. **Method:** Clients diagnosed with GAD received either an acceptance-based behavioral therapy (ABBT) or applied relaxation (AR). Following treatment, clients rated helpfulness of various aspects of therapy. Clients were classified as treatment responders if scores on three of four anxiety symptom measures decreased by 20% or more. **Results:** Responders rated having a supportive therapist as more helpful than nonresponders [$F(1,61) = 4.42, p = .04$], whereas there were no differences on helpfulness of psychoeducation [$F(1,61) = 1.21, p = .28$]. For AR clients, practicing relaxation exercises was more helpful for responders [$F(1,30) = 12.93, p < .001$]; however, there were no differences in helpfulness of learning early anxiety cues [$F(1,30) = 2.36, p = .14$]. For ABBT clients, learning to allow oneself to experience thoughts and feelings was more helpful for responders [$F(1,27) = 6.76, p = .02$]; however, there were no significant difference in helpfulness of taking valued action [$F(1,27) = 0.47, p = .50$] and a marginal difference in practicing mindfulness exercises [$F(1,27) = 3.32, p = .08$]. **Discussion:** Results point to the helpfulness of common and specific factors across these two therapies. The implications for clinical work and future treatment research will be discussed.

Mindfulness practice and mindfulness skills as mechanisms of change in an acceptance based behavior therapy for generalized anxiety disorder

Lucas Morgan — University of Massachusetts, Boston, USA, Sarah A. Hayes-Skelton, Lizabeth Roemer, Susan M. Orsillo

Aim: Formal mindfulness practice is a common element of mindfulness- and acceptance-based treatments. However little is known about the relationships among amount of formal mindfulness practice, changes in mindfulness skills, and changes in outcome variables. This study explored the relationships among these variables in the context of an acceptance-based behavioral therapy (ABBT) for people with generalized anxiety disorder. **Method:** As part of an RCT, participants were randomly assigned to receive ABBT or applied relaxation. For participants in the ABBT condition, therapists provided weekly ratings of the frequency of formal mindfulness practice. Participants also completed assessment of mindfulness skills (the Five Factor Mindfulness Questionnaire), worry frequency (The Penn State Worry Questionnaire), and quality of life (The Quality of Life Inventory) before and after treatment, as well as at three time points during treatment. **Results:** Across treatment, participants reported significant improvements of large effect size in measures of mindfulness skills, quality of life, and worry. However, latent growth curve analysis failed to show relationships between the frequency of formal practice reported during the first quarter of treatment and changes in mindfulness skills [$\beta(31) = 0.33; p = 0.48$], worry [$\beta(30) = -0.31; p = 0.36$], or quality of life [$\beta(31) = -0.12; p = 0.78$]. Residual

gains of mindfulness skills were significantly positively correlated with residual gains in quality of life [$r(30) = 0.57$; $p = .001$], and significantly negatively correlated with residual gains in worry [$r(21) = -.54$; $p = .01$]. Discussion: Findings will be discussed in terms of their implications for future research and clinical practice.

Mindfulness, acceptance, and decentering as potential mechanisms of change in applied relaxation for generalized anxiety disorder: A case series

Lizabeth Roemer — University of Massachusetts Boston, Sarah A. Hayes-Skelton, Aisha Usmani, Jonathan Lee, Susan M. Orsillo

Aim: Applied relaxation (AR) is an empirically supported treatment for generalized anxiety disorder (GAD). However, little is known about the underlying mechanisms of change in this intervention. Based on our clinical experience, we propose that specific aspects of AR (e.g., early cue detection, application of relaxation) may enhance accepting, mindful, decentralized ways of responding to one's internal experiences, even though these mechanisms are not explicit targets of the intervention. The present paper will present case descriptions and data from several clients who received AR as part of a randomized controlled trial, illustrating the impact on these hypothesized mechanisms of change and outcomes. Method: Participants received 16 sessions of applied relaxation based on Ost and Bernstein & Borkovec's protocols. They completed self-report measures of acceptance (Acceptance and Action Questionnaire), mindfulness (Five Factor Mindfulness Questionnaires), decentering (Experiences Questionnaire), and generalized anxiety symptoms, at pre- and post-treatment, as well as three points during treatment. Results: Clients' reports of acceptance of internal experiences, mindfulness, and decentering all increased over the course of AR, even though therapists did not explicitly encourage these changes. General anxiety symptoms decreased over the course of treatment and notable decreases seemed to correspond with increases in these proposed mechanisms of change. Discussion: Findings will be discussed in terms of their implications for future research on potential common mechanisms of change across disparate interventions and enhancing clinical practice so that these mechanisms are explicitly targeted.

Decentering as a common mechanism across two behavioral treatments for generalized anxiety disorder

Sarah A. Hayes-Skelton — University of Massachusetts, Boston, USA, Lizabeth Roemer, Susan M. Orsillo

Aim: Decentering, or the process of observing thoughts and feelings as objective events (Safran & Segal, 1990), has been proposed as a meta-mechanism of change (Shapiro et al., 2006). If decentering is a meta-mechanism, then therapies should lead to change through decentering. This study examined whether changes in decentering predicted changes in anxiety symptoms within two therapies. Method: Clients diagnosed with GAD were randomly assigned to an acceptance-based behavioral therapy (ABBT) or applied relaxation (AR). Decentering was measured with the Experiencing Questionnaire (Fresco et al., 2007) and anxiety was measured with the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1993). Measures were collected at pre- and post-treatment and at sessions 4, 8, and 12. Results: Bivariate Latent Difference Growth Models were conducted to examine whether change in decentering was a leading indicator of change in anxiety. Compared to a model include bidirectional change, the model only including paths from decentering to anxiety, did not significantly change the fit of the model [$\chi^2(45) = 55.54$, $\Delta\chi^2/\Delta df = 1.42/1$, $p = .23$], whereas the model that only included paths from anxiety to decentering, did significantly change the fit [$\chi^2(45) = 58.86$, $\Delta\chi^2/\Delta df = 4.74/1$, $p = .03$]. This relationship was similar for ABBT compared to AR [$\Delta\chi^2/\Delta df = 0.31/1$, $p = .58$]. Discussion: Findings indicate that decentering led to subsequent change in anxiety, but not the reverse, for clients receiving either ABBT or AR, highlighting decentering's role as a potential mechanism of change. The clinical implications of the results will be discussed.

Panel

Alliance

Moderator:

James E. Watson-Gaze, York University,
Canada

Whose alliance is it anyway?: Reflections on quantitative and qualitative understandings of the alliance from clients' perspectives

Discussant:
Robinder (Rob) P. Bedi, Western Washington University, Bellingham, USA

The contributions of the therapeutic alliance to narrative and emotion integration in psychotherapy

Emily Bryntwick — York University, Canada

, Tali Boritz, Lynne Angus, Naomi Carpenter

Recent work by Boritz et al. (2008) revealed that increased autobiographical memory specificity and expressed emotional arousal are predictive of recovery from depression, suggesting that the integration of narrative and emotion processes may be a vehicle for therapeutic change. The Narrative-Emotion Process Coding System (NEPCS; Boritz et al., 2010) is a video-based research tool designed to identify clinically important "narrative-emotion events" or story subtypes in psychotherapy. Aim: The purpose of the present pilot study was to elucidate the role of the therapeutic alliance in facilitating psychotherapeutic changes or "shifts" that occur at the level of narrative-emotion events. Method: The sample consisted of one early, one middle, and one late phase therapy session for a good and a poor

outcome client in the York I Depression Study. Each session was coded for narrative-emotion events using the NEPCS, and alliance ratings (WAI) were available. A qualitative analysis of the contributions of the alliance to shift moments was then conducted. Results: The mechanisms by which clients shift from one narrative-emotion story subtype to another will be presented with a focus on the specific facilitative and impeditive interventions of therapists and how they are received by clients within the context of high and (relatively) lower alliance sessions (as rated by the WAI). Discussion: This research project is intended to stimulate further examination of the relationships between narrative and emotion processes, and the working alliance in therapy, and advance the practice of psychotherapy through evidence-based training manuals.

The Client Reflexivity Scale: Its creation and use on sessions of high and low therapeutic alliance

Danielle Katz — York University, Canada, John D. Eastwood, Peter Gaskovski, Kimberley Mercer-Lynn

Aim: Client reflexivity, defined as self-awareness and self-exploration of thoughts, feelings, sensations, intentions, and desires, has been linked to positive therapeutic change across multiple therapeutic modalities. The purpose of these studies was to design a reflexivity scale that could reliably measure reflexivity change in 15-second time-bins, and to examine the relationship between reflexivity and client-therapist bond in one high alliance (HA) and low alliance (LA) session of cognitive behavioural therapy (CBT). Methods: The Client Reflexivity Scale (CRS) was created through group discussion and pilot testing on therapy videos. Inter-rater reliability was tested on CBT and existential humanistic therapy videos. One HA and one LA session of CBT for generalized anxiety disorder were coded with the CRS. Client-therapist bond was coded using a set of scales measuring client affect valence, intensity and direction. The HA session was also coded with the experiencing scale as a point of comparison with the CRS. Results: The CRS achieved inter-rater reliability of 0.75 weighted kappa. The HA session had a significantly higher mean reflexivity than the LA session, and a different pattern of reflexivity change. Reflexivity had a small correlation with affect intensity and a moderate correlation with the experiencing scale. There were also important differences between the reflexivity and experiencing scales. Conclusion: The CRS is a reliable minute measure of reflexivity change within a therapy session, and results from a pilot study suggest that reflexivity levels are higher in a HA than LA session of CBT.

Clients' perspectives of the Working Alliance Inventory-Short Form-Revised

James E. Watson-Gaze — York University, Canada, Emily Bryntwick, Lynne Angus, John D. Eastwood

Aim: Clients' ratings of the alliance have been shown to be consistently related with therapeutic outcome and are considered an important marker of clients' views on psychotherapy process. While such ratings have been used widely, little research has been conducted to assess how clients interpret the items on alliance inventories and whether client and researcher/clinician perspectives converge with regard to the measurement of the alliance. The purpose of this pilot study was to clarify clients' understandings of their alliance ratings and the degree to which clients' views related with those of researchers who utilize such ratings. Methods: Clients' perspectives of a revised short-form of the Working Alliance Inventory (WAI-SR; Hatcher & Gillaspie, 2006) were ascertained through semi-structured, post-session interviews with clients in ongoing, individual psychotherapy. Interviews occurred following sessions after which clients had completed a concomitant WAI-SR. Participants were asked about how they provided their ratings to the specific items on the measure, as well as their reflections on the measure as a whole. Grounded theory was utilized in the analysis of interviews. Results & Discussion: Initial findings from interviews will be discussed and will be compared with researcher conceptualizations of the WAI and the alliance as derived from the literature.

Synthesizing qualitative research: An integrated analysis of the client's perspective on factors contributing to the development of the therapeutic alliance

Carol Cavaliere — York University, Canada, John D. Eastwood

Aim: Research has shown the therapeutic alliance to be a primary determinant of good outcome in psychotherapy. Specifically, client ratings of alliance have proven to be the most reliable predictor of good outcomes. At present however, little is understood about the interpersonal factors that underlie this relationship, nor has there been any attempt to more fully understand the client's experience of this element of therapy. Given the tremendous variability in the individual experience of this therapeutic factor, several qualitative studies have endeavored to go "straight to the source" to access client perceptions of factors contributing to the development of the therapeutic relationship. However, many of these studies appear to have occurred in relative isolation from one another, such that the rich descriptions resulting from a single study are overlooked upon publication of subsequent reports. Considering this, the present study aims to synthesize the results of these qualitative examinations, so as to inform a model of the factors contributing to the development of the alliance, rooted in the client perspective. Methods: Within psychological research, quantitative studies are often subjected to meta-analytic strategies; however, this task is rarely undertaken with studies of a qualitative nature. Towards this end, the methodology for synthesizing of qualitative research often applied in health care science disciplines will be adapted as a means of integrating the findings of reports of primary qualitative studies on client perspectives on the development of the therapeutic relationship. Results & Discussion: Preliminary themes emerging from this systematic analysis will be presented.

Panel

Narrative

Moderator:

Sergio Salvatore, University of Salento,
Lecce, Italy

Focusing on narratives to explore clinical exchange

Discussant:

David M D Neto, University of Sheffield, UK

Pattern analysis of narrative content as tool to detect clinical change

Alessandro Gennaro — University of Salento, Lecce, Italy, Andrea Auletta, Rossano Grassi, Sergio Salvatore

Aim: The major of methods for content analysis adopted in the field of psychotherapy research are theory driven, and linked to specific clinical perspective. On the other hand non clinically specific methods could be also used to understand and map clinical exchange because of their low inferential way of analyzing the therapeutic process. In this paper, a trans-theoretical and clinically non-specific systems of analysis, the Dynamic Mapping of the Structures of Content in Clinical Settings (DMSC; Salvatore et al., 2011) will be used in order to evaluate if clinical change is associated to changes in the patterns of categories characterizing patient's narratives. **Method:** the DMSC have been applied to a long term psychotherapy treatment. Identified patterns of content categories have been studied in order to highlight if probabilities of transitions among patterns are associated to clinical meaningful indexes **Results:** Results highlights a stable association between patterns transition probabilities and clinical indexes supporting the idea that psychotherapy process research could evolve toward the use of highly generalized and abstracted, thus low inferential, categories of content in order to depict relevant features of the clinical process.

An automated procedure for content analysis of verbatim transcripts in psychotherapy research

Omar Carlo Gioacchino Gelo — University of Salento, Lecce, Italy; Sigmund Freud University - Vienna (Austria), Andrea Auletta, Alessandro Gennaro, Marco Tonti

The work presents a computer aided method of content analysis applicable to verbatim transcripts of psychotherapy: the Automated Co-occurrence Analysis for Semantic Mapping (ACASM; Salvatore et al., in press). ACASM is able to perform a context sensitive strategy of analysis aimed at mapping the meanings of the text through a trans-theoretical procedure. The paper is devoted to the presentation of the method and testing its validity. To the latter end we have compared ACASM and independent blind human coders on two tasks of content analysis: a) esteeming the semantic similarity between two utterances; b) the semantic classification of a set of utterances. Results highlight that: a) ACASM's esteems of semantic similarity are consistent with the corresponding esteems provided by coders; b) coders' agreement and coder-ACASM agreement on the task of semantic classification have the same magnitude. Results lead to conclude that the content analysis produced by ACASM is indistinguishable from that performed by human coders.

Innovative moments and automated content analysis in psychotherapy research: Preliminary results

Sergio Salvatore — University of Salento, Lecce, Italy, Miguel Gonçalves, Omar Carlo Gioacchino Gelo, Alessandro Gennaro

From a narrative perspective, psychotherapy can be seen as aiming at changing clients' life stories into more adaptive and functional ones. This seems to happen through the development of Innovative Moments (IMs; Gonçalves et al., 2009a, 2009b), i.e., new narrative episodes which, far from being "problem-saturated", represent a novelty in the way clients narratively organize their experience. IMs have been up to now analyzed using the Innovative Moments Coding System (IMCS; Gonçalves et al., 2011), which represents a top-down category systems which allows to identify different kinds of IMs (i.e., Action, Reflection, Protest, Reconceptualization, Performing change) within psychotherapy transcripts. Actually, no studies up to now are known which have attempted to investigate IMs using an automated bottom-up procedure of content analysis. Aim of the present paper is to provide preliminary evidence that IMs can be identified also through the application of such an automated content analysis procedure. To this aim, several psychotherapy sessions will be transcribed and analyzed using the (a) IMCS and the (b) Automated Co-occurrence Analysis for Semantic Mapping (ACASM; Salvatore et al., in press), which has been shown to provide a reliable automated content analysis of therapeutic transcripts. We do expect that specific patterns of content so as identified through the ACASM will be associated to specific types of IMs.

Panel

Process-outcome

Moderator:

William M. Pinsof, Northwestern University, Evanston, USA

Patient-focused feedback research in individual, couple and family therapy

Challenges to norming of a multi-dimensional and multi-systemic patient-centered outcome measure

Kenichi Shimokawa — Northwestern University, Evanston, USA, William M. Pinsof

Aim. The Systemic Therapy Inventory of Change (STIC) has been developed to broaden the application of patient-focused research in psychotherapy to assessment, monitoring, and provision of patient progress feedback from a multi-dimensional and multi-systemic perspective. The aim of the present paper is to discuss challenges inherent in, and potential solutions for, the operationalization of multi-dimensional psychotherapy outcome and clinical cutoff scores, using a norming study of the STIC as an example. **Methods.** We will present the norming data on the STIC based on a clinical sample from the US and a nationally representative general population sample of the US, using traditional norming methods. Mean between-group differences on the STIC scales were tested and clinical cut off scores were derived based on modified Jacobson and Truax (1991) method. We will present possible alternative methods for taking into account multi-systemic and multi-dimensional nature of the STIC outcome data. **Results.** Norming results based on traditional methods discriminated the clinical and normative samples at the individual level. Clinical cut off scores based on the point of overlap between two samples varied depending on the scale. The results do not adequately represent multi-dimensional and multi-systemic nature of the results. **Discussion.** Advancement in conceptual framework and methodology are needed to properly capture client change from a multi-systemic and multi-dimensional perspective.

Innovation in psychotherapy process-outcome research using the STIC online feedback system during therapy: Preliminary data from a multisite, longitudinal clinical study in Norway.

Terje Tilden — Modum Bad Research Institute, Vikersund, Norway, William M. Pinsof, Bruce E. Wampold

Aim: Although psychotherapy in general has been found to be effective, more than 50% of psychotherapy cases don't improve, about 10% actually get worse (Hansen et al., 2002). Further, therapists don't discover when their clients are not improving (Harmon et al., 2007). Hence, providing therapists feedback (i.e., clients monitoring therapy process and progress that is fed back the therapist) may in particular be crucial for early detection of non-improvement cases. In this ongoing project we examine whether the use of the STIC (Systemic Therapy Inventory of Change) feedback system in individual, couple and family therapy is feasible and is experienced as clinically useful. We investigate the association between the treatment process/progress and the final outcome as well as client satisfaction. **Method:** Data is collected from five sites within a variety of Norwegian mental health/family therapy services. This is a naturalistic, longitudinal design collecting quantitative data, partly frequent process and progress data from the STIC instrument between every session, and partly independent outcome data (admission-discharge) on individual symptoms and dyadic adjustment. **Results:** Preliminary results indicate that clients are satisfied with the STIC, although there were some start-up problems. As well, it appears that the rate of deteriorating cases has been reduced. **Discussion:** Based on the presented results, we will discuss to what extent these are in agreement with the current literature as well as a basis for hypothesis for future research. It will be discussed whether the implementation of this system in different public services in Norway is feasible.

Using the STIC, a patient focused feedback system, as a collaborative tool in individual, couple and family therapy

William M. Pinsof — Northwestern University, Evanston, USA

The STIC System, a multi-systemic and multi-dimensional online patient questionnaire and feedback system, was originally designed primarily as a research tool for studying change in individual, couple and family therapy. Over the last three years, it has started to be used at a Consortium of mental health centers in Norway and at the Family Institute at Northwestern University not only as a research instrument, but as a clinical tool to promote collaborative, empirically informed assessment, treatment planning, progress evaluation and outcome assessment. This presentation describes the clinical use of a research tool, the STIC, as an intervention in therapy that has the potential to improve outcomes and increase the efficiency of therapy by maximizing patient participation and therapeutic collaboration. The challenges and unique opportunities involved in the clinical use of patient focused feedback systems, particularly in family therapy will be discussed, as well as plans to conduct a randomized clinical trial to assess its impact on outcome in a new consortium of mental health centers in Chicago.

Rupture-repair events in couple therapy: An exploration of the prevalence of sudden drops in alliance, and their impact on therapy progress

Jacob Ze'ev Goldsmith — Miami University, Oxford, Ohio, USA, William M. Pinsof, Larry Leitner, David Waller, Tara Latta

Aim: This was a study of rupture-repair events in couple therapy. These are instances in which a previously-strong therapy alliance undergoes a precipitous drop, before being restored to its previous level. Such events have been shown to be important in individual therapy. Because couple therapy involves multiple clients, and therefore multiple alliances, I examined multiple types of rupture-repair events. The first goal of the study was to determine whether or not rupture-repair events occurred in couple therapy, and if so how the different types of ruptures studied herein were inter-related. The second goal was to examine the differences in therapy progress between rupture-repair and non-rupture groups of clients. Un-repaired ruptures, in which a drop occurred without a return to strong alliance, were also examined. **Method:** This study analyzed data from The Psychotherapy Change Project, conducted by The Family Institute at Northwestern University. Client self-report of alliance was used to calculate ruptures and repairs. Progress was measured in terms of improvement on self-report measures of both individual and relationship functioning. **Results:** Analyses showed that rupture-repair events did occur. Clients who experienced a successfully-repaired rupture showed better progress than clients who experienced no rupture. Un-repaired ruptures were also shown to occur, predominantly at the end of therapy. **Discussion:** The results support the idea that there is a benefit to experiencing rupture-repair as part of the therapy process. Implications are discussed for monitoring alliance in couples.

Panel

Interpersonal

Moderator:

Lynne Knobloch-Fedders, Northwestern University, Evanston, USA

The interpersonal context of change: Associations between in-session process and outcome

Discussant:

Timothy Anderson, Ohio University, Athens, USA

Change in therapist and patient interpersonal behavior over the course of therapy: Associations with outcome

Lynne Knobloch-Fedders — Northwestern University, Evanston, USA, Kenneth L. Critchfield, Timothy Anderson

Although the therapeutic alliance has been shown to be a robust predictor of outcome in psychotherapy, very little is known about the responsive interpersonal context within which it unfolds over time, particularly with respect to the specific interpersonal behaviors enacted by therapists and patients over the course of treatment. This longitudinal study investigated patterns of change in therapist- and patient-rated interpersonal behavior over the course of therapy, as well as their associations with outcome. Data were drawn from the Vanderbilt II Psychotherapy Research Project, a study of the effects of manualized training in time-limited dynamic psychotherapy (TLDP; Bein et al., 2000; Strupp, 1993). Therapists and patients rated their in-session interpersonal behavior using the Structural Analysis of Social Behavior INTREX (Benjamin, 1982, 2000) after sessions 1, 3, 8, 16, 22, and at termination. Multilevel modeling was used to describe the patterns of change in therapist and patient interpersonal behavior over time, as well as test associations between interpersonal behavior and outcome. Clinical and research implications regarding the links between interpersonal behavior, therapeutic alliance, and treatment outcome will be discussed.

The impact of client initial outcome expectations on early interpersonal process in cognitive behavioral therapy

Henny Westra — York University, Canada, Mariyam Ahmed, Michael J. Constantino

Outcome expectancy has been consistently supported as predictive of treatment outcome in psychotherapy, yet little is known about how these expectations influence process in therapy, especially on a moment-to-moment basis during the session. The aim of the present study was to explore the impact of pre-treatment outcome expectations on early (session 1) client-therapist interpersonal process in CBT. Data were derived from a larger randomized controlled trial in which clients received CBT for generalized anxiety disorder (Westra et al., 2009). The Structural Analysis of Social Behavior (SASB) was used to code therapy dyads. Two types of session segments (resistance episodes and co-operation episodes) were selected for coding. Seventeen dyads were included (with 4 therapists represented in the sample). Results revealed relationships between client outcome expectations and interpersonal process during resistance episodes - but not during segments. In particular, during resistance, lower initial outcome expectations were associated with lower levels of client-therapist affiliative complementarity, higher levels of client hostility and separation, and lower levels of client disclosure. Moreover, lower client initial outcome expectations were also associated with higher levels of both therapist control (nurturing & protecting) and therapist separation (freeing & forgetting). These findings indicate that lower client outcome expectations negatively impact positive client-therapist interpersonal process, particularly during the navigation of alliance tensions (i.e., resistance). As such, the findings suggest one mechanism through which outcome expectations may go on to influence therapy outcomes.

Using relational patterns to focus on attachment-based mechanisms of change

Kenneth L. Critchfield — University of Utah, Salt Lake City, USA, Lorna Smith Benjamin

Interpersonal Reconstructive Therapy (IRT) uses a case formulation (CF) emphasizing patterns of relating that are linked both to symptoms and close attachment relationships. Repetition of problem patterns is thought to be motivated by loyalty and wishes for love from the internalized "family in the head." IRT seeks to help patients learn about these patterns, their origins, and their functions in the present. With awareness comes possibility to let go of quests for acceptance from the internalized attachments, and instead to choose healthy alternatives. IRT therapists prioritize focus on patterns linked to internalized relationships. Prior research shows that IRT adherence is associated with progress differentiating from internalizations and with symptom reduction. Aim: To present specific analysis of patterns captured in the CF that facilitate in-session 'pattern-recognition' and link current relating to internalized attachments. Method: Ninety-three inpatients with chronic, severe, and comorbid problems received an IRT consult interview. Relational patterns were extracted from the summary report. A subset of interviews were also formulated independently by two raters applying a structured template to the video. Structural Analysis of Social Behavior (SASB) was used to specify CF patterns, links to attachments, and measure inter-rater agreement. Results and Discussion: The CF is reliable in identifying copied interpersonal patterns, and pattern-based results are consistent with theoretical expectation. The reliability testing paradigm will be presented along with demonstration of clinical material showing how the SASB-defined patterns are used to maintain therapeutic focus and define adherence.

Panel

Process-outcome

Moderator:

Hansjörg Znoj, University of Bern,
Switzerland

Psychotherapy extensively use the patient's innate potential - evidences and implications

Discussant:

Michelle G. Newman, Penn State University, University Park, USA

Placebo response in pharmacotherapy treatments for substance use disorders: A multipredictor meta-analysis

AC Del Re — Health Services Research & Development, John W. Finney

The randomized controlled trial in pharmacotherapy treatments involve randomizing patients to treatment and control groups. Patients in the treatment group receive the active medication whereas those in the control group receive an inert substance used to control for, among other factors, the influence of hope, belief and expectation on psychophysiological outcomes. These factors, often referred to as placebo effects, placebo response or meaning response have been associated with patient outcomes across several areas including, but not limited to, pain, Parkinson's disease, depression, and schizophrenia. Curiously, the placebo response has been increasing over time across several of these pharmacological treatments. It is unknown to what degree, if any, that the placebo response occurs in pharmacotherapy for alcohol dependence or if there are similar trends in placebo response over time as has been found in treatment for other disorders. This meta-analysis (K = 47) tested for (1) the placebo response in pharmacotherapy for alcohol dependence and (2) examine several potential covariates of this relationship, including the changes in placebo response over time. A large placebo response was found across the 47 studies included in this analysis. Year of study was found to be a significant moderator with an increase in placebo response occurring over time. The results of this study will be discussed with a special emphasis on the influence of hope and expectation in treatment outcomes broadly and how this relates to psychotherapy outcomes specifically.

The impact of treatment expectancies on pre-treatment gains and the therapeutic alliance

Tobias Krieger — University of Zurich, Switzerland
, Martin Grosse Holtforth

For more than half a century, patient expectancies have been regarded as an important predictor of psychotherapy outcome. Nevertheless, in comparison to other common factors this field is still quite understudied. In recent years, some evidence has emerged indicating, that the therapeutic alliance may mediate the association between expectancy and outcome. Furthermore, it has been shown that early gains in treatment are predictive for treatment outcome. In the present study, we investigated the role of treatment expectations in a sample of clinically depressed patients (N = 110) before the start of treatment in order to study pre-treatment gains. First, we examined the relationship between patients' pre-treatment expectation and a set of socio-demographic and clinical factors. Second, we studied the impact of pre-pretreatment expectancies on pretreatment gains in depressive symptoms before the start of therapy. Third, we investigated the impact of treatment expectations on the early therapeutic alliance. Results indicate that some patient factors are related to treatment expectations and that a subgroup of patients experienced pretreatment gains before they have met their therapist. Furthermore, results indicate that clients' expectations for improvement or fear of change affect the therapeutic alliance at the beginning of therapy. We will discuss these results regarding theoretical consequences, consequences for clinical practice, as well as future expectation research.

Disentangling early processes - the interpersonal context of healing practice

Christoph Flückiger — University of Zurich, Switzerland

, Martin Grosse Holtforth, Hansjörg Znoj

Early psychotherapy progress has been regarded as a crucial phase in the positive unfolding of psychotherapy leading to positive outcomes. The goal of the present study is to simultaneously examine the prediction of psychotherapy outcome by various psychological processes occurring early in psychotherapy. The data of 430 psychotherapy completers nested within 151 therapists were analyzed using 2- and 3-level hierarchical linear models. The results indicate that early positive intra- and interpersonal session-experiences as reported by patients and therapists in post-session reports taking pretreatment patient characteristics and early change of symptoms and well-being into account explained over 50% of level-2 variance of a composite of 7 psychotherapy outcome measures. Our results indicate that various aspects of the early therapy process contribute to later treatment outcomes, and that in clinical practice, therapists have to handle multiple intercorrelated processes simultaneously.

Interpersonal micro-processes predict cognitive-emotional processing and the therapeutic alliance in a psychotherapy for depression

David E. S. Altenstein — University of Zurich, Switzerland

, Martin Grosse Holtforth

Two psychotherapy process variables, namely cognitive-emotional processing and the working alliance, have been repeatedly shown to explain variance in treatment success. However, little attention has been paid to the question what in-session micro-processes impact these crucial variables. Based on the interpersonal circumplex model (Leary, 1957) it has been suggested that the nature of the patient-therapist interaction is a major source of emotional and interpersonal corrective experiences. The aim of this talk is to present data regarding how the affiliative and dominant behavioral acts of the therapeutic dyad are interrelated and whether their complementarity can predict emotional processing and the therapeutic alliance. The 21 patients and 13 therapists had participated in an uncontrolled pilot study on Exposure-Based Cognitive Therapy (Grosse Holtforth et al., in press). From each therapy the video-recorded peak cognitive-emotional processing session was selected and we trained 4 master's students to apply Sadler's (2003) real-time joystick method to assess the interpersonal micro-processes. The therapeutic alliance and cognitive-emotional processing was assessed using the Bern Post Session Report (Flückiger et al., 2010). Results of this ongoing study regarding the association of the in-session interpersonal micro-processes and the post-session evaluations of the alliance and processing will be presented. The discussion will focus on therapeutic implications and need for further research.

Panel

Attachment

Moderator:

Stig Poulsen, University of Copenhagen,
Denmark

Attachment and psychotherapy: Measuring attachment in psychotherapy and understanding the impact of attachment upon treatment utilization and therapist countertransference

Differential use of psychotherapy as a function of sex, ethnicity, religion, and adult attachment style

Christina M. Temes — Penn State University, University Park, USA

, Kenneth N. Levy, Kenneth L. Critchfield, Sharon Nelson

Aim: Although some researchers have examined how client attachment may impact treatment engagement, fewer studies have focused on how attachment may impact treatment utilization more generally. In the present study, we examined psychotherapy use as a function of attachment in a large, diverse sample of young adults. Use of this sample allowed for examination of both demographic effects and the interaction between demographic variables and attachment styles. Methods: A total of 3,021 participants completed measures of attachment, treatment use, and demographic characteristics. A subset of participants also completed measures of symptomatology and attitudes toward help-seeking. Results: Logistic regression was used to examine the effects of attachment and demographic factors on the likelihood of entry into psychotherapy. Findings indicated that both demographic characteristics and attachment style differences predicted psychotherapy use: attachment style differences remained significant after controlling for demographic effects. We found that male, Caucasian, agnostic/atheist, and Jewish individuals were significantly more likely to report having been in psychotherapy. Additionally, participants rated as more anxious with regard to attachment were more likely to report a history of psychotherapy, even after controlling for demographic effects. Interestingly, although attachment anxiety was related to a greater likelihood of entry into psychotherapy, attachment avoidance was associated with greater treatment length. The influence of other variables related to help-seeking will also be examined and discussed. Discussion: Findings will be discussed in relation to the existing literature and implications for clinical practice.

Assessing attachment to the therapist and its transformations: validation study of the Patient-Therapist Attachment Q-sort

Alessandro Talia — Sapienza University of Rome, Italy, Francesco De Bei, DANIELA di riso , Adriana Lis, Vittorio Lingiardi

Aim: The increasing interest in studying the patient/therapist attachment bond challenges researchers to find a reliable observer-report method to study it. In this study, we present the Patient-Therapist Attachment Q-sort, together with preliminary validation results. **Method:** The PTA Q-sort is a transcript-based research instrument developed to assess the patient/therapist attachment in its more procedural components. The PTA Q-sort focuses on the patient's in-session attachment behavior implicitly discernible in the patient's discourse. We hypothesized that secure patients are more likely to ask directly for help and show openly their distress. On the other hand, we hypothesized that insecure patients adopt (not deliberately) a set of peculiar discursive strategies in order to adjust their psychological proximity to the therapist. The PTA-Q sort items assess such discursive strategies. The Q-set has been devised following a comparative analysis of the session transcripts. The items are to be rank-ordered, following a fixed distribution. Final scores are obtained by correlation to a number of prototypes designed with the help of a Q-analysis performed on our sample. The study included more than 60 sessions of patients from different counseling facilities. Each patient was independently assessed with AAI. **Results:** Results highlight a high concurrent validity with AAI, taken as criterion validity measure. Inter-rater reliability is 0.8. **Discussion:** In general, results seem to make our instrument a promising new-entry in the family of attachment research instruments. Findings will be discussed in relation to their clinical implications and in relation to the picture of attachment patterns they provide.

The impact of attachment patterns in patients with bulimia nervosa on therapist countertransference

Stig Poulsen — University of Copenhagen, Denmark, Sarah I. F. Daniel, Susanne Lunn

Aim: While it has been proposed that clients with different attachment patterns elicit different emotional reactions in their therapists, empirical studies of this relationship are scarce. The aims of the present study are a) to explore the dimensions of a measure of countertransference, the Feeling Checklist, and b) to investigate the relationship between patients' attachment profiles and their therapists' feelings in the therapeutic encounter. **Method:** Seventy patients diagnosed with bulimia nervosa participated in a randomized controlled trial comparing psychoanalytic psychotherapy (PPT) and cognitive behavior therapy (CBT). Sixty-eight of these patients participated in Adult Attachment Interviews; 33 were randomized for PPT and 35 for CBT. The 12 psychotherapists in the study filled out the Feeling Checklist-24 (Holmqvist, 2001) after each psychotherapy session. In order to establish the optimal number of subscales of the Feeling Checklist, a principal component analysis will be undertaken. The relationship between patient attachment and therapist countertransference will be analysed using multilevel mixed-effects modelling. **Results:** The outcome of the principal components analysis with regard to the factor structure of the Feeling Checklist will be presented. Furthermore, effects of client attachment upon therapist countertransference as measured with the Feeling Checklist will be explored. **Discussion:** Results regarding the factor structure of the Feeling Checklist will be discussed in relation to previous studies reporting various factor solutions for the scale. The relationship between patient attachment and therapist countertransference will be discussed with particular regard to therapist and therapy effects.

Panel

Computer

Moderator:

Priyanthy Weerasekera, McMaster University, Canada

Technology and psychotherapy training

Discussant:

Thomas Berger, University of Bern, Switzerland

Web-based psychotherapy training: Innovative methods for learning psychotherapy

Priyanthy Weerasekera — McMaster University, Canada

Aim: Web-based learning (WBL) offers numerous advantages for psychotherapy training with the ability to demonstrate psychotherapy through on-line video-clips, assess clinical skills through simulations and MCQs, and provide content material through various formats (Berger, 2004; Weingardt, 2004). Comprehensive websites illustrating many different types of psychotherapies however, is lacking. The goal of this study was to evaluate a web-based psychotherapy training program currently utilized at McMaster University. PTeR or "Psychotherapy Training e-Resources" contains several psychotherapy e-modules: introduction to psychotherapy, EFT, CBT, psychodynamic, interpersonal, DBT, motivational interviewing, group, family and mindfulness (Weerasekera, 2012 in press). Each e-module contains video clips, power point presentations, MCQs, and simulations called the "virtual therapist." **Methods:** PTeR was beta-tested with a group of psychiatry residents and faculty at the University of Southern California. All subject completed a pre-test, a 3-hour e-module, a post-test, and a survey. **Results:** Significant knowledge gains were demonstrated after a 3 hour exposure to an e-module. Survey data indicated the website was evaluated very positively. **Discussion:** Preliminary results reveal that both psychiatry residents and faculty improve their knowledge base with brief exposure to the web-

site. Additionally survey data revealed that the website was seen as professional in appearance, resourceful, and useful for learning psychotherapy. The comprehensiveness of the site in presenting many forms of psychotherapy was also valued. These findings suggest that web-based learning can be a part of psychotherapy training for the future.

Psychotherapy through a looking glass: The many layers of webcam supervision

John Manring — SUNY Upstate Medical University, Syracuse, USA

Aim There has been a significant increase in the use of technology like web-cams, DVD recorders, MP3 players, and CD-ROMS in medical education. These devices can be utilized creatively to record therapy sessions which permits more accurate feedback by the supervisor to the trainee about diagnosis, content, process and specific therapeutic interventions (Manring et al, 2011). Supervision itself can also be recorded to provide access for both supervisor and trainee to aspects of the supervisory process which prove more and less helpful to the trainee and ultimately to patient outcome. (Like Alice, once through the looking glass of video recording, the supervisor can find herself feeling like a pawn in a chess game.) **Methods** Webcam supervision was used in teaching and assessing adherence of psychiatry trainees in a manualized form of psychodynamic psychotherapy (DDP) (Gregory et al, 2008; Goldman and Gregory, 2009). **Results** Five 3rd year trainees had video-recorded sessions rated for adherence to DDP techniques. Trainees were found to have generally good adherence and mean adherence scores strongly correlated with reliable improvement in BPD symptoms and most secondary measures (Gregory, et al, 2010). **Discussion** Video recording of patient sessions and the supervision of those sessions can greatly accelerate the process of learning complex processes like psychotherapy. Video clips of the process will be shared. Equipment used and its associated costs will be described along with caveats for managing recorded video files. Discussion will be sought about how others integrate these learning methods into their programs.

Psychotherapy effectiveness and the expert performance framework

Sandra Elisabeth Stewart — Monash University, Melbourne, Australia, Janette Simmonds

Although no differential effectiveness of treatment approach in relation to client outcomes has been found, differential effectiveness of therapists, in both controlled and naturalistic studies, is evident. Despite such findings, therapist factors have largely been ignored. Counter-intuitively, increased experience does not automatically lead to increased therapist effectiveness. Explanations for this finding, either conceptual or empirical, are not apparent within the psychotherapy literature. In contrast, the expert performance framework provides a unified set of empirically supported constructs that can explain the differential effectiveness of novice, experienced, highly skilled performers. The expert performance framework is supported by an impressive body of empirical evidence from diverse domains, including chess, medicine, sports, and music. Recent application of the principles in complex professional domains, including nursing and medicine, have resulted in improved practitioner performance. The aim of this theoretical paper is to add to the as yet embryonic exploration of the expert performance framework and psychotherapy. Given the promising findings in related domains, and the impact of therapist performance on client outcomes, such exploration is warranted. First, the expert performance framework is outlined, and the ways in which it might be used to inform understanding about therapist effectiveness are discussed. Implications for therapist selection and training are also discussed, including the need for an integrated model of therapeutic change in order to facilitate more effective training. Finally, suggestions for future research about therapist factors are presented.

Panel

Change Process

Moderator:

Michael Basseches, Suffolk University,
Boston, USA

Mechanisms of emotion change in psychotherapy: Clinical, theoretical and managerial perspectives

Mechanisms of emotion change in psychotherapy: Micro-level analysis of neuropsychological processes

Angela Brandao — Hospital Cuf Infante Santo, Portugal, Michael Basseches

There are several models that we can use to explain the mechanisms of emotion change in therapy. We also can focus at several levels when we are thinking about emotion change. We can think in terms of emotion transformation as an aspect of psychotherapy outcome, or emotion transformation as an aspect of psychotherapy process, or look in detail at the micro-level mechanisms in the actual change of emotion within a therapeutic moment. In recent years, psychotherapy literature has increasingly tried to ground whatever psychotherapy theory is used in some adaptation of neuropsychological findings on emotion neurophysiology. Sometimes the adaptations of neuropsychology theories and data are oversimplified and overgeneralized. But more importantly, these adaptations usually add very little clinical utility for practitioners. In this contribution to the analysis of a psychotherapy videotape, it's our intention to provide in a very simple language, a basic framework regarding attention levels and their major contribution to emotion in the therapeutic context. After providing neuropsychological background on attention levels, we begin with some

information about how to identify these levels, and how, in the therapeutic process, we can identify which are the attention difficulties the patient displays in a particular moment. We follow this by examining videotaped excerpts of psychotherapy and inviting viewers to consider how this neuropsychological framework can help us to foster emotion change. We'll discuss the implications of this work on to developmental change happening in therapy and how we can see the implications of this to the therapy evaluation.

The microanalysis of dialectical-developmental mechanisms of emotion change

Michael Basseches — Suffolk University, Boston, USA, Angela Brandao

The Developmental Analysis of Psychotherapy Process (DAPP) method has been successfully applied to analyzing North American psychotherapy cases representing theoretical approaches of dialectical behavior therapy, emotion focused therapy, short-term affect-regulating dynamic therapy, dialectical-constructivist psychotherapy, complex integration of multiple brain systems therapy, and mindfulness training. This mode of analysis tracks the developmental processes, seen as characteristic of all successful psychotherapy, of expressing and resolving conflicts that either clients have brought to psychotherapy or have emerged in the psychotherapy process. It represents these processes dialectically as comprising expressions of theses, antitheses, conflicts, and if successful, syntheses, that occur in reiterative and increasingly complex processes over the course of therapy. Emotion-transformation is seen as a central aspect of successful psychotherapy. Experiences of emotion change moments and of transformations of cognitive and behavioral systems mutually affect each other. Yet each emotion change moment may also be seen as itself a dialectical-developmental process in which the therapist supports the client's developing attentional capacities. In this contribution to a panel discussion of a videotape of a Portuguese case of "integrative psychotherapy", those watching the videotape will be invited to notice dialectical processes of thesis-antithesis-conflict-synthesis movement, occurring within the shifts of clients' attention that constitute brief moments of emotion change. The mechanisms by which the therapist fosters these microdevelopmental changes in the client's attentional capacities will also be explored.

Accountability: Let's talk business

Claire Nelissen — De Studio--Institute for Integrative Psychology, Haarlem, The Netherlands

Evidence Based Practice aims at reaching transparency and accountability by making clinical decisions evidence based. The majority of quantitative research, investigating Problem- Treatment-Outcome congruence ('PTO-principle'), considers psychotherapy as practiced in usual care as a black box. The richness of the clinical process itself and the art of psychotherapy are often lost in quantitative approaches. Qualitative case analyses often focus on common factors in client change. Most of these are based on correlational designs (Joyce, 2006). Besides, there is the problem of aggregation. The Agapè-project is an initiative to study client-therapist interactive process and reach EBP by specifying causal mechanisms of change from a practitioner's standpoint. A model is developed for identifying causal links between structure, process & outcomes within actual clinical reality. It integrates a management perspective with clinical theory to typify 'a' (any) clinical process and overall structure components. The main objective is to reach aggregation and a general structure for "professional accountability", making therapists, sessions and processes comparable. The model was developed through Grounded Theory research, comparing five case studies of therapists from different countries. In this contribution to the panel discussion of a videotape of clinical work, transparency & accountability within client-therapist interaction will be discussed. Questions will include: is the therapist accountable? What would be requirements for transparency & accountability while the therapist fosters a process of emotion transformation? Implications for future research/practice/training also will be discussed.

Panel

Change Process

Moderator:

George Silberschatz, University of California, San Francisco, USA

The role of therapist responsiveness in therapeutic process and outcome

Discussant:

Franz Caspar, University of Bern, Switzerland

What works for whom: Evidence-based responsiveness beyond diagnosis

John C. Norcross — University of Scranton, USA

Practitioners have long realized that treatment should be tailored to the individuality of the patient and the singularity of his/her context. The mandate for individualizing psychotherapy was embodied in Paul's (1967) iconic question: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" The historical means of such matching was to tailor the treatment method to the patient's disorder. The research suggests that it can certainly prove useful for select disorders. However, only matching psychotherapy to a disorder is incomplete and not always effective. Particularly absent from much of the research has been the person of the patient, beyond his/her disorder. This paper presents the results of multiple meta-analyses, compiled by an APA interdivisional task force, on the effectiveness of adapting psychotherapy to the patient's transdiagnostic

characteristics. I summarize the meta-analytic results and review the particular match or responsiveness that fosters treatment success for eight patient features. An expert consensus panel determined that four patient markers were demonstrably effective (reactance level, patient preferences, culture, religion/spirituality), two were probably effective (stage of change, coping style), and two were promising but insufficient research to judge (expectations, attachment style). Evidence-based responsiveness represents a natural bridge between psychotherapy research and psychotherapy practice, as well as between disparate theoretical orientations.

The therapeutic relationship: How nice is good for patients and therapy outcome?

Patrick Figlioli — University of Bern, Switzerland, Isabelle Schmutz, Thomas Berger, Franz Caspar

This paper will bring data from a study sponsored by the Swiss National Science Foundation which shows that the soft and nice therapist is not necessarily the effective therapist. This finding will be conceptually interpreted and embedded, and differentiating data, among others on gender specificity, will be reported

Therapist responsiveness predicts psychotherapy process and outcome

George Silberschatz — University of California, San Francisco, USA

Considerable attention has been paid in the psychotherapy literature to identifying effective treatments, yet there is no consistent evidence supporting the superiority of one treatment over another. The therapeutic relationship, more than any other factor, has consistently proven to be a strong predictor of effective psychotherapy. The relationship can be strengthened if therapists tailor their approach and interventions to meet the specific needs of their patients. Thus, rather than attempt to match a particular type of therapy to specific diagnostic groups, a more promising approach may be to think of therapist responsiveness in a more fine-grained, case-specific fashion: What kinds of therapeutic interventions, attitudes, or relationships are likely to be most responsive to this particular patient? I will provide an overview of research that provides a reliable method of assessing the patient's problems, needs, and goals --the patient plan formulation. I will present some of our research showing that the degree of therapist responsiveness to the patient's plan is predictive of both therapy process (in session progress) as well as treatment outcome (pre-post therapy change).

Panel

Psychodynamic

Moderator:

Per Høglend, University of Oslo, Norway

For whom, how, and when is transference work beneficial in dynamic psychotherapy

Discussant:

John Christopher Perry, McGill University, Montreal, Canada

Psychotherapy: Is it common factors or specific techniques that are most important for outcome?

Per Høglend — University of Oslo, Norway, Anne Grethe Hersoug, Kjell-Petter Bøgwald, Svein Amlo, Alice Marble, Jan Ivar Røssberg, Hanne-Sofie Johnsen Dahl, Øystein Sørbye, Randi Ulberg, Glen O Gabbard, Paul Crits-Christoph

Aim: Transference interpretation is considered as a core active ingredient in dynamic psychotherapy. In common clinical theory it is maintained that more mature relationships, as well as a strong therapeutic alliance, may be prerequisites for successful transference work. In this study the interaction between quality of object relations, transference interpretation, and alliance is estimated. Methods: One hundred outpatients seeking psychotherapy for depression, anxiety, and personality disorders were randomly assigned to one year of weekly sessions of dynamic psychotherapy with transference interpretation, or to the same type and duration of treatment, but without the use of transference interpretation. Quality of Object Relations -- lifelong pattern was evaluated before treatment. The Working Alliance Inventory was rated in session 7. The primary outcome variable was the Psychodynamic Functioning Scales, measured at pre-treatment, post-treatment, and one year after treatment termination. Results: The specific effect of transference work increased with lower levels of QOR. Surprisingly, the effect of transference work tended to increase with lower levels of WAI. Furthermore, a significant treatment group by quality of object relations by alliance interaction was present. Discussion: The specific effects of transference work seems influenced by the interaction of object relations and alliance, but in the direct opposite direction of what is generally maintained in mainstream clinical theory.

Keywords: Quality of object relations, transference interpretation, alliance, outcome

Treatment effects of transference work in the context of countertransference and patients' level of personality pathology

Hanne-Sofie Johnsen Dahl — University of Oslo, Norway, Jan Ivar Røssberg, Glen O Gabbard, John Christopher Perry, Randi Ulberg, Per Høglend

Aim: Transference and countertransference are considered as the core of psychodynamic therapy. Even so, there are contradictory findings as for whom, under what circumstances, transference work is beneficial. This study investigates

how transference work, therapists' parental countertransference, and patients' level of personality pathology (CT) may predict long-term outcome. Method: The analyses will be based on data from seventy-five outpatients who were randomly assigned to dynamic psychotherapy with or without transference work. The therapists' CT feelings were assessed using the Feeling Word Checklist- 58; a self-report questionnaire, comprising 58 feeling words. A principal component analysis revealed four clinical meaningful subscales of whom the Parental subscale showed highest mean value and included the words: Important, motherly, affectionate and dominate. Personality pathology was evaluated as the sum of fulfilled personality disorder criteria on SCID II. The outcome variables were the Psychodynamic Functioning Scales and Inventory of Interpersonal Problems, measured at pre-treatment, mid-treatment, post-treatment, one year and three years after treatment termination. Results: Preliminary results indicate that a significant treatment group (transference vs. no transference) by parental CT by personality pathology interaction was present. Thus, indicating that parental CT had a differential impact on predicting long-term effects of transference work depending on the patients' level of personality pathology. Discussion: Preliminary results suggest that the link between technique, therapist variables and patient characteristics are related to long-term change in systematic, but complex ways.

Transference interpretations and process between therapist and patient

Randi Ulberg — Vestfold Health Care Trust, Norway, Svein Amlo, Per Høglend

Aim: The effect of transference interpretations is probably dependent upon certain characteristics of the interpretations themselves, beyond frequency of interventions. Characteristics of the context in which transference interpretations are offered may also be important. The aim of the present study was to identify the transference work sequences and explore in detail the in session process between the patient and the treatment. Methods: A therapy process rating scale (Transference Work Scale; TWS) specifically designed to identify transference work and explore the timing, content, and valence of the interventions as well as response from the patient, was developed. The Structural Analysis of Social Behaviour (SASB) (Benjamin and Cushing, 2000) SASB arranges categories of interaction in a circle defined by an underlying vertical axis of interdependence and a horizontal axis of affiliation. The process between therapist and patient was analyzed. Transcribed sequences (7 -- 10 minutes, N = 405) from 153 different therapy sessions was scored by two raters with TWS and SASB. Results: Preliminary results indicate that the inter rater agreement for TWS and SASB is good to high. Discussion: Our data seems very promising for analyzing different categories and evaluate the timing of the transference interventions. TWS in combination with SASB seems helpful when exploring the transference work sequences. Our aim is to explore the interaction of timing, category and valence for in session and longer term outcome. Keywords: Transference interpretations, in session process, SASB.

Panel

Alliance

Moderators:

Eugenia Ribeiro, Universidade do Minho, Braga, Portugal; António P. Ribeiro, Universidade do Minho, Braga, Portugal

Therapeutic collaboration: communalities and specifics across therapeutic approaches and therapy outcomes

Discussant:

Arthur C. Bohart, California State University Dominguez Hills, USA

The development of the therapeutic collaboration: A comparison between good outcome cases of narrative therapy, cognitive-behavior therapy, emotion focused therapy and client centered therapy

Beatriz Santos — Universidade do Minho, Braga, Portugal

, António P. Ribeiro, Eugenia Ribeiro, Catarina Fernandes, Inês Sousa, Lynne Angus, Leslie Greenberg

Aim. Therapeutic approaches differ on the theoretical principles they propose to guide the therapist and client interactions in therapy. This study aims to further understand the specificities and communalities of therapeutic collaboration across different therapeutic modalities. Method. Four case studies, with depressive clients are under analysis using the therapeutic collaboration coding system, by two independent judges. This coding system allow for the identification of the presence, in each therapist speaking turn, of a Supporting Marker or a Challenging Marker and the presence, in each client speaking turn, of a Validation Marker, an Invalidation Marker or an Ambivalence Marker. The client's response to the therapeutic intervention may indicate whether the therapist worked within the TZPD, out of TZPD, or at the limit of the TZPD. The coding procedure requires two trained independent judges along with an auditing process. Results. At this point, only the analysis of the NT and CBT cases is complete. The analysis of the EFT and CCT cases is still in process. Results from the NT and CBT cases show that therapist and client tend to work within the TZPD. Furthermore, results show that challenging is the most dominant type of intervention along therapy and the clients seemingly follow the therapist and assimilate his or her interventions. Even, if the therapist persists in inviting the client to work above the TZPD, the client risks doing it. Discussion. Results will be illustrated and discussed in terms of the specificity of therapeutic collaboration across therapeutic approaches and its implication for research and practice.

The therapeutic collaboration in the early sessions of good and poor outcome cases of narrative therapy

Nuno Campos Pires — Universidade do Minho, Braga, Portugal, Eugenia Ribeiro, António P. Ribeiro, Inês Sousa, Helena Azevedo, Susana oliveira

Aim: A few studies focus on to understanding how therapeutic collaboration develops in the early phase of therapy, in a moment-to-moment level, highlighting its relation with client's change. We present a study following this line of research aiming to analyze the construction of therapeutic collaboration in good and poor outcome cases of narrative therapy. **Method:** The first three sessions of 5 good outcome cases and 5 poor outcome cases from narrative therapy with depressive clients are under analysis using the Therapeutic Collaboration Coding System (TCCS). This coding system allows for the identification of the presence, in each therapist speaking turn, of a Supporting Marker or a Challenging Marker and the presence, in each client speaking turn, of a Validation Marker, an Invalidation Marker or an Ambivalence Marker. The client's response to the therapeutic intervention may indicate whether the therapist worked within the TZPD, out of TZPD, or at the limit of the TZPD. The coding procedure requires two trained independent judges along with an auditing process. **Results:** Preliminary results show that therapeutic collaboration in early phase of therapy differs in good and poor outcome cases. Specifically, in good outcome cases therapist works, most of the time, beyond the client or at same level closer to the potential level, within the TZPD. Instead in poor outcome cases the therapist works, most of the time, at same level of the client, closer the actual level, within the TZPD. **Discussion:** Findings will be discussed in terms of implications for research and practice

The development of the therapeutic collaboration: A study with dropout cases of narrative therapy

Dulce Pinto — Universidade do Minho, Braga, Portugal, Eugenia Ribeiro, António P. Ribeiro, Inês Sousa, Ana Pinheiro

Aim. Research in psychotherapy show that the dropout phenomenon is very common. Furthermore, the quality of interaction in therapy seems to be a critical factor in clients' decisions regarding the continuation of therapy. However there are few studies that have tried to understand how the therapeutic interaction evolves throughout dropout cases. we aim to understand the phenomena of dropout in terms of therapeutic collaboration. Specifically, this study describes the interactional processes by which collaboration is created and evolves throughout dropout cases of narrative therapy. **Methods.** A sample of 10 dropout cases of narrative therapy, with depressive clients is under analysis using the Therapeutic Collaboration Coding System (TCCS). This coding system allow for the identification of the presence, in each therapist speaking turn, of a Supporting Marker or a Challenging Marker and the presence, in each client speaking turn, of a Validation Marker, an Invalidation Marker or an Ambivalence Marker. The client's response to the therapeutic intervention may indicate whether the therapist worked within the TZPD, out of TZPD, or at the limit of the TZPD. The coding procedure requires two trained independent judges along with an auditing process. **Results.** Preliminary results show that the probability of the therapist challenging increases along the time and instead, the probability of supporting decreases along time. Moreover the client almost never further elaborates the perspective proposed by the therapist. **Discussion.** Results will be discussed in terms of their implications for research and clinical practice.

Panel

Attachment

Moderator:

Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany

Attachment characteristics as predictors of treatment outcome in studies with panic patients and social phobics

Discussant:

Brent Mallinckrodt, University of Missouri, USA

Attachment characteristics as differential predictors of therapy outcome in cognitive behavioral and psychodynamic treatment of social phobia

Bernhard Strauss — Friedrich-Schiller-Universität Jena, Germany

, Susan Tefikow, Katja Petrowski, Henning Schauenburg, Ulrike Dinger, Johannes C. Ehrenthal, Steffi Nodop, Ulrike Willutzki

Background In a randomized controlled trial (, Sopho-Net') social phobia patients were treated with cognitive-behavioral therapy (CBT) or short term psychodynamic therapy (STPP). The trial involved a thorough diagnosis of attachment characteristics via questionnaires and interview-based measures. Based on the relationship of inner working models of attachment and social phobia symptoms (Vertue, 2003), aims of our study were: 1st) Do attachment characteristics predict social phobia symptom severity at pretreatment, at the end of therapy and at follow-up? 2nd) Does the type of therapy (CBT or STPP) has a differential effect for patients with different attachment styles? **Methods** We assessed attachment patterns via an interview-based rating procedure, the Adult Attachment Prototype Rating (AAPR) as well as romantic attachment representations via the Experiences in Close Relationships questionnaire (ECR-RD) in N = 127 (AAPR) resp. N=490 (ECR-RD) patients who were treated for primary diagnosis of social phobia. The primary outcome was social phobia symptom severity on the Liebowitz Social Anxiety Scale (LSAS), assessed at pre- and post treatment and at follow-up (6, 12, 24 months). **Results** Social phobic patients are more likely to be avoidantly attached (AAPR).

Secure attachment predicts symptom severity at pretreatment and the end of therapy. Further results will be presented at conference. Discussion Attachment characteristics can provide useful information for the psychotherapeutic process in social phobia treatment. Practical implications of differential treatment effects for patients with different attachment styles will be discussed.

Change from an unresolved to an resolved attachment status and symptom reduction in a RCT comparing psychodynamic and cognitive-behavioral short-term psychotherapy for panic disorder

Claudia Subic-Wrana — Johannes Gutenberg-Universität Mainz, Germany, Achim Knebel, Manfred E. Beutel

Aim: In our RCT change from an unresolved to an resolved attachment status and symptom reduction at follow-up were related. We want to identify markers in the attachment measure that differentiate between patients who remained unresolved and patients who changed into a resolved attachment status. Methods: 50 patients with panic disorder were included in a RCT comparing two manualized, symptom centered short-term psychotherapeutic interventions (psychodynamic psychotherapy vs CBT). Symptom reduction as main outcome criteria was measured with the Panic Disorder Severity Scale (PDSS). At onset and end of treatment the attachment status was evaluated with the Adult Attachment Projective Picture System (AAP, George et al. 2001). 30 % of the patients had an unresolved attachment status at onset of treatment, 50% of these patients had changed to an resolved attachment status at end of treatment. Results: Only change from an unresolved attachment status at onset of treatment to a resolved attachment status at end of treatment was related to a significant reduction of panic symptoms at the six month follow-up interval. "Changers" and "Remainers" will be characterized by the amount of resolved and unresolved trauma markers and indices of active management of attachment related anxiety in the AAP. Discussion: The change from an unresolved to a resolved attachment status had an impact on Achsis I symptoms at follow-up. As the unresolved attachment status has a high prevalence in clinical samples it is important to identify attachment characteristics of patients that respond to psychotherapy by change in an resolved attachment status.

Do ECR-R self reports of patients' attachment (differentially) predict treatment outcome in CBT and/or supportive expressive treatment of social phobia?

Steffi Nodop — Friedrich-Schiller-Universität Jena, Germany

, Bernhard Strauss, Susan Tefikow

The SPOHO-NET RCT comparing CBT and SET of patients with social phobia is probably one of the largest clinical trials (at least in German) psychotherapy research. The study confirmed the efficacy of both treatment conditions and, among other aspects, indicated the influence of the therapists' familiarity with the treatment manual. All patients entering the study filled out the Experience in Close Relationships Scale (ECR-Revised) at the beginning of treatment, allowing to check if attachment self-reports have a predictive value, and if attachment of the patients potentially predict the outcome of the two treatment approaches. Results related to these questions will be reported based upon an analysis of the entire data set of almost 500 patients suffering from social phobia. In addition, correlations between self-reported attachment and other psychological characteristics of the sample will be described. Additional coauthors from the SPOHO-Net: Leichsenring, F., Salzer, S., Beutel, M.E., Herpertz, S., Hiller, W., Hoyer, J., Hüsing, J., Joraschky, P., Nolting, B., Pöhlmann, K., Stangier, U., Willutzki, U., Wiltink, J., Leibing, E.

High-dose exposure therapy in patients with panic disorder: Does attachment predict therapy outcome?

Katja Petrowski — Technical University Dresden, Germany, Gloria Wintermann, Peter Joraschky

Aim: A recent meta-analysis revealed small but insistent associations of fear of attachment and secure attachment style with larger symptom reduction. The aim was to further investigate this association based on the state of mind with respect to attachment and the disorganized attachment representation. Since disorganized attachment is highly prevalent in panic disorder its influence on the outcome of exposure therapy remains unclear. Methods: The attachment representation of N=64 patients with a primary diagnosis of panic disorder (SKID-I) were assessed. These patients received a high-dose exposure therapy. Symptom severity were measured before and after therapy (Symptom-Checklist, ACQ, BSQ, MI). Results: Most patients with panic disorder (73%) reported an insecure and disorganized attachment, i.e. unresolved trauma. They experienced a greater reduction in symptom severity (SCL-phobic-scale $p=.051$; MI $p=.041$) compared to patients with a secure attachment. Symptom severity is also positively associated with greater need for affiliation ($p=.002$) as well as greater fear of neglect ($p=.023$), while greater need for affiliation is connected to decreased symptom reduction ($p=.031$). Discussion: Disorganized-attached patients with unresolved trauma are characterized through flooding and helplessness and seem to profit from the emotional corrective experience of a structured exposure therapy with a supportive, less confronting therapist. On the other hand, patients with greater need for affiliation and a functionality of symptoms report decreased symptom reduction by these therapists. It has to be discussed whether insecure-avoidant-attached patients would especially profit from interventions with more confronting therapists.

Panel

Alliance

Moderator:

Orya Tishby, Hebrew University,
Jerusalem, Israel

The relational matrix and how it impacts the therapeutic process

Discussant:

Jeremy Safran, New School University, New York, USA

Counter transference dynamics reflected in therapists' and clients' relational narratives

Orya Tishby — Hebrew University, Jerusalem, Israel

, Hadas Wiseman

Aims: In this paper we describe five types of countertransference patterns that emerged in the relational narratives that clients and therapists told about each other throughout a year of psychodynamic psychotherapy. Clients' narratives reflected their transference, but also provided some leads into the nature of countertransference. Therapists' narratives about their parents depicted the origins of their countertransference, whereas their narratives about their clients reflected their countertransference (Hayes, 2004). The collection of narratives of the therapeutic dyad at 3 time points -- provided a detailed picture of the ways in which therapists' interpersonal patterns interacted with clients' interpersonal patterns to create a unique therapy relationship. **Method:** Clients (n=60) and their therapists (n=29) at a University Counseling Center underwent RAP interviews independently and completed the Post-session Questionnaire (PSQ; Muran, et al., 1991) assessing strains in the relationship and session outcome (SEQ: Depth and Smoothness) at 3-time points: after sessions 5, 15 and 28. They also filled the WAI, the OQ-45 and the Target Complaints Scale. Narratives were analyzed using the CCRT method and content analysis. **Results:** The five countertransference dynamics that we identified are: identification with the client; repeating the parent RO, repair of the parent RO, perceiving the client as the parent (projection), distancing and withdrawal. Two clinical examples will be presented, which demonstrate this detailed method of studying the therapy relationship, and how it impacts the outcome measures

The dance of self and other and its relation to the therapeutic process

Hadas Wiseman — University of Haifa, Israel, Orya Tishby

Aims: Client and therapist narratives about their in-therapy interactions may serve as a window into their unique relational experiences with each other as they develop in ongoing psychodynamic therapy. We tested changes over time in their perceptions of self and other and how these self and other perceptions relate to post-session outcomes from the perspectives of both clients and therapists. **Method:** Clients (n=60) and their therapists (n=29) at a University Counseling Center each underwent RAP interviews independently and completed the Post-session Questionnaire (PSQ; Muran, et al., 1991) assessing strains in the relationship and session outcome (SEQ: Depth and Smoothness) at 3-time points: after sessions 5, 15 and 28. **Results:** CCRT ratings of the narratives showed that clients' responses of self and other (therapist) became more positive, while therapists' responses of self became less negative, from the 5th to the 28th session. The associations between responses of other and self in the dyad and post-session outcomes diverged between clients and therapists and at different phases of therapy. Client depth ratings were associated with clients perceiving self more positively and with the therapists perceiving the client less positively, but the self more positively. **Discussion:** The meeting of self and other as they play out in client-therapist in-session experiences and their impact on perceptions of strains in the relationship and post-session outcomes are discussed. Implications for understanding mechanisms of change in terms of the kind of relational matrix that evolves in the dyad are explored while considering conceptual and methodological challenges.

Immediacy in psychodynamic psychotherapy

Clara E. Hill — University of Maryland, College Park, USA

Aim and rationale : Most therapists and researchers from all orientations now agree about the importance of the therapeutic relationship for the process and outcome of psychotherapy (see Martin, Garske, & Davis, 2001). One aspect of the therapeutic relationship that we hypothesize is especially powerful is what we call immediacy (also called relational work, processing the therapeutic relationship, talking about the here and now in the here and now, or disclosures about the therapeutic relationship. The purpose of this study was to investigate the types and qualities of immediacy events used in 16 cases of psychodynamic psychotherapy. **Results:** immediacy was a very low frequency event (average of less than 1 event per session, each event typically lasting about 4 minutes. Events were typically initiated by therapists to help clients explore unexpressed or covert feelings about the therapeutic relationship. There were fewer rupture events in the more as compared with less successful cases, but those that did occur lasted longer and were rated as higher in quality. Immediacy events were more frequent, longer, of higher quality, more often initiated by the therapist than the client, and less often related to ruptures and negotiation of tasks and goals with clients who had high anxiety and avoidance attachment as compared with those who had a secure attachment.

Panel

Alliance

Moderator:

Rolf Holmqvist, Linköping University,
Stockholm, Sweden

Associations between alliance and outcome in brief primary care therapies

Discussant:

Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA

Outcome in brief primary care therapies: Are these therapies tailor made?

Rolf Holmqvist — Linköping University, Stockholm, Sweden

Practice-based studies are important complements to randomized studies. In this study of psychotherapy in primary care, we collected data about approximately 1000 therapies. Patients reported their symptoms before each session on CORE-OM, and their view of the alliance after each session on WAI-12. After therapy termination, the therapists described the treatment orientation that they had used. About one third of the therapies had been ticked with more than one orientation. Analyses indicated that treatment outcome was substantial, with effect sizes over 1.0 for symptom scales and about .80 for function scales. CBT and psychodynamic therapy got best results, whereas supportive therapy had somewhat lower gain scores. The patients' motivation, reflection capacity, and ability to create alliance might have moderated this difference. The results may be interpreted as showing that therapists' evaluation of the patients' ability to benefit from treatment orientation governs treatment choice.

The therapeutic alliance predicts symptomatic improvement session by session

Fredrik Falkenström — Linköping University, Stockholm, Sweden

, Fredrik Granström, Rolf Holmqvist

Objective: The therapeutic alliance measured early in treatment has been found to predict psychotherapy outcome in numerous studies. However, critics maintain that the therapeutic alliance may only be a by-product of earlier symptomatic improvements. The present study addresses this question. Methods: Data was gathered from 1068 patients (76 % women, 24 % men) in primary care psychotherapy and analyzed using multi-level mixed effects models. The Clinical Outcomes in Routine Evaluation -- Outcome Measure was used to measure symptom level before each session and the patient version of the Working Alliance Inventory -- short form was used to measure alliance after each session. Results: There were statistically significant relationships between early alliance and subsequent symptom improvement rate that remained after statistical control for earlier improvements, regardless of in which early session the alliance was measured. High alliance levels after one session predicted lower levels of symptoms before the next session. High symptom levels at the beginning of a session predicted lower alliance scores at the end of the same session but not after the next session. Conclusions: These results show that the alliance predicts outcome over and above the effect of previous symptomatic improvements. They also point to the importance of therapists paying attention to ruptures and repair of the therapy alliance. Generalization of findings may be limited to relatively brief primary care psychotherapy.

Rupture-repair events predict better outcome in brief primary care therapies

Mattias Holmqvist Larsson — Linköping University, Stockholm, Sweden

Several clinical trials and research reviews have given evidence for the positive correlation between the level of the therapeutic alliance and treatment outcome in psychotherapy. One way to deepen our understanding of this relationship is to study alliance development. In a sample of 338 brief primary care therapies, we investigated a specific form of alliance development -- rupture-repair processes -- and its association to outcome. The clinical outcomes in routine evaluation -- outcome measure (CORE-OM) was the outcome measure and the patient version of the working alliance inventory -- short form (WAI-P short form) was used to measure alliance at each session. Three groups were defined: Rupture therapies (therapies with defined rupture events, but no reparation of the rupture); rupture-repair therapies (therapies with defined ruptures and defined reparations of the ruptures); and non-rupture therapies (therapies with no defined rupture events, and consequently no repair events). Rupture therapies were found to have worse outcomes than the other groups. Rupture-repair therapies had better outcomes than both therapies with ruptures not repaired and therapies without rupture events. Implications for further research and for clinical practice will be discussed.

Panel

Child/Adolescent

Moderators:

Karin Ensink, Université Laval, Canada;
Lina Normandin, Université Laval,
Canada

Reflective function and mentalization in children and parent-child interactions: Clinically meaningful and reliable assessment

Assessing interactional correlates of maternal reflective functioning

Annie Leroux — Université Laval, Canada, Karin Ensink, Lina Normandin

Aim: Existing measures of parental reflective functioning (RF) is discourse based, presenting a limitation in certain contexts. Reliance on verbal reports may fail to capture RF as it manifests in "on-line" parent-child interactions. The current study focuses on the validation of the Interactional Correlates of Maternal RF (IC-MRF) Scale. **Method:** The IC-MRF assesses the quality of mother-child interaction across 7 domains (interest towards the internal world of the child; affective communication; capacity to play; encouraging investment; withdrawal/disengagement; control and hostility). The IC-MRF Scale is used to code interactions in the context of a Squiggle game that enables us to observe the mother's capacity to engage with the child and consider their psychological experience, while she is challenged by the task to structure and facilitate the child's involvement. Data is available for 79 mother-child dyads. The mothers' interactional behaviors were measured with the IC-MRF Scale and the mothers' RF was subsequently assessed with the Parent Development Interview-Revised (PDI-R). Psychometric properties of the IC-MRF Scale, including validity and reliability, were investigated. **Results:** Preliminary results showed high inter-rater reliability across all domains with a coefficient alpha of .95. IC-MRF scores correlated moderately with the mothers' RF as measured by the PDI-R. **Discussion:** The implications for understanding embodied, observable aspects of RF in parent-child interactions that can potentially help to explain the mechanisms through which parental RF impacts on child development are discussed.

Mentalization in middle-childhood: An initial study of the validity of the Child Reflective Functioning Scale

Karin Ensink — Université Laval, Canada, Lina Normandin, Mary Target, Peter Fonagy, Stephane Sabourin

Aim: The main goal of the present study was to examine the validity of a measure specifically designed to assess reflective functioning or mentalization activated in an attachment context during middle-childhood. **Method:** Participants were 94 mother-child dyads divided in two subgroups. The clinical group consisted of 46 dyads where the child has a history of intrafamilial (n = 22 dyads) or extrafamilial (n = 24 dyads) sexual abuse. The community control group was composed of 48 mother-child dyads, selected to broadly match the socio-demographic, age and gender characteristics of the abused group. Child and mother reflective functioning were assessed using videotaped and transcribed data gathered using the Child Attachment Interview and the Parent Development Interview. **Results:** The results showed that the Child Reflective Functioning Scale proved reliable, with excellent intraclass correlation coefficients for both self- and other-understanding indicators. Meaningful differences in reflective functioning between sexually abused and control children supported the discriminant validity of the Child Reflective Functioning Scale. Finally, the association between child reflective functioning and child sexual abuse was consistent even when controlling for child age and mothers' reflective functioning. **Discussion:** Findings will be discussed with respect to their conceptual, empirical and clinical implications in the assessment and treatment of children

Implications of children's mentalization for their self-image and feelings about themselves.

Nicolas Berthelot — Université Laval, Canada, Karin Ensink, Lina Normandin

Aim: The aims of the present study were to explore the relationship between affective evaluation of body-image and behavioral problems, dissociation and mentalization. **Method:** Participants were 29 school aged children with histories of sexual abuse and a non-abused control group of 29 children. A new procedure, the Mirror Paradigm (MP), was developed to assess children's affective reactions concerning their bodies. The MP uses a semi-structured interview while the child looks at his image in a vertical mirror. The verbalisations and reactions of the child are subsequently coded to produce a global score. **Results:** RF was as a significant predictor of children's self-image as measured using the MP, and in particular children's non-verbal reactions to the their images reflected in the mirror. Abused boys had significantly lower scores on the MP than abused girls and non-abused boys, suggesting that sexual abuse is particularly damaging to the way boys feel about themselves. Children's feelings about their bodies as measured by the MP were significantly correlated with externalized behaviors in sexually abused children and improved the prediction of dissociation in children with histories of sexual abuse. **Discussion:** The implications of the findings regarding the importance of mentalisation for the way children feel about themselves are discussed.

The role of play in the development of reflective function

Veronik Tessier — Université Laval, Canada, Lina Normandin, Karin Ensink

Fantasy play has been theorised to have a pivotal role in the development of RF (Fonagy & Target, 1996), but at present there is no empirical evidence of this connection. At the same time play-oriented therapy is a widely used approach for treating children and play is considered crucial for facilitating change in child psychotherapy (Russ, 2004). The aims of this study was to examine whether fantasy play resolution predicts the development of RF in a sample of children who have experienced sexual abuse and a control group. Method: Participants included 39 sexually abused children and as well as 21 nonabused children (aged 3 to 8). Children participated in a free play session and the Children's Play Therapy Instrument (Kernberg, Chazan, & Normandin, 1998) was used to code fantasy play narratives and their resolution. At three years follow-up, children's RF was assessed using the Child Attachment Interview (Target, Fonagy, Shmueli-Goetz, 2003) coded for RF (Ensink, Target, Fonagy & Oandasan, 2004). Results: The findings indicate that fantasy play resolution is both a developmental precursor and a protector of children's reflective capacities. Play mediated the relationship between early SA and later RF regarding attachment figures. In addition, children's capacity to achieve play resolution at time 1, as evident in the child's capacity to structure a coherent play narrative, was associated with a lower likelihood of developing externalizing problems three years later. Discussion: The implications that fantasy play resolution might constitute a potential mechanism of change in child-psychotherapy is discussed.

Panel

Computer

Moderator:

Joerg Frommer, Otto-von-Guericke-Universität Magdeburg, Germany

Companion systems: Client-adaptive systems in psychotherapy

Discussant:

Wolfgang Tschacher, University of Bern, Switzerland

Psychobiological emotion recognition for companion technologies - technical-cognitive user adaptation

Steffen Walter — University of Ulm, Germany, Kerstin Limbrecht, Holger Hoffmann, Harald C. Traue

Introduction: In the foreseeable future companion technologies will support the client in the psychotherapeutic process. The essential unique characteristic of companion technologies compared to a conventional assistant system is that these systems can adapt to the emotional or dispositional state of the user (Biundo & Wendemuth, 2010). However, to ensure accurate emotion detection rates - as this is a crucial condition for the reliability of this kind of technology - individual signals must be calibrated (Walter et al., 2011). In this regard, a study will be presented, with an individual specific and transsituational (means measuring twice) feature selection of psychobiological signals. Methods: There were 20 subjects in a Wizard-of-Oz-experiment (Kelley, 1984; Bernsen, 1994). The operationalization of emotion induction was implemented by: (1) delay of the command, (2) non-execution of the command, (3) incorrect speech recognition, (4) offer of technical assistance, (5) lack of technical assistance, (6) request for termination and (7) positive feedback. Results: It can be shown, that in tendency a transsituational feature selection is possible, and so we could demonstrate a classification rate of 70.1 %. Discussion: The results open the possibility for personalized companion technologies that help clients in therapeutic process, e.g. in terms of relaxation tasks, day structure or exposure tasks. It is aimed to develop a framework to individualize calibration process for companion technologies which support psychotherapy process. We call this "individual Adaptive Module" ("IAM").

Users' ascriptions in user-companion interaction

Julia Lange — Otto-von-Guericke-Universität Magdeburg, Germany, Matthias Haase, Dietmar Rösner, Joerg Frommer

Technologies keep entering psychotherapeutic care increasingly, e.g. computer- or web-based treatments and support systems. For their success and acceptance it is crucial, that clients experience these e.g. as helpful or trustworthy. Many examples in literature show how naturally such mental states are ascribed towards technical systems (Intentional Stance). This seems likely if future systems become Companion-systems, which should be experienced as competent, cooperative partners in psychotherapeutic process by clients. Method: 73 subjects (different age, sex, education) underwent a standardized experiment with a simulated autonomous, speech-based computer system that was operated by hidden experimenters (Wizard of Oz experiment). Subsequently, semi-structured interviews were conducted aiming at the subjective experience of interaction. By using qualitative methods, ascriptions arising towards the system are identified and described. Results: Affective, cognitive-reflexive and relational processes during interaction that include users' ascriptions were identified: affective ascriptions like empathy or spitefulness; cognitive-reflexive like understanding or rational thinking; relational like system's adaptation vs. user's adaptation. Dimensions of ascriptions and their influence on interaction will be presented and discussed. Discussion: For systems in psychotherapy, esp. future Companion-systems, negative ascriptions should be avoided and positive ones enhanced. This allows promoting acceptance and compliance in technology-based care. As long as no fully developed Companion-systems exist in psychotherapy, experimental simulation techniques are useful for investigating ascriptions.

User typology in user-companion interaction

Matthias Haase — Otto-von-Guericke-Universität Magdeburg, Germany, Julia Lange, Dietmar Rösner, Joerg Frommer

Aim: Internet and computer based psychotherapy has a growing impact. Differences in clients' behavior and acceptance of computer based therapy seem obvious. There are already some computer systems that do not only respond to the user but are also automatically proactive. There are only few implemented systems that provide complex functionality. So-called Companion-systems (CS) should be adjusted to abilities, current needs, emotional states and personality of the user. However, previous approaches that try to describe the user-companion interaction (UCI) from the perspective of the user are insufficient. **Method:** In the present experimental setup an autonomous, speech-based computer system was simulated and run by a hidden operator (Wizard of Oz experiment). The main focus of this experiment is the investigation of users' behavior in critical dialogue situations. 130 subjects differing in age, sex and educational level underwent the standardized experiment. After the experiment, different psychological constructs were assessed by paper-pencil-based questionnaires (attributional style, personality, stress management, technical affinity). **Results:** The data analysis is currently in progress. First analyses show a large number of variables that influence the interaction between user and CS. Significant correlations between the interaction style and the user characteristics, age, computer experience, openness (NEO-FFI), self-uncertainty (IIP) and internality (ASF) are determined. **Discussion:** The results are proposed as a basis for a typology of users in UCI. This will be discussed regarding validity and applicability in computer and internet based psychotherapy.

Panel

Couple

Moderator:

Luis Tapia, Universidad del Desarrollo,
Santiago, Chile

Process research in couple therapy: Triadic model and specific and unspecific variables

Semiotic mediation: A perspective to triadic model in couple therapy process

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

Semiotic mediation process involves fundamental principles such as temporality and triadity. Studying in the field of therapeutic relation implies considering it as a mediating process, in which the triadic perspective is a useful conceptual frame for its understanding and research. The presentation in this panel makes an analysis of a therapeutic dialogue of two couples therapeutic process ("good" and "poor" outcome), visualizing each participant as a mediator in the process of meaning generation and affects in the particular context of couple therapy. This process influences and is affected by the therapeutic bond. A way to see the therapist mediation action focalizes towards the management of agreements and shared visions between the members of a couple that undergoes distance and relational conflicts. The inclusion/exclusion or distancing and involvement of the therapist are a process of taking a gradual peripheral position in order to the regulation of the relationship and/or the self. The analysis of the mediator, allows to reflect on how balance is handled, being the husband/wife relationship the addressee (the us) which is the main focus of couple therapy.

Triadic Prototypical Affective Microsequences (PAMs) in successful and unsuccessful couples' therapies

Eva Baenninger-Huber — Universität Innsbruck, Austria, Luis Tapia

PAMs are short interactive sequences of affective regulation characterized by smiling and laughing of client and therapist. In dyadic psychodynamic psychotherapies successful PAMs play an important role in establishing a stable working alliance by enhancing the affective relatedness between client and therapist. In couples' therapies we are dealing with a more complex triadic constellation. PAMs not only occur between the couple but also between therapist and wife, therapist and husband, or between all three of them. Three types of PAMs could be differentiated: In "Gaining security" PAMs either the couple or also the therapist is involved. The simultaneous smiling and laughing enhances the affective relatedness between the persons providing a basic sense of security. In the "excluding the therapist PAMs" the affective relatedness between wife and husband is enhanced but the therapist is excluded from their emotional bond. In "Coalition PAMs" wife and therapist or husband and therapist are involved. Here, the danger may arise that the other partner feels rejected by the therapist and is not able to accept the therapeutic interventions anymore. In the study presented here, PAMs in a successful and in an unsuccessful couple's therapy will be compared. For this purpose, all PAMs in the first and in the fifth sessions were identified and classified according to the different types. Preliminary data analysis shows that the unsuccessful therapy is characterized by a lack of variability in terms of PAM types as well as the frequent occurrence of coalition PAMs.

Triadic Relational Drawing Video Analysis (RDVA) in couple therapeutic system process

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

The presentation develops a proposal about the use of the technique of relational drawing video analysis (RDVA) applied to the clinic field in a relational context and particularly in couple therapy. For this purpose triadic drawing video are taken in 1st and 4th session of different couple therapies ("good" and "poor" outcome) and later are analyzed through a protocol developed by the researchers (Tapia & Molina, 2010). The focus of analysis is the ongoing process of relational drawing between the participants in a triadic therapeutic system (husband, wife and therapist). The drawing video analysis constitutes a useful technique for identification and elaboration of relational dynamics in therapy such as inclusion, exclusion, complicity, collaboration, coalition and mediation in couple therapy. The distinctions that come from this application contribute to the therapeutic process facilitating the understanding of therapeutic system. The clinical investigation carried out from the graphic dialogue analysis describes different patterns that allow giving account of the quality of the triadic dynamic, giving information that supports the establishment of therapeutic objectives, in which the therapist is included/excluded. The distinctions in triadic process in couples with "good" and "poor" outcome has clinical implications and applications (relational process distinctions and therapeutic intervention) of the video analysis drawing technique that are analyzed.

The role of specific and unspecific variables in residential couple therapy

Terje Tilden — Modum Bad Research Institute, Vikersund, Norway, Asle Hoffart, Harold Sexton, Arnstein Finset, Tore Gude

Aim: Process variables are regarded as crucial for outcome in couple therapy (see e.g., Escudero et al., 2008). However, there is a current discussion whether specific process variables predict unspecific variables or v.v. (Sexton et al., 2008; Sprenkle & Blow, 2007). In this study, we wished to investigate whether unspecific process variables such as optimism, empathy, safety/trust, and insight, predicted specific process variables, such as communication and conflict management skills (CCM), or v.v. Method: Within a context of a 12 weeks' residential family treatment program in Norway, a clinical sample of adult patients suffering from a combination of relational distress and psychiatric symptoms was followed from admission to discharge. A Treatment Evaluation Questionnaire (TEQ) developed on site was used to monitor the couples' (N=176) and the therapists' (N=14) weekly assessments of specific and unspecific process variables throughout therapy. Results: In a mixed-model analysis, clients and therapists reported that CCM skills predicted client's insight. From the therapist's perspective, CCM predicted optimism, empathy, and safety/trust. Client's optimism and therapists' perception of client's empathy predicted CCM. Finally, clients' optimism was found to predict therapists' optimism. Discussion: Contrary to our expectations, the findings suggest that the initial focus in couple therapy should be in training specific CCM skills, something that may facilitate common factors.

Panel

Change Process

Moderators:

Anita Santos, ISMAI - Instituto Superior da Maia, Portugal; Inês Mendes, ISMAI - Instituto Superior da Maia, Portugal

The self positioning processes in psychotherapy - Analysis of dialogical mechanisms involved in therapeutic change

Discussant:
Mikael Leiman, University of Eastern Finland, Joensuu

From unproductive to productive dynamics between self-positions during EFT: Insights from the positioning microanalysis of the case of Sarah

Inês Mendes — ISMAI - Instituto Superior da Maia, Portugal, Carla Alexandra Castro Cunha, João Salgado, Lynne Angus, Leslie Greenberg

Aim: The aim of this paper is to present an intensive analysis of self-positions in the case of Sarah, a good outcome case of emotion-focused therapy (EFT) drawn from the York I Depression Study. More specifically, we will examine how this client changes from unproductive to more productive dynamics in the self during the initial, middle and final phases of EFT. The notion of self-position comes from the Dialogical Self Theory and refers to the different facets of internal multiplicity of the self that are put into evidence and developed during therapy. According to this view, as clients struggle to accept different parts of themselves and change the unproductive interaction between different self-positions in psychotherapy, more productive dynamics and forms of interaction within the self can be facilitated. Method: Sessions from initial, middle and final phases of EFT were thoroughly analyzed using the Positioning Microanalysis method, which allows to track self-positions along the therapeutic process and the depiction of the dynamics enacted between them. Results and Discussion: At this moment, this is an ongoing case study and the preliminary results will be presented and discussed in this panel.

The development of self-positions throughout a good outcome case of CBT -- the positioning dynamic cycles in successful psychotherapy

Anita Santos — ISMAI - Instituto Superior da Maia, Portugal, João Salgado, Liliana Meira

The dialogical self theory state that the dynamic evolution of the self is explained by the constant positioning and repositioning that the I adopts in relation to the Other, allowing the I to create meaning of the world. In psychotherapy, problems that clients bring to therapy can be, in a dialogical perspective, the result of the dominance of a problematic self-position over the other(s), they can also be the outcome of a process of disorganization of positions, or even the result of a particular problematic pattern of positions negotiation (like ambivalence). So far, little is known about the change processes involved in the resolution of these problematic patterns of positioning. Our research questions are: How do self-positions emerge in early therapeutic conversation and how do they evolve towards the end? What positioning dynamic cycles contribute to a good outcome result, or change in self identity? The aim of this paper is to analyze the self-positions positioning and repositioning in a good outcome case of cognitive-behavioral therapy for depression. The case transcripts will be analyzed with the Positioning Microanalysis Manual. This method will allow us to depict which positions are present during the therapeutic process and the dynamics emerging between them. This is an ongoing research and data is being gathered at the moment. Results and clinical implications will be presented.

Discursive positions and embodied expression of relational patterns in the psychotherapeutic interaction: An application of the Dialogic Discourse Analysis (DDA).

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

Discursive positions, with their respective marks or linguistic traces, are equivalent to dominant and consistent ideological perspectives expressed throughout the therapeutic process that theoretically correspond to different parts of the self (Hermans, 1996) of the speaker or voices in Bakhtin terms (Bakhtin, 1973). These positions may be thought, in turn, as an expression of relational patterns developed early in the attachment relationships of individuals and subsequently modeled by new significant relationships, which throughout the language acquisition are progressively embodied in the individual discourse. The objective of this presentation is to show the application of Dialogic Discursive Analysis (DDA) for the study of the discursive expressions of self in the therapeutic interaction and the relational patterns of attachment of its participants. Adult attachment prototypes of the patient and the therapist are presented and the enactments of different discursive positions in relevant episodes in psychotherapeutic interaction are illustrated. The proposed model and the illustration are discussed considering the possibilities that they open to understand the interactive regulatory processes in psychotherapy and their relation with psychotherapeutic change.

Panel

Alliance

Moderator:

Michael Westerman, New York University, USA

Alternative approaches to the therapeutic alliance: Responsiveness and case formulation as key guiding concepts

Discussants:

William B. Stiles, Miami University, Oxford, USA

Tracy D. Eells, University of Louisville, USA

Therapeutic collaboration: A joint activity within the therapeutic zone of proximal development

Eugenia Ribeiro — Universidade do Minho, Braga, Portugal, António P. Ribeiro, Miguel Gonçalves, William B. Stiles, Adam Horvath

Aim: We present a conceptual account of how collaboration between therapist and client, assumed as the core dimension of alliance, moves therapy forward. In addition, we report on the construction of a coding system -- the Therapeutic Collaboration Coding System (TCCS) we have developed to analyze and track therapeutic collaboration on a moment-by-moment basis. This conceptual and methodological approach uses the concept of the therapeutic zone of proximal development (TZPD) to describe therapist and client joint activity, that is, therapeutic collaboration. We conceptualize this activity as having two main components: Supporting client's current self-narrative or usual and problematic framework of understanding and experience, simultaneously helping them feel safe; and challenging client's current self-narratives, promoting the occurrence of innovative moments and change in client's usual framework. The client's response to a therapeutic intervention -- validating it, invalidating it or expressing ambivalence towards it -- may indicate whether the dyad worked within the TZPD, out of TZPD, or at the limit of the TZPD. Method: The TCCS is a reliable transcript-based method which procedure requires two trained judges along with an auditing process. The judges identify the presence, in each therapist speaking turn, of a Supporting Marker or a Challenging Marker; and the presence, in each client speaking turn, of a Validation Marker, an Invalidation Marker or an Ambivalence Marker. Results: Based on a case study we illustrate client and therapist contributions to therapeutic collaboration in terms of TZPD. Discussion: TCCS will be discussed as an alternative approach to studying the alliance.

An alternative approach to the alliance based on interpersonal defense theory

Michael Westerman — New York University, USA, Christopher Muran

Aim: The goal of this study was to investigate several tenets of interpersonal defense theory that may provide the basis for an alternative approach to the alliance. **Methods:** The paper will report on a theory-building (Stiles, 2007), research-informed (Soldz, 1990) case study. A discourse-analytic method was employed that focuses on whether a patient's behaviors "coordinate" with the therapist's bids and with bids made by the patient at other points in time (see Westerman & Foote, 1995). The procedures also included developing a particular kind of case formulation. **Results:** As predicted, patient interpersonal behavior was characterized by a recurring pattern of coordination breaches. In keeping with other parts of interpersonal defense theory, analysis showed that this pattern represented attempts on the patient's part to pursue a central wished-for interpersonal outcome in the therapeutic relationship while simultaneously trying to avoid a key feared interpersonal outcome that might result from pursuing the wish. Other parts of the analysis showed that, as predicted by other tenets of the theory, the patient's behavior actually led to a particular complicated set of problematic outcomes in the therapist's behavior. **Discussion:** The results of this case study suggest that (1) interpersonal defense theory provides a useful framework for studying patient and therapist contributions to the alliance, and (2) taking ideas about responsiveness (Stiles, 1988) and case formulation as guiding concepts can enhance our understanding of alliance processes.

Panel

Process

Moderator:

Mark Hilsenroth, Adelphi University,
New York, USA

Therapeutic technique: Patient factors, process and outcomes

The relationship between patient pre-treatment object relations functioning and psychodynamic techniques early in treatment

Anthony S. J. Mullin — Adelphi University, New York, USA, Mark Hilsenroth

Aim: Examine the relationship between patient pre-treatment object relations functioning and psychotherapy techniques early in treatment. **Method:** Sample contained 76 outpatients receiving Short-Term Dynamic Psychotherapy. Object relations functioning was rated independently at pre-treatment using the Social Cognition and Object Relations Scale (SCORS; Westen et al., 1985). Early (3rd/4th) therapy session techniques were rated independently using the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth et al., 2005). Interrater reliability of CPPS variables was excellent for individual items pertaining to Psychodynamic-Interpersonal (PI) and Cognitive-Behavioral (CB) techniques, as well as composite PI and CB scales. **Results:** Negative relationships were found between the use of psychodynamic techniques and the following object relations subscales: Affective Quality, Self Esteem, Identity/Coherence of Self, i.e., greater use of technique was related to lower functioning (greater psychopathology) on these subscales. Conversely, a positive relationship was found between the Aggression subscale and the use of cognitive-behavioral techniques, meaning that greater use of the technique was related to higher levels of patient aggression. Additionally, lower pre-treatment object relations functioning was negatively related to CPPS-PI item "In-session focus on patient avoidance of uncomfortable topics/changes in affect." **Discussion:** Therapists employed PI techniques more than CB interventions with patients presenting with lower object relations functioning, particularly in the affective/identity domains. Further, therapists focused more on the avoidance of uncomfortable topics/changes in affect with this population.

Therapeutic techniques in the treatment of 9/11 first responders with anxiety disorders

Peter Tejas Haugen — New York University, USA, Mark Evces

Aim: We examine patients' and therapists' ratings of early-session technical interventions in order to describe prototypic constellations of techniques for the treatment of anxiety-disorders in 9/11 first responders. **Methods:** Examination of techniques are based on data from a on-going naturalistic treatment study of WTC first responders with an anxiety disorder receiving eclectic individual psychosocial treatment for PTSD in an outpatient setting. Patients and therapists completed the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth et al., 2005) early in treatment. The measure consists of 20 randomly ordered techniques (10 Psychodynamic-Interpersonal; PI and 10 Cognitive-Behavioral; CB) rated on a 7-point Likert scale ranging from 0 ("not at all characteristic"), 2 ("somewhat characteristic"), 4 ("characteristic"), to 6 ("extremely characteristic"). **Results:** CPPS-PI subscale averaged a therapist rating of 3.37 (SD = 1.08) and the CPPS-CB subscale averaged a therapist rating of 2.60 (SD = 1.19). CPPS-PI subscale produced an average patient rating of 3.29 (SD = 1.25) and the CPPS-CB subscale an average patient rating of 2.43 (SD = 1.12). These findings indicate an integration of treatment approaches consistent with the goals and focus of the treatment model. Additional analyses investigating the relation of these treatment techniques with other process variables are also examined. **Discussion:** Prototypic treatment model for anxiety disorders in first responders will be described. Results will be discussed in the context of the current evidence-base for treatment of anxiety disorders and the development of a treatment manual for this population.

Relationship between in-session patient crying behavior and therapeutic interventions

Kristen Capps — Adelphi University, New York, USA, Katherine Fiori, Anthony S. J. Mullin, Mark Hilsenroth

Aim: The present study will provide preliminary qualitative and quantitative analysis of context during patient crying behavior in psychotherapy. The aim is to further the understanding of the relation of technique with crying behavior in therapy. **Method:** Assessment feedback sessions for 52 patients beginning psychotherapy at a university-based clinic were coded for discrete crying segments. The therapist's intervention prior to and immediately after the crying episode were recorded verbatim and independently rated using the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth et al., 2005). Inter-rater reliability of the CPPS variables used in this study was in the good to excellent range. **Results:** Analysis indicates that therapist intervention prior to patient crying most often encouraged the exploration and expression of difficult affect or of the patient's fantasies and wishes. Therapists frequently employed the same intervention technique before and after crying segments. Though only approximately 20 percent of patients cried during the feedback session, those who cried typically did so multiple times during the session. **Discussion:** Crying is an accepted and expected occurrence in therapy. Individual variations in crying behaviors likely contribute to patient behavior in therapy, but little work has been done to elucidate the therapist's role in the patient's experience of crying. Our study showed that intervention techniques focused on the patient's emotions and fantasies are the most highly associated with crying.

Interaction among Alliance, Psychodynamic-Interpersonal, and Cognitive-Behavioral Techniques in the Prediction of Session Outcomes

Jesse Owen — University of Louisville, USA

Aims: The current study examined the interaction between clients' perceptions of the psychodynamic/interpersonal (PI) and cognitive/behavioral (CB) techniques and client rated alliance in the prediction of session outcomes. **Method:** 75 clients were treated by 25 therapists at a university counseling center in the United States. All clients were currently in therapy (median number of sessions = 6) and reported on their most recent session for PI, CB, and session outcomes (they reported on their overall alliance). The Comparative Psychotherapy Process Scale-client version was utilized to assess PI and CB, Working Alliance Inventory-Short Form Revised was used to measure client rated alliance, and Client Task Specific Change Measure-Revised was rated by clients to assess session outcomes. **Results:** Multilevel modeling was utilized in order to account for interdependencies within the data (clients nested within therapists). The results revealed a three-way interaction between clients' perceptions of the alliance, PI techniques, and CB techniques in the prediction of session outcomes. More PI and more CB techniques and more PI, but fewer CB techniques were associated with better session outcomes in the context of higher alliances. In contrast, more CB techniques, but fewer PI techniques and fewer PI and fewer CB techniques were not significantly associated with session outcomes in the context of higher (or lower) alliances. **Discussion:** Our study supports that clients' perceptions of PI techniques (regardless of the amount of CB techniques) in the context of strong alliances was beneficial for their session outcomes.

Panel

Therapist factors

Moderator:

M. Helge Rønnestad, University of Oslo, Norway

Effective therapists' impacts on process and outcome

Discussant:

Bruce E. Wampold, University of Wisconsin, Madison, USA

Psychotherapists' private-lives and alliance quality

Helene A. Nissen-Lie — University of Oslo, Norway, Jon Trygve Monsen, Per Høglend, Odd E. Havik, Michael Helge Rønnestad

Aim: Research has suggested that the person of the therapist is important for the process and outcome of psychotherapy, but little is known about the impact of therapists' private-life experiences on the quality of their therapeutic work as rated by both patients and therapists. **Method:** The present study factor analyzed a scale denoting private-life experiences from the Development of Psychotherapist Common Core Questionnaire (DPCCQ) (Orlinsky et al., 1999) yielding one positively loaded factor termed 'Personal Satisfaction' ($\alpha = .76$) and one negatively loaded factor called 'Personal Burdens' ($\alpha = .62$) which were then investigated as predictors of the development of the working alliance (using the Working Alliance Inventory- WAI) rated by both patients and therapists (WAI-P and WAI-T) in a large (227 patients and 70 therapists) naturalistic outpatient psychotherapy study. **Results:** Therapist personal burden was strongly, negatively related to WAI-P growth but did not impact WAI-T, while personal satisfactions had a clear impact on the alliance level as rated by the therapists but were not predictive of alliance level or growth when the alliance was rated by the patients. **Discussion:** The theoretical role of the therapist as a person and clinical implications of the findings will be discussed.

Therapist characteristics as predictors of outcome in long-term psychodynamic therapy and psychoanalysis during a 5-year follow-up

Erkki Heinonen — National Institute for Health and Welfare, Helsinki, Finland, Olavi Lindfors, Paul Knekt

Aim: Long-term psychodynamic therapy (LPD) and psychoanalysis (PA) have been found effective for treating depressive and anxiety disorders. There is, however, only little knowledge of the effective therapist's characteristics that predict outcomes in these treatments and whether different qualities are important in LPD and PA. We investigated the prediction of therapists' professional and personal characteristics on the outcome in LPD and PA during a 5-year follow-up. **Methods:** Within the Helsinki Psychotherapy Study a total of 128 outpatients suffering from depressive or anxiety disorders were randomized to LPD and 41 patients were self-selected to PA. A total of 41 therapists provided LPD and 30 PA. Therapist characteristics were assessed at baseline with the self-report Development of Psychotherapists Common Core Questionnaire (DPCCQ). Patient alliance was assessed at 7 months' after start of treatment using the Working Alliance Inventory (WAI). Outcome was assessed by questionnaires on psychiatric symptoms. Linear mixed models were used. **Results:** Especially in PA at the 3-year mark, high symptom level was prolonged by characteristics reflecting a committed and involved therapeutic agency, possibly in the interests of continuing analytic work. Similarly especially in PA, an uncompromising personal style was linked to less symptoms at the 5-year follow-up. In contrast, qualities reflecting a more moderate personal style predicted faster symptom reduction in LPD. **Discussion:** The change process in long-term psychodynamic therapy versus psychoanalysis appears to be moderated by therapist characteristics. Implications for training and supervision of therapists will be discussed.

Therapist difficulties with patients and their ways to cope with them -- how are they related to supervision and psychotherapy?

Ulrike Willutzki — University of Bochum, Germany, Tobias Teismann, David E. Orlinsky

Aim: Difficulties in psychotherapy and the coping strategies therapists use seem to be important for the way they experience their practice (Orlinsky & Ronnestad, 2004). On the one hand, such difficulties and the respective coping style may characterize a certain therapist (as assumed in the respective scales of the Development of Psychotherapists Common Core Questionnaire (DPCCQ)). On the other hand such difficulties are clearly also related to the particular patient the therapist is working with. In a preliminary study we found that the difficulties therapists have with particular patients and the coping strategies used are related to psychotherapy outcome. However, we do not know whether and how psychotherapists use supervision. We were thus interested in the content structure of difficulties and coping strategies used with particular patients and how therapists use supervision in their psychotherapy training.. **Method:** For about 450 patients their 61 psychotherapists rated the difficulties they experienced with patients and what coping strategies they used. Moreover, after each supervision session they were asked about setting, topics and satisfaction with supervision. Outcome was assessed by questionnaires on psychiatric symptoms as well as direct change measures on experience and behavior.. **Results:** The structure of difficulties and the coping strategies in psychotherapy will be described and related to psychotherapy outcome as well as supervision. **Discussion:** Implications for training and supervision of therapists will be discussed.

Panel

Training

Moderator:

Margot J. Schofield, La Trobe University, Melbourne, Australia

Experiences and needs of psychotherapy trainees

Discussant:

Margot J. Schofield, La Trobe University, Melbourne, Australia

Training Reflective Practitioners: Helpful and Hindering aspects of training in the development of new therapists

Soti Grafanaki — Saint Paul University, Ottawa, Canada

Aim: Reflectivity is integral to therapist development and differentiates therapists who continue to grow from those who stagnate. This study aimed to expose trainees to research tools that promote reflectivity and help identify early warning signs that indicate decline, depletion and stressful involvement with clients. The study aimed to promote awareness and encourage trainees to reflect on the helpful and hindering aspects of training and their journey of professional transformation. **Method:** Trainee therapists completed the DPCCQ-(Development of Psychotherapist Common Core Questionnaire- Trainee version), participated in a Change Interview- TR (Trainee version), and reported on elements of personal and professional transformation that took place during their training. **Results:** First year training captured more stressful and controlling involvement by trainees than second year training. Helpful and hindering aspects of training were identified and highlighted the importance of creating a training environment that provides support, appropriate practice opportunities and unambiguous communication among all parties involved (trainees, trainers, supervisors and administration). **Discussion:** The importance of using self-monitoring tools that go beyond

collecting research data and they are relevant for practitioners will be addressed. Emphasis will be placed on using reflecting tools during training that can help us monitor warning signs of stagnation or decline, but also help trainees evaluate the quality of their professional engagement, increase self-awareness, and promote an on-going openness for reflexivity and deeper understanding of their strengths and limitations as therapists.

Learning and difficult experiences in graduate training in clinical psychology: A qualitative study into Japanese trainees' retrospective accounts

Yoshinobu Kanazawa — Meiji Gakuin University, Tokyo, Japan, Shigeru Iwakabe

Aim: This study examined trainees' experiences of learning and difficulties encountered in graduate school training in Japan. **Method:** Seventeen clinical psychologists (15 women 2 men) averaging 26.83 years in age (SD=2.88) were interviewed about their experiences in graduate training. Interviews were about 90 minutes each and were conducted within one year after their completion of graduate programs. The data were analyzed with the grounded theory approach. **Results:** Four categories representing their learning experiences were generated: learning in interpersonal closeness, intense emotional experiences, learning from the client's perspective, and direct exposure to clinical atmosphere. These categories were grouped together under a core category, "hot learning," that is, emotionally laden learning experiences that occur in close interpersonal context: between trainee and supervisor, between trainee and their clients, and trainee and other students. For difficult experiences, three categories were obtained: lack of certainty, fear of failing, and feeling of incompetence. A core category "shrinking back in ambiguity and uncertainty" was derived for the three categories. **Discussion:** Results suggest that central to trainees' learning is interpersonal and emotional experiential learning in which trainees work closely with another person/other people (client, supervisor, instructor, colleagues). Difficulties, on the other hand, are associated with lack of competence and fear of failing. Findings from this study underline the importance of intense interpersonal contact as a mode of learning in clinical training and trainees' emotional engagement in that process. Cultural issues in clinical training will be discussed.

Psychology trainees' religious characteristics and attitudes about the integration of spirituality in patient care

Gloria M. Workman — McChord Mental Health Clinic, Washington, USA, Michelle M. Lee, Don E. Workman, David E. Orlinsky

This study assessed religious values and professional attitudes of clinical psychology students entering two doctoral programs. Trainees were surveyed during their first year. Participants reported their views on personal spiritual experiences and religiosity, as well as their attitudes about the integration of spirituality in clinical care within a hospital setting. There were significant differences on attitudes towards level of personal spirituality and institutional religiosity. Trainees from the Christian program spent more time in prayer and placed greater importance on religious contemplation. Moreover, trainees from the Christian program reported higher levels of spiritual well-being, religious commitment, personal spirituality, and religious competency compared to students from the secular program. Students from the Christian program were more likely to conduct spiritual assessments and implement spiritual interventions in clinical practice, including use of prayer with medical patients. Positive relationships between spiritual well-being, spiritual competency, and the likelihood of implementing spiritual interventions and assessments with patients were found. These findings, although preliminary, suggest entry level trainees from diverse programs may need differential training in the clinical integration of spirituality and psychotherapy. Findings from this study are helpful in understanding the ways in which psychology trainees' religious characteristics potentially shape their professional views and their attitudes regarding clinical engagement in a hospital setting. Future research should assess the dynamic therapeutic interaction between patients' religious characteristics and those of psychology trainees.

Panel

Alliance

Moderators:

Jeremy Safran, New School University,
New York, USA ; Christopher Muran,
Adelphi University, New York, USA

The effects of a specialized rupture resolution training on therapeutic process and outcome

The effects of rupture resolution training on the therapeutic alliance as measured with the segmented working alliance inventory (S-WAI-O)

Elizabeth Allison Berk — New School University, New York, USA, Jeremy Safran, Christopher Muran, Catherine Eubanks-Carter

Aim: Research has shown that working through negative therapeutic process and repairing alliance ruptures can lead to better outcome. Safran and Muran (2000) created a specialized Rupture Resolution Training, which focuses on therapists' abilities to attend to and resolve alliance ruptures. This paper will examine psychotherapy process for 22 therapy dyads, who are part of a multiple baseline study, which was designed to assess the effects of Rupture Resolution Training. **Methods:** Psychotherapy process will be measured using the Segmented Working Alliance

Inventory (S-WAI-O), an observer-based measure designed to assess changes in the therapeutic alliance over the course of a therapy session. S-WAI-O scores will be compared to patients and therapists' ratings of the alliance and to other process and outcome measures. Results: Preliminary results will be discussed. Discussion: The effects of training on the quality of ruptures and on in-session resolution will be examined. Results and future directions will be discussed.

Exploring the impact of rupture-resolution training on therapists' capacity for experiencing in the therapeutic relationship

Catherine Boutwell — New School University, New York, USA, Jeremy Safran, Christopher Muran

Aim: It has been suggested that therapists who are less self-accepting are likely to have difficulty attending to and processing a full range of internal experiences and are thus likely to have more strain working constructively with negative countertransference feelings. It is argued that unattended negative countertransference is more likely to "leak out" in the form of hostile or complex communications without the therapist's awareness. An element the rupture-resolution training model involves training therapists to attend to their own internal experience and process it in an accepting and nonjudgmental fashion. The goal of this study was to further investigate whether the rupture-resolution training impacts the levels of a therapist's felt-experience. It was hypothesized that therapists would more likely show higher levels of EXP during these interviews after rupture resolution training. Method: The analyses will be based upon video-recorded therapist interviews (22 therapists) given before and after the implementation of training in two conditions: a switch to rupture-resolution at session 8 and a switch at 16. The Experiencing Scale (EXP) was employed to assess therapists' capacity to attend to and symbolize their own felt experience while they were being interviewed about their relationships with their patients. Results: Preliminary findings suggest that higher levels of EXP were achieved throughout the interview after rupture-resolution than before undergoing training. Discussion: Preliminary findings suggest that rupture-resolution training has a meaningful effect on therapists' ability to access and verbally express their felt-experience.

Rupture resolution training and its effect on patient and therapist interpersonal process

Anthony Demaria — Beth Israel Medical Center, New York, USA, Jeremy Safran, Christopher Muran, Catherine Eubanks-Carter

Abstract Aim: Research has consistently shown the therapeutic alliance to be one of the most robust predictors of outcome in individual psychotherapy. Safran and Muran propose a treatment model with an intensive focus on the therapeutic relationship, interpersonal process, and training in how to resolve moments of therapeutic impasse and alliance ruptures. The present study is an expansion of previously presented data utilizing a modified version of the Qualitative Assessment of Interpersonal Theme to measure patient and therapist interpersonal process. Methods: Based on a power analysis, 132 therapy sessions (2 early, 2 midphase, 2 late) from 22 different dyads in a multiple baseline study design were selected. Therapy cases were time limited (30 session) CBT on cluster C personality disordered patients. Rupture Resolution Training was implemented at either session 8, or session 16 to control for therapist maturation and time effects. Change in interpersonal process as a result of Rupture Resolution training was assessed. Results: Results indicate significant change in patient and therapist interpersonal process as a result of Rupture Resolution training. These results are discussed and interpreted.

The impact of rupture resolution training on patient and therapist-rated alliance

Amy T. McCue — Adelphi University, New York, USA, Christopher Muran, Jeremy Safran

Aim: The purpose of the present study was to examine the additive effect of Rupture Resolution Training on the psychotherapy process in four cases. Method: The specialized training involved developing therapists' skills in the management of their working alliance with clients, specifically their skills in the recognition and resolution of alliance ruptures. The training was introduced to therapists at different intervals (following a multiple phase change design) in the course of conducting a time-limited cognitive-behavioral therapy for cluster C personality disorders (either after 8 or 16 sessions). We hypothesized that therapists' good developmental achievement levels (DAL) on the specialized training would result in improved patient and therapist self-reports of their working alliance, as measured by the shortened version of the Working Alliance Inventory (WAI-12), and that the opposite would be demonstrated for poor DAL, regardless of phase change differences. Results: Results generally confirmed our hypotheses. Specific differences among the cases were also examined. Discussion: The differences regarding the training effect found among the cases will be discussed.

Panel

Culture

Moderator:

Cirleen DeBlaere, Lehigh University,
Bethlehem, USA

Universal diverse orientation and psychotherapy research: Measurement, review, and future directions

Discussant:

Cirleen DeBlaere, Lehigh University, Bethlehem, USA

Universal Diverse Orientation Theory and its measure

Jairo Furtés — Adelphi University, New York, USA

The current paper will discuss the development of Universal Diverse Orientation (UDO) Theory and the subsequent development of two measures to assess it. UDO Theory is based on Vontress's (1996) proposal that individuals continually assess how they are similar and different from others along an array of perceived factors, including social grouping factors such as gender, race, religion, ethnicity, and sexual orientation. Vontress further proposed that awareness, acceptance, and valuing of similarities and differences between participants in psychotherapy are central to effective treatment. These characteristics have been conceptualized as a Universal-Diverse Orientation (UDO) toward other people and include cognitive (e.g., interest in diversity), affective (e.g., comfort with similarities and differences), and behavioral (e.g., contact with diverse sociocultural groups) dimensions (Miville et al., 1999). Consistent with Vontress's reasoning, Miville and her colleagues suggested that high levels of UDO may be particularly important to multicultural relationships where the therapist and client differ on salient group factors such as race, gender, ethnicity, and sexual orientation. Supporting this perspective is evidence that UDO is associated with positive attitudes regarding LGB people, as well as people of diverse race, ethnicity, and religion (Furtés, Miville, Mohr, Sedlacek, & Gretchen, 2000). Two measures have been developed to assess UDO. The first is a 45 item scale that assesses UDO along cognitive, affective, and behavioral dimensions. The second measure is more recent and brief, using only 15 items that were derived using factor analytic procedures from responses based on the 45-item measure.

Universal-Diverse Orientation: A summary of empirical research

Karen Anne Kegel — Lehigh University, Bethlehem, USA, Cirleen DeBlaere

Since its theoretical inception, approximately 30 published studies have elucidated the utility of the universal-diverse orientation (UDO) construct. For example, UDO scores have been linked with elements of counselor empathy and multicultural competence (Miville, Carlozzi, Gushue, Schara, & Ueda, 2006; Constantine et al., 2001) as well as client preferences for counselor match, working alliance, session smoothness and depth, and counseling satisfaction and persistence (Furtés and Brobst, 2002; Munley, Thiagarajan, Carney, Preacco, & Lidderdale, 2007; Stracuzzi, Mohr, & Furtés, 2011). UDO scores also have been associated with psychological well-being, positive cultural identity status, certain personality traits, and clinical and nonclinical experiences with diversity (e.g., Brummett, Wade, & Ponterotto, 2007; Miville et al., 1999; Olson, Jason, Davidson, & Ferrari, 2009; Spanierman, Neville, Liao, Hammer, & Wang, 2008; Spanierman, 2009; Thompson, Brossart, Carlozzi, & Miville, 2002). This literature review will provide a research summary of studies examining UDO as a predictor variable (e.g., Furtés and Brobst, 2002; Miville et al., 2006), outcome variable (e.g., Spanierman et al., 2008; Olson et al., 2009), and intervening variable (e.g., Stracuzzi et al., 2011) in psychological investigations. Emphasis will be given to those studies demonstrating connections between UDO and counseling and mental health. Coverage will also examine instances where UDO cognitive, affective, and behavioral subscale scores have offered unique contributions to study results.

Future applications of UDO theory in psychotherapy research

Jackson Taylor — Adelphi University, New York, USA

Although researchers have explored the use of Universal-Diverse Orientation (UDO) theory within counseling and mental health, there is a scarcity of UDO studies in the psychotherapy literature. The goals of this presentation are to examine future applications of UDO in psychotherapy research, including with specific clinical populations, different psychotherapies, and issues common among diverse populations. Recent studies gleaned from an extensive literature review are highlighted to illustrate the clinical utility of UDO in psychotherapy and psychotherapy research. Despite efforts to examine the impact of culture in counseling, little is known about how therapists' and clients' appreciation of similarities and differences impacts psychotherapy process and outcome. Concordantly, recent phenomenological efforts to understand the role of culture in psychotherapy illustrate the exigent need for researchers to move the dyad beyond demographic-based similarities and differences and toward internal perceptions, beliefs, and attitudes. A small but growing body of research indicates that UDO is linked to counselor preference, racial identity, sexual orientation bias, and other important dynamics in the therapeutic context. Furthermore, recent findings suggest that among counseling dyads, UDO impacts the therapeutic relationship and is associated with common process and outcome variables. Thus, the application of UDO to psychotherapy research has the potential to inform research efforts and improve clinical practice across various settings. Cross-panel dialogue and audience participation will elaborate upon current efforts and stimulate discussion on future directions for UDO theory in psychotherapy research.

Panel

Therapist factors

Moderator:

Catherine Eubanks-Carter, Yeshiva University, New York, USA

The impact of therapist factors on the alliance and outcome

Discussant:

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

Therapist skills for negotiating the alliance

Catherine Eubanks-Carter — Yeshiva University, New York, USA, Christopher Muran, Jeremy Safran

Abstract Aim: Research on therapists' contributions to the alliance (e.g., Baldwin, Wampold, & Imel, 2007) suggests that some therapists are more effective than others at developing and maintaining an effective working relationship with their patients. Three therapist skills may be particularly important for the successful negotiation of alliance ruptures: self-awareness, affect regulation, and interpersonal sensitivity. This study will examine the relationship of these skills to treatment process and outcome in a sample of trainee therapists. **Method:** Analyses will be based on data from a study of trainee therapists who provided 30 sessions of CBT to patients with Cluster C and PDNOS diagnoses. Therapist skills were assessed prior to treatment. Patients and therapists completed measures of the alliance and alliance ruptures at every session, and measures of symptoms and interpersonal functioning at intake and termination. **Results:** We will conduct regression analyses to assess the extent to which therapist skills of self-awareness, affect regulation, and interpersonal sensitivity predict ratings of the alliance, alliance ruptures, and treatment outcome. **Discussion:** Discussion of the findings will focus on their implications for therapist training.

Analysis of the relationship between therapist reflective functioning and therapeutic process and outcome

Romy Alexandra Reading — New School University, New York, USA, Jeremy Safran

Abstract Aim: The relationship between individual therapist variables, specifically the internal mental processes of the therapist, and therapeutic process and outcome is currently an under-examined area of psychotherapy research. This paper will specifically examine the therapist variable of Reflective Functioning (RF), which refers to the "mental function which organizes the experience of one's own and others' behavior in terms of mental state constructs" in relationship to therapeutic process and outcome (Fonagy, Target, Steele, & Steele, 1998). **Method:** The therapist's capacity for Reflective Functioning was assessed from interviews administered to 45 brief relational therapists at the mid-phase point of a 30-session therapy protocol. Interviews were coded using the Reflective Functioning scale (Fonagy et al., 1998). **Results:** The relationship between therapist reflective functioning, process variables including the occurrence of alliance ruptures and repairs, and therapy outcome will be examined. **Discussion:** Significant findings and their implications for therapist training will be discussed.

The supervisory alliance and its effect on the therapeutic alliance

Kelly Wagner Bolger — New School University, New York, USA, Catherine Eubanks-Carter, Jeremy Safran, Christopher Muran

Authors: Kelly Bolger (presenter), Catherine Eubanks-Carter, Jeremy Safran, and Chris Muran **Abstract Aim:** Over the past 10 to 15 years, increased attention has been paid to the supervisory relationship. A primary goal of research on clinical supervision is to test and improve theory in order to guide the practice of supervision. This study examines the strength and quality of the supervisory alliance and how it relates to the strength and quality of the therapeutic alliance from both the patient's and therapist's perspectives, as well as the length of time spent in supervision. **Methods:** The analyses will be based on data involving 40 patient-therapist dyads in a treatment program that examines supervision in the context of a training model. Using a short version of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), this study will compare the supervisee's perceptions of the supervisory alliance to the patient's and therapist's perceptions of the therapeutic relationship. **Results:** Preliminary results indicate that the supervisory alliance is correlated with the patient's perception of the therapeutic alliance, and that longer time intervals spent in supervision lead to stronger supervisory working alliance scores. **Discussion:** Findings will be discussed with respect to their conceptual, empirical, and clinical implications. **Keywords:** Supervisory alliance, therapeutic alliance, supervision, process

Panel

Process

Moderator:

Claudio Martínez Guzmán, Universidad Diego Portales, Santiago, Chile

Verbal and non-verbal expression of mutual regulation in psychotherapy

Discussant:

Wolfgang Tschacher, University of Bern, Switzerland

Discursive positions in the psychotherapeutic interaction: An application of the Dialogic Discourse Analysis (DDA) to mutual regulation process

Claudio Martínez Guzmán — Universidad Diego Portales, Santiago, Chile

Discursive positions, with their respective marks or linguistic traces, are equivalent to dominant and consistent ideological perspectives expressed throughout the therapeutic process that theoretically correspond to different parts of the self of the speaker (Hermans, 1996) or voices, in Bakhtin terms (Bakhtin, 1973). These positions may be thought, in turn, as an expression of relational patterns developed early in the attachment relationships of individuals and subsequently modeled by new significant relationships which throughout the language acquisition process are progressively embodied in the individual's discourse. The aim of this presentation is to show the application of Dialogic Discursive Analysis (DDA) for the study of the discursive expressions of self in the regulatory process of the therapeutic interaction. A brief microanalysis of an excerpt of therapeutic dialogue illustrates the identification and characterization of discursive positions of therapist and patient. It also analyzes the relationship between these positions during the dialogue and the role that they play in the mutual regulation process. The proposed model and the illustration are discussed considering the possibilities that they open to study interactive regulatory processes in psychotherapy.

Non-verbal facial affective behavior of patient and therapist during relational in-session episodes: A micro-analytic approach to mutual regulation in psychotherapy

Carolina Altimir — Pontificia Universidad Católica de Chile, Santiago

Affective processes are determinant in the establishment, configuration and maintenance of the therapeutic relationship (Bänninger-Huber & Widmer, 1999; Benecke, Peham, & Bänninger-Huber, 2005), since they are displayed by patient and therapist based on their own relational repertoires that contain the generalized procedures of past mutual regulation and therefore influence actual emotional and relational behavior (Gabbard, 2000; Tronick, 2001; Tronick et al., 1998). A great amount of this emotional exchange takes place at an implicit level, and is usually associated with non verbal, pre-rational and non-conscious behavior, specifically the one that occurs at the split-second, and that serves to evaluate and regulate the state of the relationship with the interactive partner (Lyons-Ruth et al., 1998; Tronick et al., 1998). The aim of this presentation is to illustrate a micro-analytic system for the study of non-verbal facial affective behavior within relational episodes of the therapeutic interaction. Through the analysis of in-session videotaped excerpts, we intend to show the empirical possibilities of this system for the access to spontaneous and unconscious phenomena (Merten, 2005), that constitute an observable component of emotional processes (Bänninger-Huber & Widmer, 1999), and in that sense are a window to the implicit domain of mutual regulatory processes. Results using this system of micro-analysis will be discussed considering future research possibilities and reflections on its potential utility for clinical training and supervision.

Vocal quality patterns: An analysis of voice micro-regulatory sequences in the psychotherapeutic exchange

Alemka Tomicic — Universidad del Desarrollo, Santiago, Chile

The sounds of speech are important components of coordination and mutual regulation in psychotherapy. Vocal Quality Patterns (VQP) have been defined as more or less stable configurations of voice parameters that impact in a specific way the other who listen, regardless of the content of the speech (Tomicic et al., 2009, 2011). VQP analyses of relevant psychotherapeutic episodes (eg, change and stuck episodes) have provided evidence on the association between vocal micro-regulatory sequences that occur in a sub-symbolic level, and the psychotherapeutic change (Tomicic, 2011). The aim of this presentation is to show the application of VQP for the study of the regulatory process by means of the differential use of the VQP by the participants and the temporal association of the VQP during the psychotherapeutic exchange. Using an excerpt of therapeutic dialogue the VQP codification and its analysis in sequential terms is illustrated. This analysis is discussed in light of the concepts of mutual regulation and the conformation of an intersubjective matrix. Also, the scope of these kinds of studies in psychotherapy research and the possibility that these findings could nurture the practice and training of clinical psychologists are taken into account.

Brief Paper Session

DBT

Moderator:

Hannah Katznelson, University of
Copenhagen, Denmark

Motive-oriented therapeutic relationship in dialectical behavior group therapy for patients with borderline personality disorder: A qualitative study

Sabine Keller — Institute of Psychotherapy, Lausanne, Switzerland, Dominique Page, Yves De Roten, Jean-Nicolas Despland, Franz Caspar, Ueli Kramer

Dialectical Behavior Therapy (DBT) is an effective method for the treatment of patients presenting with Borderline Personality Disorder (BPD) (Linehan et al., 2006). However, there still is a lack of comprehension of which processes make DBT effective, especially in DBT group therapy. Enhancement in specific skills was advanced as potential mediator of these treatments (Neacsiu et al., 2010). It remains an open question if relationship variables play a role in the change in DBT treatments. As a contribution to filling this gap, this qualitative study aims to investigate the extent to which therapists behave in line with the concept of Motive-Oriented Therapeutic Relationship (MOTR ; based on Plan Analysis ; Caspar, 2007) in DBT group treatments. MOTR is a set of individualized therapeutic relationship heuristics which satisfy the patient's acceptable motives within the therapeutic interaction. The DBT group treatment is a manualized 20 sessions treatment (Page, 2009) guided by 2 group trainers. The present qualitative study included 3 patient completers, all presenting with BPD. Plan analyses of every patient were developed based on an individual psychodynamic interview at intake. The twenty therapy sessions were video-taped and half of them were rated by means of the MOTR scale (Caspar et al., 2005). The reliability was acceptable. Results include interesting findings, and show the applicability of MOTR with a group of patients presenting with BPD, showing that MOTR-consistent therapist's behaviors are particularly frequent facing collaborative patient's behaviors, thus extending previous findings (Caspar et al, 2005) to structured group setting.

Six-month outcomes of dynamic deconstructive psychotherapy vs. dialectical behavior therapy for borderline PD at a university clinic

Robert J. Gregory — SUNY Upstate Medical University, Syracuse, USA, Georgian T. Mustata, Evan deranja

Objective: Although several manual-based treatments for borderline personality disorder have demonstrated efficacy in controlled trials, studies have been limited by structured research settings, selective recruitment, and low comorbidity. Little is known about the effectiveness of these treatments in real world settings. Methods: In a quasi-randomized naturalistic design, 56 consecutive clients with borderline personality disorder were treated with dynamic deconstructive psychotherapy (DDP; n = 23) or comprehensive dialectical behavior therapy (DBT; n = 19). The 5 therapists (3 DDP; 2 DBT) had advanced training and at least 4 years experience applying their respective modalities; weekly group supervision maintained treatment fidelity. An additional 14 clients treated with unstructured psychotherapy (TAU) served as a control. The primary outcome measure was the Borderline Severity over Time (BEST) obtained at baseline and 6 months. Results: In intent-to-treat analysis controlling for baseline differences in severity and age, clients treated with DDP displayed significantly greater reductions in BEST scores than those treated with DBT ($F = 6.3$, $p = .017$, $d = .74$) or TAU ($F = 8.5$, $p = .006$, $d = 1.1$). Scores improved for 61% of DDP clients versus 26% DBT ($\chi^2 = 5.02$, $df = 1$, $p = .025$) and 21% TAU ($\chi^2 = 5.45$, $df = 1$, $p = .020$). In secondary analyses, DDP was characterized by significantly better treatment retention and improvement in depression. Conclusions: These early findings suggest that DDP is more effective than DBT for borderline personality disorder in the real world setting of a university clinic.

Change in Reflective Function (RF) in a randomized controlled trial of psychotherapy for bulimia nervosa: A study of mentalization, psychotherapy and eating disorders.

Hannah Katznelson — University of Copenhagen, Denmark, Signe H. Pedersen, Sofie Folke, Sarah I. F. Daniel, Stig Poulsen, Susanne Lunn

Aim: Previous studies show significant changes in mentalization as measured by the Reflective Functioning scale (RF) (Fonagy et al., 1998) after psychotherapy for diagnostic groups such as BPD (Levy et al., 2006) and panic disorder (Rudden et al., 2006). However until now no clinical trials have been carried out with patients suffering from eating disorders. This study aims to investigate changes in mentalizing after psychotherapeutic treatment for bulimia nervosa in a randomized clinical trial comparing psychoanalytic and cognitive-behavioural psychotherapy. Methods: Adult Attachment Interviews (AAI) are administered to all participants (N=70) at intake, after 6 months and after 24 months. At the present moment 148 AAI's have been coded for RF. A pilot reliability test (n=20) shows promising results with an interrater reliability of ICC = 0.90. EDE and SCID-II (Spitzer et al., 1990) data are also available for all patients at the same intervals and will be used in the subsequent analysis. Data analysis will be completed early 2012. Results: At the conference results will be presented concerning a) the possible change in RF after psychotherapeutic treatment b)

whether this change is greater for psychoanalytic psychotherapy compared to CBT and c) whether the change in RF predicts a reduction in the general level of symptoms. Discussion: The use of RF as an outcome measure and predictor in psychotherapy research and the possible differences in changes in RF after psychotherapy depending on treatment group will be discussed. Clinical implications of the findings will also be discussed.

Guided self help CBT treatment for bulimic disorders: Clinical significance and process of change

Paulo P.P. Machado — Universidade do Minho, Braga, Portugal, Ana Rita Vaz

The aim of this study was to test the efficacy of a guided self help in the treatment of Bulimia Nervosa, Binge Eating Disorder and Subthreshold Bulimia Nervosa, as a first step in a step care approach. Additionally, we were interested in monitoring the process of change to better understand treatment outcome and find predictors of treatment response. Participants were assessed at pre and post treatment and six-month follow-up using Eating Disorder Examination Questionnaire, Outcome-Questionnaire -- 45 and Beck Depression Inventory. Sort Evaluation for Eating Disorders and Outcome Questionnaire - 10 was used every session. Sixty six subjects were assessed and 30 were excluded for not meeting inclusion criteria. Twenty five patients enter the treatment trial and 6 drop out from the study. Results showed a reduction in EDE scores for all scales and for OQ-45 and BDI. These differences had an effect size medium to high (Cohen, 1988). There was a 78% reduction in binge episodes and a 73% reduction in compensatory behaviours. Fifty per cent of the binge reduction occurred in an early stage of treatment when participants completed the step III of the self help manual. Results will be presented in terms of clinical and reliable clinical change and percentage of improvement.

Brief Paper Session

Miscellaneous

Moderator:

Marc J. Diener, Argosy University,
Arlington, USA

Therapeutic interventions utilized by master clinicians: Final results

Marc J. Diener — Argosy University, Arlington, USA

, Jelena Kecmanovic

Aim: The present study examines the use of psychodynamic-interpersonal (PI) and cognitive-behavioral (CB) techniques by master clinicians in videotaped psychotherapy sessions. Methods: Commercially-available videotapes and DVDs of master clinicians from several theoretical orientations were rated by clinical psychology graduate students using the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth, Blagys, Ackerman, Bongue, & Blais, 2005). Results: Results presented previously (Diener, 2011) demonstrated that the master CB clinician was rated as utilizing a greater degree of CB interventions than the other master clinicians who were not primarily identified as CB (d 's ranging from 0.81-3.21, all p 's < .01). In addition, these results indicated that the master CB clinician was rated as utilizing a lesser degree of PI interventions than the other master clinicians (d 's ranging from 0.51-1.17; 2 out of 4 comparisons were statistically significant). The present study will include data collected using an expanded sample size as well as analyses of interrater reliability for judges' coding decisions. Discussion: Theoretical and clinical implications of the findings will be discussed along with limitations of the present study. Directions for future research will be identified.

Treatment goals of transpersonal psychotherapists

Meghan R. Fraley — The Institute of Transpersonal Psychology, Palo Alto, USA, David E. Orlinsky, Margot J. Schofield

Aim: Within the field of transpersonal psychotherapy, there is an ongoing process of defining its unique approach. Theoretically, transpersonal psychotherapy incorporates multiple developmental levels, including the "transpersonal" level. There has been a paucity of empirical research on the practices and goals of transpersonal psychotherapists. As part of the Collaborative Research Network: International Study of the Development of Psychotherapists (CRN:ISDP), this paper examines the patterns of theoretical orientations and important treatment goals reported by transpersonal psychotherapists. Methods: 124 transpersonal psychotherapists in the United States, and 556 transpersonal and nontranspersonal psychotherapists in Australia completed the Development of Psychotherapists Common Core Questionnaire. In one section of the survey, therapists rated items indicating the level of influence of different theoretical orientations on their current therapeutic practice, as well as the extent to which they considered themselves integrative or eclectic. They also selected their four most important treatment out of 15 suggested goals. Results: The results illuminated that transpersonal therapists largely consider themselves integrative, and many include the goal of integrating personal and spiritual identities. Further, they distinguished themselves from a group of nontranspersonal therapists in that a higher percentage held the goal of allowing their clients to experience their feelings fully, and less endorsed the goal of modifying problematic behavior. Discussion: These findings will be discussed in regards to conceptualizing transpersonal psychotherapy, as well as the implications for training and supervision.

The Well-Being Interview

Gregg Henriques — James Madison University, Virginia, USA

Although well-being is considered a central construct in psychotherapy, there are few, if any, structured clinical interviews that provide a comprehensive assessment of an individual's well-being. This brief paper will report on the construction of the Well Being Interview (WBI), which can be used in psychotherapy outcome research, as well as many other different domains. The WBI takes approximately thirty minutes to complete, and assesses ten different domains: 1) Overall Life Satisfaction; 2) Engagement and Interest; 3) Meaning and Purpose; 4) Healthy Habits and Lifestyle; 5) Emotions and Feeling States; 6) Relationships; 7) Defenses and Coping; 8) Self-Efficacy and Identity; 9) Current Stressors and Affordances; and 10) Life Direction. These domains were developed based on a comprehensive review of the literature, and integrated utilizing a new, unified theory of psychology (Henriques, 2011). Each domain is assessed via the following format: 1) An open ended, qualitative prompt regarding the domain (e.g., Life Satisfaction is the overall sense of satisfaction people have with their lives. Tell me about your degree of life satisfaction.); 2) A quantitative rating of the domain on a scale of 1 to 7; 3) A series of 'yes', 'no' or maybe closed ended questions pertinent to the domain; and 4) A clinician rating of the domain. The measure has been administered to 97 college students. Data on scoring, reliability, correlation with self-report measures, and pre-post scores following a course on enhancing well-being will be reported. Implications, limitations and future directions will be discussed.

The impact on counseling trainees on weekly journaling about learning from clients

Jessica V. Stahl — Massachusetts School of Professional Psychology, USA, Daniel Isenberg, Jessica Garcia, Paul Letendre, Laura Noblet

Stahl et al. (2009) is one of few studies empirically investigating what therapists learn from their clients. This follow-up study focused on what novice therapists learn from their clients and the impact of asking students regularly about learning from clients. Four counseling psychology master's students submitted weekly journals in which they answered two questions (What have you learned from your clients this week? How did you realize that you learned what was discussed above?). The first two authors responded to each participant's weekly journal with supportive feedback and reflective questions. After completing eight journals, participants each engaged in a 45-minute online anonymous interview via Google Chat. The interview addressed thoughts and feelings about the journaling/feedback process, how participants had applied or would apply what they learned from clients, and how journaling/feedback impacted clinical work and growth as a therapist-in-training. Data were analyzed using consensual qualitative research (CQR; Hill, 2012). Participants' journals discussed learning about client dynamics, doing therapy, the therapy relationship, and self as therapist. Participants realized they learned these things through self-reflection, directly from the clinical interaction, and from consultation/supervision. In the interviews, participants reported that journaling/feedback facilitated insight and was simultaneously enjoyable and tiring/burdensome. Participants reported being able to apply what was learned from the journaling/feedback process, that it helped them draw connections to previous experiences/knowledge, and that it increased their counseling self-efficacy. Implications for training and practice are discussed.

Brief Paper Session

Miscellaneous

Moderator:

Robert John King, Queensland Institute of Technology, Brisbane, Australia

Placebo in treatment resistant depression

Robert John King — Queensland Institute of Technology, Brisbane, Australia

Treatment resistance (usually defined as failure to respond to adequate doses of two or more evidence based interventions) is characteristic of up to one third of all cases of depression. The reasons for treatment resistance are unclear. While some factors have been identified, these account for a small proportion of the variance. Given that 'placebo' factors provide most of the treatment effect when pharmacotherapy and/or psychotherapy are effective, weak placebo response provides a useful starting point for understanding failure to respond to treatment. This is a conceptual paper that identifies likely components of placebo response and discusses reasons why those with treatment resistant depression might have poor placebo response.

The effectiveness of treatments for personality disorders: A meta-analysis of direct comparisons

Stephanie Lynne Budge — University of Louisville, USA, Jacob B. Nienhuis, Jon T. Moore, Timothy Baardseth, Bruce E. Wampold

Aim: Several psychotherapeutic treatments have been shown to be effective for personality disorders. Meta-analyses indicate that treatments are equally efficacious when two bona-fide treatments are compared (Wampold et al., 1997).

Additionally, treatment-as-usual (TAU) when implemented correctly as a comparison group is shown to not have differences with evidence-based treatments (EBT); however, when implemented insufficiently, effect sizes are in favor of EBTs (Wampold et al., 2011). Method: Data were analyzed using meta-analytic methods. PRISMA standards were used for inclusion/exclusion criteria, search strategies, coding procedures, and statistical methods. Initially, 86 articles met rigorous criteria after screening and 36 articles met criteria for final analysis. Results: The overall omnibus effect size comparing EBT's to TAU was $d=.42$ ($p>.001$), a medium sized effect for the EBT group. However, results also showed that there was significant heterogeneity ($p>.001$, $I^2=.73$). Three moderators were significant: proximity of TAU ($d=.35$, $p>.001$), dose hours ($d=.50$, $p>.001$), and treatment setting ($d=.42$, $p>.001$). Also, when analyzing direct comparisons of two bona-fide treatments for personality disorders, the overall omnibus effect size was $d=.22$ ($p=.03$) and showed significant heterogeneity ($p=.03$, $I^2=.69$). Allegiance was found to be a significant moderator ($d=.22$, $p=.05$). Discussion: Although effect sizes favor one treatment being more effective than a comparison treatment, results show significant heterogeneity in the effectiveness of treatments for personality disorders. TAU rigor, hours per treatment, outpatient services, and allegiance all impact the effect of treatments for personality disorders.

The victim's shame: The parents' perspective on their daughters' committed suicide

Annelie Werbart Törnblom — Karolinska Institutet, Stockholm, Sweden, Andrzej Werbart

The aim of this study was to build a theoretic model of the process behind committed suicide among girls and young women, grounded in their parents' views. How have the parents tried to understand and explain to themselves why their daughter committed suicide? We collected interviews with mothers and fathers of 20 girls and young women up to 25 years of age who committed suicide in Stockholm County between 2000 and 2004. Interview transcripts were coded in ATLAS.ti, a software. A tentative model of the suicidal process was built using grounded theory methodology. Typically, the girl concealed her problems and hid behind a mask, while parents and the professionals neither noticed the girls' problems nor understood the emergency. Five interwoven paths to suicide were found: the girl was abused, hunted and haunted, addicted, depressed or psychotic. Distinct personalities emerged from the parents' narratives: among them the princess and the lark. Different forms of shame were hidden behind these two masks and shame emerged inductively as core category in the process model. Sexual abuse was more common among the girls as compared to the boys, and the shame for what she had been exposed to was more common as the shame for what she had done. The emerging theoretical model of the suicidal process, grounded in the mothers' and the fathers' views, can contribute to a more professional attitude among clinicians and to better suicide prevention. Barriers to help and different consequences for prevention and treatment are discussed.

Ethical practices and viewpoints of psychotherapy researchers

Andres Roussos — Universidad de Belgrano, Universidad de Buenos Aires, Argentina, Malena Braun

This study investigated the ethical practices and viewpoints of psychotherapy researchers. A self-developed online survey was sent to psychotherapy researchers (mostly SPR members) via the mailing list. Participants received an email with an invitation to participate and a link that opened a new browser window with the survey. The survey asked researchers to report on their own questionable behavior and on whether they had seen colleagues performing that type behavior. It also inquired on aspects such as ethical research training: data management (storing, sharing and recording) and use of clinical excerpts or vignettes. No personal identifiable information was collected. Researchers admitted to all of the questionable research practices inquired and the most common faults were related to authorship practices. These flaws, although mostly minor, helped us understand why ethical transgressions occurred. The results show that the proportion of major transgressions of psychotherapy researchers is lower than those in other areas, but that there is still a need to establish clear standards in order to prevent scientific misconduct. As ethical regulations and standards are being developed and updated around the world, the results of this survey help us to be aware in order not to stay as mere spectators. If we do not get involved the new standards could be too light (exposing subjects and research), too strict (obstructing research) or out of focus (leaving uncovered areas or disregarding the contexts that promote some flaws like, for example, inadequate monitoring of research projects due to work overload).

Brief Paper Session

Somatic

Moderator:

Anthony S. Joyce, University of Alberta,
Edmonton, Canada

Emotional expressiveness in the narratives of patients with somatization syndromes

Alla Landa — Columbia University, New York, USA

Aim: Alexithymia had been suggested as an important aspect of symptom formation in somatization syndromes; alleviating alexithymia in psychotherapy had been proposed as a mechanism of change in treatment of these difficult to cure conditions. However, studies assessing alexithymia directly from patients' narratives have been rare. The aim of

this study was to examine spontaneous and elicited verbal emotional expressiveness in the relational narratives of patients with somatization syndromes. Method: Twenty patients with Somatization, Pain or Undifferentiated Somatoform disorders and twenty age-, gender-, ethnicity-, and education-matched healthy controls completed SCID, Relational Anecdotes Paradigm Interview (RAP), Toronto Alexithymia Scale (TAS), and other affect expression measures. The RAP narratives were coded for verbal emotional expressiveness using the Levels of Emotional Awareness Scale (LEAS) system. Results: Patients with somatization syndromes presented with significantly lower level of verbal emotional expressiveness. They were more likely to express emotions using descriptions of somatic sensations or actions. Positive, yet modest correlation between alexithymia rated directly from participants' narratives and by the self-report measure (TAS) was observed. Discussion: Results are consistent with prior reports of alexithymia among patients with somatization syndromes, further validating those findings by assessing alexithymia directly from patients' narratives. However, self-report measures and narratives coding approaches might be assessing different aspects of alexithymia. The implications of these findings for psychotherapy and for future research on somatization and on alexithymia will be discussed.

Altered brain activity during emotional empathy in somatoform disorder

Annette F. Bölter — Otto-von-Guericke-Universität Magdeburg, Germany, Moritz de Greck, Joerg Frommer, Georg Northoff

Somatoform disorder patients suffer from impaired emotion recognition and other emotional deficits. However little is known so far about empathic deficits of somatoform patients and the underlying neural mechanisms. We used fMRI and an empathy paradigm to investigate 20 somatoform disorder patients and 20 healthy controls. The empathy paradigm contained facial pictures expressing anger, joy, disgust, and a neutral emotional state; a control condition contained unrecognizable stimuli. In addition, questionnaires testing for somatization, alexithymia, depression, empathy, and emotion recognition were applied. Behavioral results confirmed impaired emotion recognition in somatoform disorder and indicated a rather distinct pattern of empathic deficits of somatoform patients. The patients revealed brain areas with diminished activity in the contrasts "all emotions"-"control," "anger"-"control," and "joy"-"control," whereas we did not find brain areas with altered activity in the contrasts "disgust"-"control" and "neutral"-"control." Significant clusters with less activity in somatoform patients included the bilateral parahippocampal gyrus, the left amygdala, the left postcentral gyrus, the left superior temporal gyrus, the left posterior insula, and the bilateral cerebellum. These findings indicate that disturbed emotional empathy of somatoform disorder patients is linked to impaired emotion recognition and abnormal activity of brain regions responsible for emotional evaluation, emotional memory, and emotion generation. Our next study paradigm will contain pictures and auditory stimuli to investigate the ability of somatoform patients to differentiate between negative emotions, especially sadness and anger.

A naturalistic trial of outpatient treatment for recurrent major depression: evidence for the hindering effect of alexithymia

Anthony S. Joyce — University of Alberta, Edmonton, Canada, John G. O'Kelly, John S. Ogrodniczuk, William E. Piper, John S. Rosie

One hundred outpatients diagnosed with recurrent major depression were offered time-limited, psychodynamic individual psychotherapy as a "first-line" treatment. Evaluations of depressive symptoms using the Hamilton Rating Scale for Depression (HAM-D) were conducted regularly during treatment. Patients failing to show a treatment response (50% decrease in initial HAM-D scores) were referred for consultation regarding "augmentation" of therapy with antidepressant medication. Eighteen of 67 patients who began therapy dropped out (26.9%). Of 49 therapy completers, 23 (46.9%) were not prescribed antidepressants; 20 (40.8%) demonstrated evidence of recovery during the year-long follow-up while 3 (6.1%) did not. Of the 26 patients (53.1%) prescribed antidepressants, 16 (32.7%) demonstrated evidence of recovery and 10 (20.4%) did not. The four patient clusters were compared on severity of depressive symptoms, presence of comorbid Axis II disorders, quality of object relations, psychological mindedness, and alexithymia. Patients who received augmented treatment but did not provide evidence of recovery scored significantly higher than their counterparts on measures of alexithymia. Clinical implications of the findings are considered.

Alexithymia and psychotherapy: What's different?

Ana Nunes da Silva — University of Lisbon, Portugal, António Branco Vasco, Jeanne C. Watson

The research literature repeatedly shows patients with alexithymia as having poor outcomes in psychotherapy. But what is happening with them in therapy? We reflect on that exploring two cases throughout 16 sessions: one patient starting therapy with a high level of alexithymia and other with a low level of alexithymia. Regarding the patients evolution we look to different emotional components, symptoms and the patient's ability perception. Regarding the therapists, we explore what they are promoting throughout those sessions. Regarding therapy we explore the evolution of the therapeutic alliance from both perspectives. Quantitative and Qualitative data are presented. The differences and similarities are discussed. The implications for psychotherapy intervention are highlighted. Keywords: Alexithymia; Therapeutic Alliance; Psychotherapy.

Brief Paper Session

Psychodynamic

Moderator:

Juan Martín Gómez Penedo,
Universidad de Belgrano, Buenos Aires,
Argentina

Psychoanalysts' conception about generalized anxiety disorder

Juan Martín Gómez Penedo — Universidad de Belgrano, Buenos Aires, Argentina, Adela Leibovich de Duarte, Santiago Juan, Ignacio Etchebarne, Andres Roussos

Aim: Although Generalized Anxiety Disorder (GAD) is considered to be a conceptual heir of the 1895 Freudian notion of Anxiety Neurosis (Roemer, Orsillo, & Barlow, 2002), it is not a diagnosis commonly used within the psychoanalytic framework. The goal of the present study was to analyze the theoretical conceptualization made by expert psychoanalysts, regarding patients that meet GAD criteria. **Methods:** A convenience sampling, integrated by 10 psychoanalysts from Buenos Aires, that fulfilled the expertise criteria established by Eells et al. (2011), was used. Individual semi-structured interviews with each participant were conducted. Psychoanalysts were asked, explicitly, about their clinical and theoretical view on GAD. In order to analyze the data, a clinical qualitative approach was used based on Consensual Qualitative Research criteria (Hill, Thompson y Nutt-Williams, 1997; Hill et al. 2005). **Results:** Seven Domains were identified through the analysis. The most frequent Categories generated were: GAD and Anxiety Neurosis' link; GAD and Anxiety Hysteria's link; GAD's nosographic validity; GAD and its link with Insecure Attachment; and GAD's association with Primitive Anxieties. Mutual relationships among the most frequent and clinically relevant categories were established, developing conclusions and new hypothesis for future research. **Discussion:** The results suggest some specific characteristics identified in this kind of patients, which could be integrated into an updated psychodynamic comprehension about GAD.

Therapist-trainee attempts at alliance rupture repair in time-limited dynamic psychotherapy

Megan Edwards — Wellesley College, USA, George Tremblay, James Fauth

Aim. This study examined alliance rupture resolution within time-limited dynamic psychotherapy (TLDP). Rupture resolution has been described as a transtheoretical factor contributing to therapy outcome and may be particularly applicable to "here-and-now" therapies that emphasize the alliance such as TLDP. The purpose of the analysis was to determine whether TLDP trainees made use of rupture repair processes as outlined in a manualized model of rupture repair, and any association this had with session outcome. **Methods.** A manualized rupture repair model was used to measure trainee attempts at rupture resolution within TLDP training sessions. Trained observers rated resolution attempts in sessions containing indicators of alliance ruptures. Trainee resolution behaviors were compared with scores on session outcome measures. **Results.** Results suggested that therapeutic alliance ruptures were common and that some rupture types were subtle phenomena often overlooked by trainees. TLDP trainees made use of rupture resolution behaviors, though on a superficial level that made less use of interpersonal process than was expected. The use of rupture resolution behaviors was not necessarily associated with improvement in client perception of therapeutic process, and in some cases, aspects of the rupture resolution process were negatively associated with session outcome. **Discussion.** Results suggest that rupture resolution is a complex endeavor that therapist-trainees and clients may find somewhat disruptive and uncomfortable. Implications for psychotherapy training are noted, including the need to better understand complexities of the rupture resolution process and the intricacies of effective here-and-now interpersonal processing.

Adherence to the "psychodynamic prototype" in key moments of a brief psychotherapy

Fernanda Barcellos Serralta — Unisinos, Brazil., Elisa Yoshida, Eduardo Khater, Aline Eymael Domingues, Erhard Mergenthaler

This is a follow up to a previous study that was focusing on the adherence to the psychodynamic prototype (versus cognitive-behavioral). **Aim:** a) To explore the association between "key moments" and the therapist's adherence to the "psychodynamic prototype" and to verify whether at "key moments" the therapist employs more interventions consistent with her theoretical orientation; b) to compare the adherence to the "psychodynamic prototype" in and outside the "therapeutic cycles" (Cycles). **Method:** The patient Mary, 55, was seen in a brief psychodynamic psychotherapy (31 sessions) with complaints of depression, by an experienced psychodynamic-oriented psychotherapist. Assessments before and after treatment of symptoms and social adjustment indicated clinically significant and reliable change. **Instruments:** a) The Portuguese version of the Psychotherapy Process Q-Sort (PQS) to assess the adherence to the "psychodynamic prototype". b) The Therapeutic Cycles Model (TCM) based on the Resonating Minds Theory - The TCM provides a computer-assisted text analysis that allows for the identification of emotion-abstraction patterns such as Connecting and key moments in session transcripts, represented by Cycles, a sequence of emotion-abstraction patterns that contain Connecting and correspond to clinically significant moments associated with change. **Procedure:** Every fourth session was rated by two independent judges to describe the adherence to the psychodynamic prototype in each

session. Additionally, using the five items of the PQS that are most and least characteristic, a similar rating will be done on the text segments captured by a Cycle. Results: The study is ongoing and first results will be presented and discussed.

The psychodynamic treatment of patients with depersonalization disorder

Matthias Michal — Johannes Gutenberg-Universität Mainz, Germany

Depersonalization disorder (DPD) is characterized by persistent or recurrent experiences of feeling detached from one's mental processes or body. DPD is usually considered to have a chronic course and poor response to treatment when targeted not specifically in treatment. Disease models comprise several intermingled pathways for the symptom formation and the maintenance of the disorder. A recent cognitive behavioral model describes how the catastrophic misinterpretation of DPD symptoms is resulting in a vicious cycle of increasing anxiety and self-observation, and consequently increased DP symptoms. Psychodynamic disease models consider DPD as the result of complex defenses against the full experience of reality caused by overwhelming affects, especially the affect of shame. Accordingly affect avoidance, poor self-esteem and difficulties to personalize the own experiences play the mayor role for the symptom formation (Michal et al., 2006). The talk explains why it is crucial to target DP directly in therapy and moreover introduces a depersonalization focused psychodynamic treatment model and reports on first encouraging experiences with its application. The treatment model integrates psychodynamic and cognitive behavioural treatment elements specific to DPD. Supportive interventions are implemented to help patients to change their attitude towards the disorder (e.g., education about the nature of DPD, symptom monitoring to help patients to make sense of the patterns of what triggers and alleviates symptoms of DPD, teaching in grounding techniques/mindfulness exercises, designed to diminish DPD and to block excessive self-observation and to improve emotional experiencing as well as self-soothing). Expressive interventions focus on the maladaptive relationship patterns impairing self-esteem, inhibition of emotional experiencing and rejection against the personalization of their own experiences.

Brief Paper Session

Miscellaneous

Moderator:

Jared DeFife, Emory University, Atlanta, USA

Dimensional assessment of self and interpersonal functioning in psychotherapy: Implications for DSM-5's general definition of personality disorder

Jared DeFife — Emory University, Atlanta, USA, Melissa Goldberg, Drew Westen

Aim: Central to the proposed DSM-5 general definition of personality disorder (PD) are features of self and interpersonal functioning. The Social Cognition and Object Relations Scale (SCORS) is a coding system that assesses eight dimensions of self and relational experience which can be applied to narrative data or used by clinically experienced observers to code patients from ongoing psychotherapy. This study aims to evaluate the relationship of SCORS dimensions to personality pathology in adolescents and adult samples and the incremental validity of SCORS dimensions for predicting multiple domains of adaptive functioning. Method: 450 randomly sampled doctoral-level clinical psychologists and psychiatrists described either an adolescent (n = 300) or adult (n = 150) in their care. Results: Individual SCORS variables demonstrated medium-to-large effect size differences for PD versus non-PD identified adolescents and adults. Summary SCORS ratings were significantly related to composite measurements of global adaptive functioning, school/occupational functioning, externalizing behavior, and prior psychiatric history. The SCORS significantly predicted variance in domains of adaptive functioning above and beyond age and DSM-IV PD diagnosis. Conclusion: As applied to psychotherapy patients, the SCORS offers a framework for a clinically-meaningful and empirically-sound dimensional assessment of self and other representations and interpersonal functioning capacities. Our findings support the inclusion of self and interpersonal capacities in the DSM-5 general definition of personality disorder as an improvement to existing PD diagnosis for capturing varied domains of adaptive functioning and psychopathology.

Clinical Applications of the Affect-Balance Principle

Antal Endre Solyom — CVCS, Lynchburg, VA

Aim. Demonstrating the importance of affect regulation in early emotional development and in later psychological functioning.- Methods. Systematic research in infants (0 -- 3 years) involved rating scales for the qualitative and semi-quantitative monitoring of affect states and affect regulatory behaviors under standardized emotional and cognitive challenges. Observing and applying the above in clinical situations.- Results. I postulate that an affect-balance principle pre-dates the drive-related pleasure principle, and determines the development and disorders of attachments. Affect regulation aims at a positive affect-balance. My theory of attachment holds that individuals develop secure or

pathologic attachments, or aversions, to persons, inanimate objects, or own body parts/activities/functions depending on how effective and reliable affect regulators they prove to be by the individual's subjective experience. By the same mechanism, attachments may change and/or be replaced. Brief clinical vignettes illustrate (1) how a 2 y/o, heavily medicated aggressive boy became a well attached and behaved person needing no medication; (2) how a woman became depressed during her preparation for marriage because she "couldn't find" the approving support of her deceased mother, but became well once her therapist substituted the missed function; (3) how a married woman experienced an upsurge of anxiety upon the upcoming visit to her adult son, and planned to wear tight shoes to make the hurt in her feet take her mind off her excitement. - Discussion. Understanding the dynamics of healthy and maladaptive attachments, of the attachment disorders and aversions, may guide the clinical assessment and therapeutic modification thereof.

Physiological correlates of therapists' empathy

Irene Messina — University of Padova, Italy, Marco Sambin, Johann Kleinbub, Arianna Palmieri

Therapists' empathy seems to be an aspecific predictor of psychotherapy positive outcome, for this reason its quantitative evaluation have been promoted in psychotherapy research. The aim of the present study was to evaluate therapists' empathy using the "interpersonal physiology" approach based on the simultaneous measurement of physiological responses in individuals during their interaction. Dyads made up, on one hand, of a volunteer and, in the other hand, of a therapist, a psychologist or a non-therapist, were involved in simulations of clinical interview. During the interviews Electrodermal Responses (EDA) were measured simultaneously in both participants. Empathic attitudes of participants were measured considering volunteers', therapists' and external judges' perspectives. The results showed a correlation between empathy as perceived by the volunteers and physiological concordance. Moreover, significant between-group differences in EDA concordance were found in therapists, psychologists and non-therapists. The relationship between empathy and physiological concordance represent an intriguing empirical evidence about the existence of mirroring phenomena in the autonomic system in individuals during their interaction. The differences between groups suggests high anxiety in psychologists related to the lack of clinical experience to manage the negative emotional expression of volunteers.

Brief Paper Session

Miscellaneous

Moderator:

Dafna Regev, University of Haifa, Israel

Codependency and cultural values: Implications for effective treatment of codependency in college students in Taiwan and the USA

Shih-Hua Chang — National Taiwan Normal University, Taipei, Christine Suniti Bhat

Aim: Evolved from the treatment of families of alcoholics, the construct of codependency has been expanded and referred to as excessively other-oriented caretaking traits or behaviors that are derived from a stressful family environment (Fuller & Warner, 2000; Morgan, 1991). However, the construct of codependency has been largely criticized for its broad definitions, vague diagnostic criteria, as well as gender or cultural bias (Brown, 1996; Granello & Beamish, 1998; Hogg & Frank, 1992; Stafford, 2001). To further validate the construct of codependency, the purpose of this study was to compare and examine codependency among college students in different cultural contexts. Methods: Data were collected from 101 undergraduate students in the USA and 176 undergraduates in Taiwan. The study questionnaire consisted of six instruments measuring (a) demographic information such as age, gender, and race, (b) codependency, (c) cultural orientation, (d) family of origin functioning, (e) self-esteem, and (f) psychological adjustment. Results: The results of hierarchical multiple regression analyses indicated a significant relationship between codependency and cultural orientations in college students in both Taiwan and the USA. While college students in Taiwan had higher levels of codependency than their counterparts in the USA after controlling for differences in cultural orientations, codependent characteristics and the importance of significant predictors were somewhat different for each group. Discussion: The results lend support to the validation of the construct of codependency when taking cultural contexts into account, and provide important implications for theory and clinical practice.

Theoretical orientations and treatment goals of psychotherapists in India

Shveta Kumaria — Loyola University, Chicago, USA, Poornima Bhola, David E. Orlinsky

Therapists' responses to questions about their therapeutic orientation may be complex. Training contexts, cultural values or client expectations could influence the theoretical orientations of practitioners from different countries. In a similar vein, we need to explore if important therapeutic goals endorsed by therapists are universal or culture-specific. As part of the Collaborative Research Network: International Study of the Development of Psychotherapists (CRN:ISDP), this paper examines the patterns of theoretical orientations and important treatment goals reported by psychotherapists in India and the relationship between them. Method: 250 psychotherapists from varied professional backgrounds and experience levels in India completed the Development of Psychotherapists Common Core Questionnaire-India version

(Bhola, Kumaria & Orlinsky, 2008). A section of items focused on the influence of different theoretical orientations on their current therapeutic practice. Another section of 15 items tapped therapists' perceptions of the four most important therapeutic goals for clients. Results: The results highlight the differences in patterns of theoretical orientations endorsed by psychotherapists in India when compared with a group of therapists from Western countries including US, UK, Germany and Norway. The results report on the four most important goals in therapeutic work endorsed by psychotherapists in India and significant associations with the conceptual frameworks they are anchored in. Discussion: These findings will be discussed in the context of the realities of therapeutic practice in the Indian socio-cultural milieu and implications for training and supervision training of psychotherapists.

Art therapy for treating children with Autism Spectrum Disorders (ASD): The unique contribution of art materials

Dafna Regev — University of Haifa, Israel, Sharon Snir

Aim: Art therapy is a relatively new area in the field of psychotherapy. One of the largest lacunas in the art therapy discipline is the lack of systematic research that focuses on different ways to treat different populations. The present study focuses on the perceptions of art therapists regarding the unique contribution of working with art materials in treating children diagnosed with ASD (Emery, 2004; Evans & Dubowski, 2001) in the process of art therapy. Methods: Ten art therapists who work with children with ASD were interviewed regarding their interventions with the children. A systematic qualitative analysis of the interviews was conducted to identify the interventions that were most effective with children with ASD. The findings of this analysis shed light on the unique role of working with art materials in treating children with ASD. Results: The qualitative examination led the researchers to identify ten major functions pertaining to the role and contribution of art in the therapeutic process. These functions focus on the way art serves as a mean to draw the patient out of the autistic bubble and facilitates the patient's connection with the outside world. Discussion: The findings stress the contribution of art as an intervention tool in treating children with ASD. Specifically, the materials introduced in the process of art therapy served a facilitating function: they provided a medium through which the patient could begin to relate to both self and others. The discussion conceptualizes these features as part of the "reclaiming function" (Alvares, 1992).

Brief Paper Session

Emotion

Moderator:

Marilyn Fitzpatrick, McGill University,
Montreal, Canada

Emotions and discrepant verbal and non-verbal communication: What is known and where do we go from here?

Frédérique Lévesque-Belley — Université du Québec à Montréal, Québec, Canada, Éric J. Dubé

Human communication occurs through two main channels: verbal and non-verbal. In psychotherapy, therapists are regularly faced with discrepancies between these two channels in their patients' communication. Such discrepancies have been linked to a change in the underlying affective state of the client (Hook, 2001). Numerous attempts have been made to study the phenomenon empirically: for example, by using therapists' clinical judgment to infer the presence of a specific emotion during a segment of the interview (Pope, Blas, Siegman & Rahe, 1970); by using an analogue of a therapy session in order to arouse a specific emotion (Diamond, Rochman & Amir, 2010); or by using physiological measures to infer the presence of a specific emotion (McCarron, 1973). This paper aims (1) at reviewing past methods and results used in the study of the relationship between paraverbal communication (silences, filled pauses, speech disturbances, speech rate, pitch perturbations and loudness variability) and emotions (anxiety, depression and anger) in psychotherapy, and (2) at presenting preliminary results of a new approach to the study of the interaction between verbal and non-verbal communication in psychotherapy. This new approach is part of an ongoing research project attempting to link established verbal markers of emotional processing (namely, Referential Activity; Bucci, 1997) with markers of anger, anxiety and depression in patients speech on the basis of paraverbal proprieties. This review should prove informative for researchers, but also for clinicians interested in identifying their patients' affective states in-session changes in these states (Rochman et al., 2008).

Verbal emotional expression during change episodes: Analysis of the communicative patterns used by patients and therapists to work on emotional contents

Nelson Valdés Sánchez — Pontificia Universidad Católica de Chile, Santiago

Patients' psychological change is based on the construction of a new reality in the therapeutic conversation. There were three successive studies in order: (i) to identify the main characteristics of the therapeutic conversation during Change Episodes; (ii) to establish the existence of communicative patterns to work on emotional contents during Change Episodes; and (iii) to determine temporal sequences of interaction between those patterns. Method: A mixed

methodology was used to analyze 38 Change Episodes (1016 segments of speaking turns) and 19 Stuck Episodes (581 segments of speaking turns) which were identified within two psychodynamic psychotherapeutic processes. Patients' and Therapists' verbal expressions were analyzed using the Therapeutic Activity Coding System (TACS-1.0, Valdés, Tomicic, Pérez, & Krause, 2010). Results: There are three main Communicative Patterns (CP) used to work emotional content: Affective Exploration, Affective Attunement and Affective Resignification. The findings suggest that the patterns patients and psychotherapists use during the psychotherapeutic dialogue vary depending on the episode type and the actor of the verbalization. In addition, there are also Communicative Coordination Microsequences between both, patient and therapist during Change Episodes.

Client experiencing and the development of positive cognitions

Marilyn Fitzpatrick — McGill University, Montreal, Canada, Clare Foa, Candice Stoliker

Aim: The broaden-and-build model applied to psychotherapy suggests that as clients feel more positively they may expand their cognitive focus. An expanded cognitive focus is also one of the central elements of the construct of client experiencing, which has been related to a variety of valued therapeutic outcomes across modalities (Hendricks, 2002). Recent findings suggest that patients who recover from depression change their cognitive focus; their distortions change from negative to positive. An important question for psychotherapy is how positive cognitions develop during the therapeutic process and whether those developments interact with or influence the expansion of client experiencing. **Method:** The session of ninety-six clients in brief psychotherapy were recorded and transcribed. Sessions were rated using the Experiencing Scale, Patient (EXP-P) (Klein, Mathieu-Coughlin, & Kiesler, 1986), an instrument with 7 levels that measure a continuum from externalized narrative to inwardly elaborated feeling statements that move toward questioning and resolving issues. The sessions were also rated with the Cognitive Errors Rating System (CERS; Drapeau & Perry, 2009) a system that rates fourteen different cognitive errors in four broad categories and assigns them a positive or negative valence. **Data Analysis:** Data are examined to indicate sequences and relationships between the different types and of valences of cognitive changes. **Discussion:** Understanding how clients shift their cognitive focus and move from negative to positive in sessions has implications across therapeutic modalities and can shed light on the processes by which clients expand their experiential involvement in the therapeutic process.

Patterns of change in Emotion-Focused Therapy for Complex Trauma (EFTT)

Sandra Clare Paivio — University of Windsor, Ontario, Canada, Dennis L. Jackson

Emotional engagement with trauma memories is widely viewed as necessary for recovery from traumatic experiences, thus diverse approaches to trauma therapies employ exposure-based procedures to promote change. EFTT (Paivio & Pascual-Leone, 2010) is an evidence-based, short-term (16 to 20 sessions), individual therapy for men and women with complex PTSD stemming from childhood abuse (emotional, physical, and/or sexual). The primary exposure-based procedure used in EFTT is imaginal confrontation (IC) of perpetrators of abuse and neglect in an empty-chair and/or empathic exploration (EE) of traumatic experiences exclusively in interaction with the therapist. Research supports the efficacy of EFTT (Paivio & Nieuwenhuis, 2001; Paivio et al., 2010) and process-outcome studies support the independent contribution of engagement (beyond alliance quality) during both IC and EE to outcome (Chagigiorgis & Paivio, 2009; Paivio et al., 2001). However, these early studies were limited by the use of only single or average measures of engagement and alliance quality over early, middle, and late sessions. The present study will use growth curve analyses to examine patterns of engagement and alliance quality over the course of therapy using client and therapist questionnaires (N = 45 dyads) administered after every therapy session in both versions of EFTT. These analyses will compare client and therapist perspectives of process and potentially identify productive patterns of change and specific patterns associated with client variables known to influence the process and outcome of trauma therapy.

Brief Paper Session

Inpatient

Moderator:

Ulrike Dinger, University Hospital,
Heidelberg, Germany

Day Clinic and Inpatient Psychotherapy of Depression (DIP-D): First results of a randomized, controlled pilot study

Ulrike Dinger — University Hospital, Heidelberg, Germany

, Ottilia Klipsch, Johannes C. Ehrental, Christoph Nikendei, Henning Schauenburg

Day clinic psychotherapy institutions are becoming increasingly popular. Compared to traditional inpatient psychotherapy, they allow for a similar intensive, multimodal psychotherapy, but at the same time bring along a greater proximity to everyday life. On the other hand, the challenge for patients can be greater as they have to switch back and forth between the therapeutic environment and their home reality every day. It is unclear whether day clinic and inpatient psychotherapy are equally effective, and predictors for differential efficacy are missing. For this pilot study, N=44 patients with a diagnosis of major depression or chronic depression, who meet indication for intensive multimodal

psychotherapy are recruited. Patients are randomized to either day clinic or inpatient psychotherapy. Day clinic and inpatients are treated together in one patient group. Duration of therapy is 8 weeks. Depressive symptoms are assessed by questionnaire (BDI-II) and independent observers (HAM-D) at intake, at termination and at a 1-month follow up assessment. Recruitment numbers and percentages of eligible patients who participated with informed consent are presented. In a second step, the patient group is characterized with regard to symptomatic impairment, interpersonal difficulties and level of structural integration in the Operationalized Psychodynamic Diagnostic System (OPD). Following this, symptomatic improvement is compared for both treatments. Patients in both groups show a significant improvement in depressive symptoms. Implications of the findings as well as possible advantages and disadvantages of both settings are discussed.

Efficacy of brief psychoanalytic psychotherapy for depressed inpatient -- Results from a randomized controlled trial (RCT)

Yves De Roten — University of Lausanne, Switzerland
 , Diana Ortega, Emilie Chappuis, Gilles Ambresin, Jean-Nicolas Despland

Aim: A growing body of evidence suggests that treating depression intensely during the acute phase of treatments is recommended (Schramm et al., 2008). This study aimed to assess the efficacy of a brief psychodynamic psychotherapy (12 sessions/4 weeks) starting during the inpatient stay for unipolar depression (MADRS>18). Method: Subjects were randomly assigned to an adjunctive inpatient brief psychodynamic psychotherapy (IBPP; n = 50) or treatment-as-usual (TAU; n = 50). The IBPP is a manualized brief psychotherapeutic intervention, based on the manual developed by Bush, Rudden & Shapiro (2004), which was adapted for the inpatient setting, a very brief intervention program in 12 sessions, and structural perspective of personality organization. Results: Concerning primary outcome of depression, there was no difference between IBPP and TAU at discharge (between effect size ranging from .08 to .28 for three different measures of depression) and medium to large differences at 3 months follow-up (between effect size ranging from .53 to .89). The moderating effect of therapeutic alliance, with the therapist and with the clinical team, will also be presented. Discussion: the delayed effect of psychotherapy will be discussed.

Change of mentalizing during psychosomatic inpatient treatment and its relation to outcome

Joerg Wiltink — Johannes Gutenberg-Universität Mainz, Germany, Manfred E. Beutel, Claudia Subic-Wrana

Deficits in the attribution of mental states to others (ToM = theory of mind) are discussed as factors impairing social interactions in different psychiatric disorders. Beside a decrease in emotional awareness in patients with somatoform disorders (Subic-Wrana et al. 2005), there is some evidence that these patient also suffer from deficits in ToM-functioning (Subic-Wrana et al. 2010). Samples assessing ToM in psychosomatic patients are usually small, therefore little is known about ToM functioning and its course during treatment in diagnostic subgroups. 299 inpatients of a psychosomatic university clinic were consecutively screened for ToM (Frith-Happé animations, "Reading mind in the Eyes"- test) at intake and short before discharge. Outcome (psychosomatic symptoms and quality of life) was routinely assessed before and after treatment. Psychosomatic symptoms were assessed with the Patient Health Questionnaire (PHQ), the Symptom Check List (SCL-9) and the Liebowitz Social Anxiety Scale (LSAS). For analyses diagnostic subgroups will be defined. In a first step ToM will be compared between diagnostic subgroups by one-way-Anova. Changes of ToM during inpatient treatment will be determined by Anova for repeated measures with diagnostic group as a factor. The impact of changes of ToM during treatment on outcome will be analyzed by regression analysis. Our large data set gives the chance to differentiate ToM functions between psychosomatic disorders. Recent psychotherapeutic developments point out the importance of the enhancement of mentalizing capabilities during treatment. Our data will show the relation between the increase of mentalizing and treatment outcome in inpatient psychotherapy.

The role of play in the development of RF in the context of sexual abuse

Lina Normandin — Université Laval, Canada, Veronik Tessier, Karin Ensink

Aim : Studies on RF lack empirical support on the potential precursors of children's RF as well as on its interaction with trauma. Play-oriented therapy is a well-recognized approach to child treatment and is an important vehicle for change in child psychotherapy (Russ, 2004). Fantasy play has also been theorised to have a pivotal role in the development of RF (Fonagy & Target, 1996). The aims of this study was to examine whether fantasy play resolution predicts the development of RF in the context of sexual abuse (SA). Method: Participants were 39 sexually abused and 21 nonabused children (aged 3 to 8). Children participated in a free play session and the Children's Play Therapy Instrument (Kernberg, Chazan, & Normandin, 1998) was used to measure the proportion of fantasy play narratives that were brought to resolution. At three years follow-up, children's RF was assessed using the Child Attachment Interview (Target, Fonagy, Shmueli-Goetz, 2003) coded for RF (Ensink, Target, Fonagy & Oandasan, 2004). Results: The findings indicate that fantasy play resolution is both a developmental precursor and a protector of children's reflective capacities. Play mediated the relationship between early SA and later RF regarding attachment figures. In addition, children's capacity to achieve play resolution at time 1, as evident in the child's capacity to structure a coherent play narrative, was associated with a lower likelihood of developing externalizing problems three years later. Discussion: The implications that fantasy play resolution might constitute a potential mechanism of change in psychotherapy with children are discussed.

Brief Paper Session

Training

Moderator:

Jacqueline Synard, University of
Ottawa, Canada

Psychotherapist trainees' perceptions of change mechanisms in psychotherapy work

Liat Tsuman-Caspi — Columbia University, New York, USA

Aim: Although considerable research has been done on change mechanisms in psychotherapy, much remains to be known about the perspective of the novice clinician. Psychotherapists in training who have limited clinical experience and considerable self-doubt often question the effectiveness of their psychotherapy work (Skovholt & Rønnestad, 2003). This study investigates how these clinicians understand the factors that promote change in psychotherapy: How do they conceptualize positive therapeutic outcome? Can they identify the aspects of the work that contribute to change? Are there differences in conceptualization between beginner and advanced trainees? **Analysis:** Data derive from interviews with 29 clinical & counseling psychology PhD students in the U.S. about their professional development and psychotherapy work. Analysis of the transcribed interviews is still ongoing and employs a modified version of grounded theory. **Results:** Preliminary results suggest that psychotherapist trainees perceive the therapeutic relationship to be a primary mechanism of change. Three aspects of the relationship were identified: the relationship as a facilitating space (e.g., providing care, empathy, and acceptance); the relationship as a new positive experience; and the relationship as a source of insight. The data further suggest that many of the primary change-promoting factors participants report can be conceptualized in terms of maintaining the dialectic between acceptance and change. Differences in conceptualization between beginner and advanced trainees are also explored. **Discussion:** The findings will be discussed in the context of psychotherapist trainees' developmental stage, each with its particular tasks and challenges.

Never enough? Personal therapy in the context of psychotherapy training in Austria

Katharina Gerlich — Danube University Krems, Austria, Michael Maertens, Anton Leitner, Alexandra Koschier, Heidemarie Hinterwallner, Gregor Liegl

Aim: Despite the undisputed positive perception of individual coaching in the context of psychotherapy training in Austria, its benefits remain unclear. The required curricular training for personal therapy ranges from 200 hours, the minimum required by Austrian law, to 400 hours, which is dependent upon the individual requirements of the 21 legally accredited methods in Austria. The current study examines whether (1.) the experience within personal therapy has an influence on the candidate's self-reported readiness to work with patients and (2.) whether the curricular requirements influence this perception. **Methods:** The study is based on data from a 3 step design consisting of a triangulation of (1.) qualitative focus group discussions with recent graduates and teachers from 17 methods (2.) a statistical cross sectional survey of active therapists and trainees, and (3.) a follow-up qualitative inquiry. This paper focuses on a content analysis of the group discussions. **Results:** Preliminary findings seem to suggest a strong perception among participants that personal therapy is the most valued element within psychotherapy training. However, this finding is difficult to assess due to the data's ambiguity of training objectives and outcome benchmarks for ending the training process. This possibly suggests the individualistic nature of assessing training outcomes and a tradition based rationale that accounts for the significant range of curricular requirements. **Discussion:** The discussion will focus on the finding's implications on curricular design and contribute to the discussion of obligatory personal therapy within psychotherapy training.

How customized is personal therapy in psychotherapy training in Austria?

Michael Maertens — Danube University, Krems, Austria, Anton Leitner, Alexandra Koschier, Heidemarie Hinterwallner, Gregor Liegl, Katharina Gerlich, Anton Leitner

Aim: It is still unclear if personal therapy has any measurable impact on client outcomes and/or increases trainees' emotional distress. Different treatment approaches (21 in Austria) require between 200 to 400 hours personal therapy to finish the training program. Anecdotal evidence in Austria suggests a decrease of personal therapy use in some therapeutic orientations and an increase in others. Quite a lot of trainees expand their individual number of personal therapy sessions. The reasons for these fluctuations might be found in symptom distress differences experienced by the trainees, in the teacher's interventions, as well as in the theory of the training program. **Method:** Among other variables the study focuses on differences in symptom distress (Brief SCL) and the individual use of personal therapy. The paper-based survey analyses demographics, training characteristics and psychotherapy training experience. Predictors of individual differences in personal psychotherapy use are derived from regression. The analysis will be based on data from a survey comparing the retrospective view of older clinical practitioners who ended training more than 10 years ago with participants of ongoing training programs (n= roughly 300). **Results:** Training programs goals are much more philosophy based than empirically orientated to develop therapeutic skills. Answers concerning the need to individualize personal therapy are expected to improve the quality of psychotherapy training programs in Austria.

Positive-existentialism: Integrating theory and practice of positive psychology and humanistic-existentialism models of client change

Jacqueline Synard — University of Ottawa, Canada, Nick Gazzola

This paper proposes an integrated approach to psychotherapy practice based on an early synthesis of philosophy/research from positive psychology and humanistic existentialism. Arguably, humans are uniquely driven by the existential quest for life meaning (Frankl, 1959). This quest has intrigued the great thinkers in many disciplines -- including positive psychology and humanistic-existentialism (Wong, 2011). Formally founded in 1998, positive psychology is a relatively new movement (Seligman, 2011). Positive psychology reflects many of the philosophical underpinnings of humanism, including a common focus on human strengths and flourishing (Friedman, 2008). Current positive psychology theory is focused on eudaimonic well-being which emphasizes meaning -- a central tenant of existential psychotherapy (Biswas-Diener et al., 2009; Yalom, 1980). This integration places meaning-making, positive emotions, and relationships (both in-therapy/ex-therapy) at the heart of client change. Specifically, this synthesis integrates psychotherapy approaches from existentialism, Rogerian humanism, attachment theory, and social constructivism with positive psychology principles. Practice suggestions and implementation challenges will also be offered. Aim: To propose an early psychotherapy approach which combines positive psychology and humanistic-existentialism. Method: Review and synthesis of positive psychology and humanistic-existentialism theory and research. Results: Potential change processes include meaning-making, positive emotions, and relationships. Discussion: This paper discusses the challenges of translating philosophical ideals into everyday practice as therapists synthesize research and theory from multiple approaches.

Brief Paper Session

Measures

Moderator:

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

The Person Centred and Experiential Psychotherapy Scale (PCEPS): A measure of humanistic therapy adherence/competence

Robert Elliott — University of Strathclyde, Glasgow, UK, Elizabeth Freire, Graham Westwell

We report on the results of our field trial of the Person Centred and Experiential Psychotherapy Scale (PCEPS), an adherence/competence measure with separate subscales for Person-Centered Processes (10 items) and Experiential Process (5 items). Two teams of 3 raters rated a total of 120 audio-recorded segments of therapy sessions selected from an archive of taped therapy sessions of the Strathclyde Therapy Research Centre. Six segments (2 segments from each of three sessions) were systematically selected from each 20 clients seen by 10 therapists (5 experienced, 5 students; 7 person-centered, 3 emotion-focused). Mean interrater alpha reliabilities for individual items ranged from .68 (for Dominant or Overpowering Presence) to .86 (for Core Meaning). Interrater reliability of the 15 items when averaged together was .87; interitem reliability was quite high: .98. Exploratory factor analyses revealed a 12-item facilitative relationship scale that cut across Person-centred and Experiential subscales (alpha: .98), and a nonfacilitative directiveness factor (3 items, alpha: .89). Student therapists scored lower on all items, but there were few differences between Person-centered and EFT therapists. Ratings were consistent, with few differences between early and late segments within sessions; 10 vs 15 min segments; and early, middle and late sessions with the same client. Some variance was accounted by clients within therapists; however, the largest amount of variance was associated with therapist differences. Our results support the psychometric quality of the PCEPS but require replication with a much larger sample of practicing therapists.

The patient's experience of therapist attunement and therapy outcome

John David Snyder — San Francisco Psychotherapy Research Group, USA, George Silberschatz

The current study sought to investigate whether the degree of a patient's experience of therapeutic attunement during a therapy session is predictive of therapeutic progress and treatment outcome. We utilized a new measure of the patient's experience of the therapeutic relationship known as the Patient's Experience of Attunement (PEA) Scale (Silberschatz, 2005). The PEA Scale is a self-report measure that assesses patient-therapist attunement by asking both the patient and the therapist to rate their experience of a therapy session immediately following that therapy session. The scale consists of 30 items (e.g., "my therapist seemed interested in what I had to say today"; "I felt safe with my therapist today"), that are rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (very much), as well as two additional items intended to assess collaboration and global psychological functioning. We hypothesized that greater ratings of attunement as measured by the PEA Scale would be positively correlated with treatment outcomes as measured by the Outcome Questionnaire 45.2 (OQ-45; Lambert and Umphress, 1996). We obtained a total of 99 administrations of the PEA scale with 18 patient-therapist dyads across multiple therapy sessions. We then compared patient and therapist scores on the PEA Scale to treatment outcome ratings using the OQ-45. Results demonstrated that

patient ratings on the PEA scale were positively and significantly correlated with treatment outcomes as measured by the OQ-45, while therapist ratings were not. Patient and therapist ratings on the PEA scale were not correlated.

Self-discrepancy measures: Test-retest reliability and criterion-related validity over one year

Neill Watson — College of William and Mary, Williamsburg, USA, Brandon C. Bryan

Aim. Rogers and Dymond (1954) introduced real-ideal discrepancy (RI) to measure personality change in therapy. Higgins (1987) later introduced real-ought (RO) discrepancy. In the present study, test-retest reliability and criterion-related predictive validity over one year were evaluated for three measures each of RI and RO and for the latent variable underlying the three observed variables. Method. RI and RO each were measured by the Self-Concept Questionnaire--Personal Constructs, the Self-Concept Questionnaire--Conventional Constructs, and the Abstract Measure. These measures, three measures each of depression and anxiety, and the Impression Management scale (IM) were completed by 184 undergraduates at two time-points one year apart. Results. Partial correlations were computed, controlling IM at Time 1 and Time 2. Test-retest reliability coefficients were significant for all observed variables, $ps < .001$, and for the latent variables, $ps < .01$, which had stronger coefficients. Criterion-related validity for observed variables was significant in 17 of 18 correlations with depression measures, $ps < .05$, but in only 9 of the 18 correlations with anxiety measures, $ps < .05$, of which all were significant for one of the anxiety measures. Latent variables significantly predicted the depression latent variable, and the anxiety latent variable, $ps < .001$. Discussion. All measures showed one-year test-retest reliability, supporting them as measures of a stable personality trait. Criterion-related validity was stronger predicting depression than anxiety. Latent variables showed the strongest reliability and validity, suggesting they are best for assessing therapy outcome.

Brief Paper Session

Attachment

Moderator:

Johannes C. Ehrenthal, University Hospital, Heidelberg, Germany

Attachment style, interpersonal problems, and levels of personality functioning

Johannes C. Ehrenthal — University Hospital, Heidelberg, Germany, Ulrike Dinger, Johannes Zimmermann, Henning Schauenburg, Carsten Spitzer

Aim: Attachment as a developmentally informed concept of adult interactional tendencies plays an important role in psychotherapy and psychopathology. However, patients with the same attachment style may differ considerably with regard to their level of interpersonal abilities. This can be conceptualized from an overall point of levels of personality functioning, as currently discussed in the DSM-5 workgroup. Methods: In a sample of > 350 participants, attachment style (ECR-R) was compared between a non-clinical group, and patients with and without personality disorders. In a second step, multivariate analyses were applied to explore associations between attachment and interpersonal problems (IIP), with regard to the level of personality functioning as seen by the presence or absence of a personality disorder. Results: Attachment insecurity was higher in patients with personality disorder than in other patients or controls, especially in the domain of attachment-related anxiety. Associations between ECR-R subscales and IIP-subscales became more domain-specific with lower levels of personality functioning. Discussion: Earlier results on higher attachment insecurity in more impaired patient groups could be replicated. Adding a dimension of overall personality functioning or "structure" to the measurement of attachment seems a viable option for expanding our understanding of interpersonal functioning.

Comparison of brain activities associated with self-report versus clinician-rated attachment measures: RSQ versus AAI

Zimri Yaseen — Beth Israel Medical Center, New York, USA, Xian Zhang, Igor I. Galynker, Arnold Winston

Context: The AAI has been considered to be the gold standard of attachment assessment, but is expensive and time consuming. The RSQ is a popular self-report assessment of attachment but appears to measure different constructs. We investigate to what extent each measure correlates with brain activity in attachment-related tasks: conscious valence and salience appraisal of mother's face. Methods: 28 female subjects ages 18-30 (14 healthy controls and 14 unipolar depressed diagnosed by MINI psychiatric interview) were scored on the Beck Depression Inventory II (BDI-II), the Beck Anxiety Inventory (BAI), the Adult Attachment Interview (AAI) and the Relationship Scales Questionnaire (RSQ). During functional magnetic resonance imaging (fMRI), subjects viewed pictures of their mother and were asked to press any button (neutral viewing control condition), to rate how good the image made them feel (valence rating), and to rate how related they felt (salience rating) by button press. Brain activity correlating with AAI and RSQ measures of attachment security and dismissingness was determined by linear regression, covaried for BDI+BAI score. Results: AAI security but not RSQ security associated with brain activity in conscious appraisal of maternal salience. Neither measure associated

with brain activity during conscious appraisal of valence. Both AAI and RSQ measures of dismissingness associated with relative deactivation during conscious appraisal of maternal salience while only the AAI measure of dismissingness correlated with brain activity during conscious appraisal of valence. Conclusions: The AAI tends to account for more brain activity during conscious appraisal of mother's face than the RSQ.

The impact of client attachment orientations on the transfer separation process: A psychology training clinic study

Eric Martin Sauer — Western Michigan University, USA, Angela Garrison, Clara E. Hill, Cheri Marmarosh, Kathryn Wierda Wierda, Molly Beagle

Following up on a well attended discussion group at our recent NASPR meeting in Banff, Canada (Geller et al., 2011), a team of psychotherapy researchers is using archival data to examine the associations between client adult attachment orientations and treatment response in psychology training clinics. In particular, we are examining how client self-reported attachment orientations impact levels of distress as clients (1) engage in the psychotherapeutic process and then (2) transfer from one therapist-in-training trainee to another across semesters. The literature indicates that this transfer process has become common practice for many training clinics in the United States (Clark et al., 2010; Wapner et al., 1986; Williams & Winter, 2009). At the end of the semester or academic year, therapists-in-training typically terminate or transfer their clients to another trainee. These transfers are based on the needs of the university or trainee (Golden, 1976); however, precious little is known about how this process impacts clients' overall response to treatment. Drawing from attachment-guided research findings, we expect that clients with higher levels of attachment anxiety will perceive the ending of therapy as a "threat" and thus have a particularly difficult time managing the transfer/separation process. On the other hand, we expect that clients with higher levels of attachment avoidance will not experience the transfer separation as threatening and will not respond with increased distress before or after the transfer separation.

To ally or not to ally: Changes in therapeutic alliance are associated with client adult attachment.

Caleb Siefert — University of Michigan, Dearborn, USA, Mark Hilsenroth

Adult romantic attachment theory (ART) and the Interpersonal model of personality (IMP) are two clinically relevant personality theories. Researchers rarely include measures tapping both areas in the same study. This study examines how ART and IMP relate to changes in therapeutic alliance in the early phase of therapy. Forty-six patients (75% female) obtaining psychotherapy at a university clinic participated in this IRB approved study. Participants received a collaborative assessment including a feedback session with their therapist. They then began weekly psychotherapy with the same therapist. Participants completed the Relationship Questionnaire (RQ) and the Personality Assessment Inventory (PAI) prior to treatment. They completed the Combined Alliance Short-Form (CASF) following the feedback session (Time 1) and the third or fourth psychotherapy session (Time 2). As expected, preoccupied attachment was significantly associated with total CASF scores at Time 1. Secure attachment and WRM were significantly related at time 2. A more extroverted style (high DOM and WRM) was associated with Confident Collaboration in treatment. Decreases in CASF ratings from time 1 to time 2 were associated with Fearful attachment. Increases in therapeutic bond were associated with secure attachment and inversely related to dismissive and fearful attachments. Preoccupied attachment was associated with a decrease in idealized relationship ratings, while dismissive attachment was positively associated. Overall, the results suggest that ART and IMP measures provide useful, unique information for understanding therapeutic alliance. Additional analyses, therapeutic implications, and the limitations of this study are discussed.

Brief Paper Session

Process-outcome

Moderator:

James F Boswell, Boston University,
Boston MA

Intolerance of uncertainty: A transdiagnostic construct predictive of treatment outcome

James Franklin Boswell — Boston University, USA, Johanna Thompson-Hollands, David H. Barlow

Intolerance of uncertainty (IU) is a dispositional characteristic that involves (1) negative beliefs about uncertainty and its implications and (b) a tendency to react negatively to uncertain situations and events. IU has been predominantly associated with GAD; however, emerging evidence indicates that IU may represent a core element of emotional disorders. AIMS: This study aimed to: (a) examine levels of IU in different diagnoses, (b) examine change in IU in a transdiagnostic treatment, and (c) test if change in IU was predictive of post-treatment outcome. METHOD: Patients diagnosed with heterogeneous anxiety and depressive disorders were randomized to either immediate or delayed treatment, consisting of an 18-week emotion-focused, CBT intervention. IU was assessed with the Intolerance of Uncertainty Scale (IUS) at pre and post-treatment. Both patient self-report (e.g., PSWQ, BDI-II, BAI) and clinician-rated symptom and functioning (HAM-A, HAM-D) measures were administered at pre and post treatment. RESULTS: IU was correlated with initial symptom severity, yet did not vary as a function of principal diagnosis. However, the presence of

any clinical GAD diagnosis (principal or comorbid) was related to higher IU. A significant pre-post decrease in IU was observed, and change in IU was related to improved symptom levels at post. This relationship was not moderated by presence or absence of GAD. **DISCUSSION:** Although higher levels were observed when GAD was present, IU appears to be a transdiagnostically relevant construct. IU is a modifiable characteristic that is linked with treatment outcome.

From an ongoing randomized study of IPT and CBT for patients with MDD.

Annika Ekeblad — Linköping University, Stockholm, Sweden, Rolf Holmqvist

From an ongoing randomized study of CBT and IPT for patients with major depression, some preliminary process results are presented. Alliance was measured with WAI and the patient's feelings towards the therapist with the Feeling checklist (FC). Before treatment, the patients rated their level of depression on BDI-2, their attachment style on the Experiences in Close Relationships (ECR) questionnaire, and their level of social impairment on the Sheehan Disability Scale. The results indicate that patients with higher scores on self-rated anxious attachment style and higher ratings on problems with work on the Sheehan scale reported lower levels of alliance at the first three sessions but not for the average alliance ratings over all sessions.

Scheduled healing: The relationship between session frequency and psychotherapy outcome in a naturalistic setting

David McConkie Erekson — Brigham Young University, Provo, USA

There is little known regarding the effects of session frequency on psychotherapy outcome. Although most randomized-controlled trials support weekly psychotherapy sessions as efficacious (Hansen, Lambert, and Forman, 2002), there is little evidence supporting more protracted scheduling practices. To begin exploring this relationship, the current study examined scheduled session frequency and psychotherapy outcome in a naturalistic setting. Over 10 years of data from a university counseling center were used to perform the analysis (N=22,034). Each scheduled session was recorded and outcome was measured at each attended session using the OQ-45. Session frequency was analyzed using hierarchical linear modeling by group (comparing those scheduled primarily once a week to those scheduled primarily once every two weeks) as well as continuously. Groups were identified as either once a week or once every two weeks by (a) the mean and (b) the standard deviation of number of weeks between sessions for each client; only the mean number of weeks between each session was used as an index for each client in the continuous analysis. Scheduled session frequency was found to be related to outcome, where those scheduled more frequently recovered more quickly; this relationship remained when controlling for initial symptom severity, total number of sessions attended, and the ratio of sessions attended to sessions scheduled. More frequently scheduled appointments were also related to more positive change on measures of outcome, though equivocal support was found for increased proportions of reliable and clinically significant change. Implications for ethical care and overall burden of illness are discussed.

Following up nuclear schemmas in difficult patients

Elena Diana Scherb — Universidad Argentina de la Empresa, Buenos Aires

Six complete psychotherapy treatments that belong to a special group of patients with comorbidity in Axis I and Axis II, severity and chronicity at intake, excluding severe addictive behavior and criminality, will be presented. All these treatments have been monitored in multidimensional ways in relation to outcome. They belong to a longitudinal study, and some of them continue in treatment, while there are new patients entering the study. Treatment duration, specific interventions, phases in treatment, psychopharmacological combinations, family sessions, conjoint sessions, group interventions, targeted interventions from a cognitive integrative basement and other variables are analyzed together. On the other hand, treatment benefits were assessed with multiple measures. Six of them have ended treatment and are in a follow up stage post - treatment. In the present paper, changes will be compared in terms of behaviors that have achieved consolidated changes, versus behaviors that did not achieve a consolidated change, but a "reduced damage" level. These behaviors are hypothetically related to dysfunctional core structures. A self - report for differential change and related interventions, in the patients' perspective, will be presented for each case. For this stage, special interventions are designed and proposed in order to prevent relapse.

Brief Paper Session

Child/Adolescent

Moderator:

Kerry Gibson, University of Auckland,
New Zealand

'It works for me': Young people's narratives of their experience of psychotherapy

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

Much of the research on psychotherapy has been conducted from the perspective of the professionals involved, but it is important to recognise that clients are active participants in the process of change. Research which explains how clients make sense of, and use, their experiences in psychotherapy can contribute to a better understanding of how it is that psychotherapy produces change. The client perspective is particularly important in relation to young people who inhabit a different developmental and cultural milieu from the adults who work with them. This paper uses narrative research methodology to examine the way that teenaged clients construct the value of their psychotherapy experience. It draws from a study of 22 young people who were interviewed in depth about their experiences of psychotherapy and explores how they made sense of this within the broader context of their lives. The methodology used in this study allows for an exploration of specificity in clients' accounts rather than collapsing individual data to produce common themes. This enabled an analysis which showed how each participant constructed a unique story about psychotherapy which emphasized its value in relation to an overarching theme in his/her life. This paper considers the implications for both clinicians and researchers of a more individualized approach to understanding how psychotherapy produces change.

Parental influence on children's posttraumatic symptoms

Tonje Holt — Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

All too frequently children and youths experience traumatic events. Parents' support and reactions are probably important in the healing process of the child. Few studies have, however, investigated the impact of parental factors on the child's posttraumatic symptoms empirically. In this paper presentation results of the effects of parental emotional reactions and parental support on children's posttraumatic symptoms pre and post therapy will be presented. The results are part of an ongoing clinical effectiveness study in Norway. 120 children and youths with severe post traumatic symptoms (aged 10-18) and their caregivers have been randomized to receive either Trauma Focused CBT or treatment as usual. Caregiver's emotional responses to their child's traumatic event are measured using parental emotional questionnaire (PERQ), parents' symptoms of depression are measured using the Center for Epidemiologic Studies Scale for Depression (CES-D) and parents' perceptions regarding the support they provide to their child after a traumatic experience is measured using the Parental Support Questionnaire (PSQ). The results show that only parents' feelings of guilt were significant predictors of trauma symptoms pretreatment (T1) in this sample. Further, only the parents' distress and depressive symptoms were significant predictors of the outcome. The results displayed different patterns in the Re-experience, Avoidance and Hyper-arousal factors. The findings did not fully replicate earlier research mainly conducted on sexually abused children. Possible reasons are discussed along with clinical implications and further research suggestions.

The working alliance In therapy with traumatized youth: How is it related to outcome In different types of treatments?

Silje M. Ormhaug — Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway, Tine K. Jensen

Aim: A strong working alliance (WA) has been found to predict better outcome across several types of treatment, and findings in the adult field indicate that the WA might be more important than the actual therapeutic techniques. This has been far less explored in treatment of youths. The aim of this study was to learn more about how the WA is related to outcome in Trauma Focused CBT (TF-CBT) versus in treatment as usual (TAU). Method: Participants were 156 Norwegian youths (aged 10-18) suffering from severe post-traumatic stress symptoms. Youths were randomized to receive either TF-CBT or TAU, and symptoms were measured before treatment, and after sessions 6 and 15. WA was assessed after 1st and 6th session using the Therapeutic Alliance Scale for Children (TASC). Result: Participants in both groups improved, but the TF-CBT group had significantly better outcome. WA ratings were equally high in both groups, but seemed to play a different role in the two treatments. In TF-CBT, a strong WA session 6 predicted better outcome session 15. In TAU the WA was only related to drop-out, but not to outcome. Discussion: Findings suggests that a strong WA is necessary but not sufficient in treatment of traumatized youths, indicating that we also need specific techniques. It further seems that the use of a manual does not impede the alliance formation. More focus is needed on what specific therapist behaviors will enhance the WA.

Clinically significant moments and mentalization based interventions in a psychodynamic psychotherapy with a female adolescent with symptoms of depression

Vera Regina Röhnelt Ramires — Universidade do Vale do Rio dos Sinos, Brazil, Elisa Yoshida, Camilla Biazus, Eduardo Khater, Erhard Mergenthaler

The study is based on the assumption that the expression of emotions that are associated with the ability reflect upon them, favors the occurrence of clinically significant moments and change in a psychotherapeutic process. It is also assumed that the therapist's interventions classified as "interpretative mentalizing" and "mentalizing the transference" favor the occurrence of such moments and are associated with change. Aim: To examine the association between interventions that are classified as one of the two mentalizing related interventions and the occurrence of clinically significant moments. Method: Intensive analysis of transcripts of a psychodynamic psychotherapy of 31 sessions with an adolescent of 18 years with depressive symptoms. Instruments: Therapeutic Cycles Model (TCM) based on the Resonating Minds Theory - The TCM provides a computer-assisted text analysis that allows for the identification of emotion-abstraction patterns in transcripts. Four patterns are identified: Relaxing, Experiencing, Reflecting, and Connecting, the latter representing clinically significant moments. The identification of mentalizing related interventions is done by two independent raters, both experienced in psychodynamic psychotherapy. Results: This is an ongoing study and first results will be presented and discussed.

Brief Paper Session

Miscellaneous

Moderator:

David Manuel Dias Neto, Universidade de Lisboa

A hundred ways of changing and a single way of standing still: Understanding assimilation longitudinally

David Manuel Dias Neto — Universidade de Lisboa, Telmo M. Baptista, Kim Dent-Brown

How does the process of assimilation develops throughout therapy? To understand this process, this research used assimilation indices which are elements of the narrative that are considered to represent particular processes. These indices have been developed in previous research and have led to the creation of a System of Indices with good results with respect to reliability and validity. In the present study the indices were applied longitudinally. The goals were to contrast the cases with regard to their success status as defined by the pre-post variation of the depression level; understand the indices by framing them in the client's narratives and contrast them with the therapist perspective. Nine psychotherapies were recorded and analysed. Of these nine cases, only three showed a non-straightforward relation between the success status and the dimensions. The in-depth analysis of these three cases showed the usefulness of using the system of indices to understand the complexity of the psychotherapy and the non-linear relationship between psychotherapy and symptom change. The results suggest the importance of the indices in understanding assimilation, the suitability of addressing change as a diverse phenomenon and are discussed with emphasis on the practical implications that can be derived.

Helping alliance and outcome in the routine care of people with severe mental illness across Europe

Bernd Puschner — Ulm University, Germany, Katrin Arnold, Sabine Loos, Mike Slade, Andrea Fiorillo, Malene Frøkjær Krogsgaard Bording, Marietta Nagy, Arlette Bär, Thomas Becker

Aim: The last years have seen a continuous diversification of the concept of the HA including the application outside its "genuine territory" which is individual outpatient psychotherapy. Using data from a large multisite European study, this paper examines the HA and its relation to outcome in the routine care for people with severe mental illness. Methods: "CEDAR" (www.cedar-net.eu) is a naturalistic prospective observational study with bimonthly assessments during a 12-month observation period. Between Nov 2009 and Dec 2011, 588 participants have been recruited from caseloads of outpatient/community mental health services at six study sites across Europe (Ulm/DE, London/UK, Naples/IT, Debrecen/HU, Aalborg/DK, and Zurich/CH). HA was assessed by the "Helping Alliance Scale" (HAS) from patient and staff perspectives. Outcome measures included OQ-45.2, CANSAS, MANSA, HoNOS, and GAF. Results: The quality of the HA at baseline was high but differed substantially among sites. Correlations between HA and outcome measures were significant for patient-rated scales (OQ-45.2 $r = -.24$; CANSAS $r = -.31$; MANSA $r = .24$), but not for staff- or observer-rated measures (HoNOS $r = .00$; GAF $r = -.01$). Discussion: High ratings of the HA seem to be ubiquitous. Considering that initiating and maintaining a good patient-therapist relation is obviously more difficult in psychiatric care characterized by multiprofessional teams and heavy time constraints, this is a remarkable finding. Using hierarchical linear modeling, further analyses will examine the course of the HA-outcome relation over time including scrutiny of moderator effects.

The Written-Heart study: Long-term effects of a brief expressive writing intervention on patients with Coronary Heart Disease (CHD) referred to in-hospital cardiac rehabilitation

Gian Mauro Manzoni — Istituto Auxologico Italiano, Italy

AIM: To examine the 1-year effects of a brief Expressive Writing (EW) intervention on health-related quality of life (HRQoL), anxiety and depression in a sample of patients with Coronary Heart Disease (CHD) after discharge from in-hospital cardiac rehabilitation (CR). **METHODS:** The WRITTEN-HEART study, a 12-month randomized and controlled clinical trial, has completed the final follow-up. Sixty patients with CHD were initially randomized to the EW condition or to a control group. Depression, anxiety and HRQoL were assessed at baseline, at the end of the 4-week in-hospital CR program, at 3 months, at 6 months and at 12 months. **RESULTS:** Health-related quality of life significantly improved in both groups and no between-group effect was evident at 3 and 6 months. However, a statistically significant between-group difference was found at 12 months: EW patients maintained HRQoL gains while control patients' HRQoL reduced. Depression and anxiety significantly improved in both groups up to 3 months and improvements were maintained both at 6 months and at 12 months only in the EW group. Control patients' anxiety and depression increased and returned to the baseline high levels. **CONCLUSION:** Results show that a brief EW intervention delivered during in-hospital CR was effective in preventing worsening of depression, anxiety and HRQoL in patients with CHD 1-year after hospital discharge.

Psychoanalytical psychotherapy in medical setting: Psychic changes in a follow-up study

Norma Lottenberg Semer — Universidade Federal de São Paulo, Brazil, Emilia Afrange, Roberta Katz Abela, Antonio Carlos Dutra, Juliana Leonel, Katia Semeraro Jordy, Tatiana Gottlieb Lerman, Tatiana Roccato Fortes, Silene Oliveira

This paper is related to an experience of psychoanalytical psychotherapy of people with fibromyalgia in a clinical setting with patients from a public university healthcare service in São Paulo, Brazil. It is part of a wider research project about the relationship between University and Psychoanalysis. It is an empirical research with the objective of observing psychic changes in patients with little access to symbolic functioning. It is hard to discriminate between physical and psychic pain. All kinds of physical pain bring together psychic repercussions and mental suffering is also accompanied by body sensations. The objective of this paper is to show psychic changes in eleven female patients in a follow-up study. The changes in the process will be shown through some clinical vignettes. The results of the changes were evaluated through TAS-20, BDI and the Rorschach and the authors will discuss the main results that were found through these instruments. The experience with these patients has shown that it is possible to build a mind able to contain emotions and intense experiences without representation and symbolization. The possibility of a human relationship with special listening, the understanding of deep suffering and a live presence of the analyst can be a chance for these people to have a mental life, beyond survival and concrete experiences.

Poster Session

Alliance

Unresolved attachment organization predicts treatment alliance in patients with borderline personality disorder: Implications for treatment recommendations

Tracy Lynn Clouthier — Penn State University, University Park, USA, Kenneth N. Levy, Rachel H. Wasserman, Joseph E. Beene, John F. Clarkin

Therapeutic alliance is an important predictor of outcome in psychotherapy (Martin et al., 2000). However, client differences in capacity to form an alliance likely influence this relationship (Clarkin & Levy, 2004). Levy and colleagues (2010) found that attachment style is related to outcome. In a follow-up meta-analysis, consistent with other findings (e.g., Diener & Monroe, 2011), they found that self-reported insecure attachment predicted lower alliance. In the present study we examine how unresolved attachment impacts early alliance in three treatments for BPD. Sixty patients from an RCT comparing transference-focused psychotherapy (TFP), dialectical behavior therapy (DBT), and supportive psychotherapy (SPT) (Clarkin et al., 2007) were assessed for attachment organization and unresolved status using the Adult Attachment Interview. For each patient, two early sessions were coded for alliance with the Working Alliance Inventory (WAI). A two-way MANOVA showed an interaction effect between unresolved status and treatment group. Compared with patients without unresolved status, unresolved patients in TFP had lower scores on bond, task, and goal subscales of the WAI in the first session and on goal in the second session, and those in DBT had lower scores on bond, task, and goal in the second session. There was also a trend towards unresolved patients in SPT having higher bond, task, and goal scores at the second session than unresolved patients in other treatments. These findings have both prognostic implications regarding the risk presented by unresolved attachment and prescriptive value for patient-treatment matching to enhance alliance for those with unresolved trauma or loss.

The dependability of alliance subscales

Jaclyn Sara Sadicario — University of Pennsylvania, Philadelphia, USA, Sarah Ring-Kurtz, Mary Beth Connolly Gibbons, Tessa Katherine Mooney, Robert Gallop, Paul Crits-Christoph

Aims: This study examined subscales of the CALPAS, including (1) working capacity, (2) patient commitment, (3) working strategy, and (4) therapist understanding. The goal of the study was to look at the stability of these subscales over sessions and patients and the extent to which increasing the dependability of scores leads to higher alliance-outcome correlations. **Method:** Data were used from a study (N=45 patients; N=9 therapists) of psychotherapy for major depressive disorder. The CALPAS was administered at each of 16 treatment sessions. Estimated dependability of CALPAS subscales at the patient and therapist level were examined through the calculation of generalizability coefficients (GCs). **Results:** Patient-level GCs were consistently high (.85 to .93) for all CALPAS subscales if scores for 4 sessions were averaged. Therapist-level GCs, however, were highly variable across subscales. To achieve an adequate (.80) therapist-level GC, an estimated 29 patients per therapist are needed for working strategy, 31 for therapist understanding, and 58 for the working capacity subscale. An adequate therapist-level GC could not be obtained for the patient commitment subscale unless a very large (>25,000) number of patients per therapist is used. Working strategy and therapist understanding subscales predicted outcome more strongly at the therapist-level regardless of how many sessions were averaged to create more dependable patient-level scores. In contrast, patient commitment and working capacity scales generally predicted outcome more strongly at the patient-level than the therapist-level. **Discussion:** CALPAS subscales have different levels of dependability and predict outcome differentially at the therapist versus patient level.

Therapists' and trainees' perceptions of developing working alliances with couples and families

Olga Sutherland — University of Guelph, Canada, Myrna Friedlander, Priscilla Burnham, Jennifer Pepper, Lynda Ashbourne

What little research that has been conducted in the area of training therapists to facilitate and maintain a strong working alliance is predominantly in the context of individual therapy. In conjoint couple and family therapy (CFT), the development of strong alliance is considerably more complex due to the presence of multiple family members who are at different developmental levels and who are typically in conflict with one another about the problem or about the necessity and value of therapy. It is, therefore, important that couple and family therapists learn to build multiple alliances simultaneously and recognize problematic alliances when they occur so as to modify their strategies and interventions accordingly. Whereas most existing alliance research has focused on the perspective of the client, less attention has been paid to therapists' intentions, understandings, and experiences with the alliance in conjoint therapy. In this presentation, we discuss the results of a thematic analysis of focus group data in which CFT therapists and trainees were asked about their understanding and experiences related to developing strong alliances. Themes included alliance as interactional (both therapists and clients make adjustments); challenge balancing alliances in conjoint therapy; value of bringing in the person of the therapist; authenticity, trust, mutual respect, and safety; alliance as fluid, multidimensional, and transtheoretical; importance of tracking and individualizing alliances. The results contribute to understanding of the state and value of alliance training by offering a pathway for identifying how to enhance alliance training for CFT trainees as well as for experienced therapists.

The key moments of building the alliance in the first meeting of family therapy

Bernadetta Janusz — Jagiellonian University, Kraków, Poland, Mariusz Furgal, Jakub Bobrzynski

Presentation of the course of qualitative research on the therapeutic process is the main aim of this report. This research is based on not only the course of therapeutic session (especially first consultation) but also on individual perspective of particular family therapists, who conducted sessions investigated. The therapists were interviewed directly after the sessions (Interpersonal Process Recall). The data obtained have been analyzed mainly by means of grounded theory. Research analysis focuses on the way in which such therapist's activities as: advancing hypothesis or being emotionally involved correspond to the key moments in the course of the first therapeutic meeting. Demographic factors and contextual dimensions of a particular family are also researched with regard to therapeutic process.

Factors intervening in the alliance in adolescents' psychotherapy

Jorge Goldberg — Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina, David Maldavsky

Aims: to determine if the quality of the therapeutic alliance (TA) depends on the explicit agreement of the patient and therapist over the goals and tasks to achieve the therapeutic objectives or if there are also other factors intervening, inherent to the therapeutic link. **Sample:** fragments of sessions belonging to two adolescents, corresponding to different moments of the treatment. **Method:** tools for the analysis of wishes and defenses in words and speech acts of patients and therapists. **Procedure:** study of the changes 1) in the therapist's interventions and 2) in the patients' defenses. **Outcome:** apart from the explicit agreements between patient and therapist, in the development of the TA in adolescent psychotherapy, empathic processes also intervene to make the learning and the unconscious identification possible.

A psychometric evaluation of the Rupture Resolution Questionnaire (RRQ)

Jessica Harlem-Siegel — New School University, New York, USA, Jeremy Safran, Christopher Muran

Aim: Research on the efficacy of psychotherapy has highlighted the therapeutic alliance as an indicator of positive therapeutic process and as a predictor of outcome. This body of work suggests that the alliance is constructed through an ongoing negotiation between the therapist and patient and that fluctuations or ruptures in the alliance represent important moments within the therapeutic relationship and the process of therapeutic change. Specifically, the extent to which the therapist and the patient are able to resolve ruptures in the alliance has been suggested to be a meaningful aspect of the role that the therapeutic alliance plays within the psychotherapy process. The Rupture Resolution Questionnaire (RRQ) is a self-report measure based on Safran and Muran's (1996) theoretical model of the alliance rupture repair process that was developed to measure rupture resolution. The current study presents reliability and validity data for the instrument. **Method:** Analyses will be conducted using data from patients receiving either brief relational therapy or cognitive behavioral therapy. **Results:** Preliminary analyses suggest that the RRQ may be a valid psychometric tool. **Discussion:** A review of related findings and future directions for the measure will be discussed within the context of the theoretical model of rupture repair.

The therapeutic alliance from the client's perspective: A qualitative approach

Peter MacFarlane — Ohio University, Athens, USA, Timothy Anderson, Andrew Smith McClintock

In spite of being a consistent predictor of therapy outcome, confusion and disagreement remain about what the therapeutic alliance is. One promising approach to better understand the alliance is to explore the client's perspective of the alliance using qualitative methodology. Participants were 54 clients (82% female, 88% Caucasian, mean age = 21 years) who were attending therapy at a mid-western university counseling center. These clients completed workbook assignments that were aimed at assessing the alliance between client and therapist during the first two sessions of therapy (Klemik-Holmberg, 2003). Client's responses to open-ended questions were broken down into meaning-units (Rennie, 2002) and categorized according to the grounded theory method as developed by Strauss and Corbin (1998). A total of 884 meaning units were identified and grouped into four clusters: (1) clients' initial misgivings about therapy, (2) organization and meaning-making, (3) therapists' supportive activities, and (4) clients' appreciation of techniques. Results indicated that clients focused on the task of communicating with their therapists and how this activity was helped or hindered by the therapists' actions. The majority of clients also identified some aspect of communication when asked to describe difficulties of their sessions. Clients, at least in this early phase of therapy, emphasized the role of techniques and the concrete activities they engage in with their therapist, while referring to the therapeutic relationship to a lesser extent. The present research elucidates the link between specific outcome-oriented techniques and their influence on the therapeutic alliance.

The clients' perspective on factors that hinder the therapeutic alliance

Megan Cook — Western Washington University, Bellingham, USA, Robinder (Rob) P. Bedi, Jose F. Domene

These two studies investigated the clients' perspective on factors that hinder the therapeutic alliance. In Study 1, clients identified alliance-hindering factors while watching a videotape of their third or fourth session. In total, 74 factors (in the form of participant statements) were elicited and participants returned to sort them into categories of their own choosing. Participants in Study 2 sorted the same 74 factors into conceptually homogeneous piles but also categorized 74 reasons how or why the factors were thought to be hindering. Multivariate concept-mapping statistical techniques were used to indicate the most typical conceptual structure used by participants in understanding conceptual interrelationships amongst the factors for all three sets of sorted statements. Alliance-hindering factors were classifiable into six categories (Study 1) and four categories (Study 2) and the reasons how or why they were hindering were classifiable into four categories. The results of these studies can be used to advance models of the therapeutic alliance that better take into account clients' subjective perspectives, help practitioners understand factors that could be impairing their therapeutic alliances, and instruct trainees on alliance development.

Mandatory Psychotherapy-Therapeutic Alliance, Defense Mechanisms and Object Representation

Silvia Pereira da Cruz Benetti — USINOS, Brazil, Natacha Hennemann

Several studies from distinct theoretical perspectives have pointed out that the quality of therapeutic alliance has a significant role in predicting treatment outcome. However, the development of therapeutic alliance in mandatory referred psychotherapy constitutes a challenging task to therapists who work with patients under these circumstances. In order to improve the therapeutic process and outcomes in such cases, as well as avoiding early termination of psychotherapy, it is important for therapists to evaluate different aspects of patients' characteristics during early stages of treatment. The objective of this study was to assess the therapeutic alliance and to compare psychotherapy change in two groups of patients referred to brief psychoanalytic psychotherapy. Thirty patients in mandatory referred psychotherapy were compared to a control group of 30 patients in voluntary treatment. Both groups were selected in a Health Government facility which provides psychotherapy to federal employees both from voluntary as mandatory treatment referrals. Groups were evaluated in relation to perceived coercion, therapeutic alliance characteristics, defense mechanisms and internal object representation. After 12 sessions, patients were again assessed in terms of alliance development and psychotherapy change. Results were discussed considering group initial characteristics and associated factors in relation to quality of alliance and later outcomes

Intolerance of uncertainty beyond the experimental studies and in the therapy room: A case study.

Earta Norwood — University of Maryland, College Park, USA

Intolerance of uncertainty is a cognitive construct believed to play a crucial role in the etiology and maintenance of anxiety. It has been defined as negative emotional/cognitive/behavioral response to uncertain situations and events. Studies investigating intolerance of uncertainty have focused on information processing biases and have used verbal-linguistic stimuli. These experimental studies have shown that people high in intolerance of uncertainty make threatening interpretations and negative evaluations of uncertain stimuli. The purpose of this case study is to look beyond intolerance of uncertainty as a cognitive construct, and illustrate how it can be a driving force of a client's distress and anxiety. The client attended 28 sessions over the course of 10 months. The client came to the clinic seeking treatment for anxiety related to the possibility of her husband leaving for a one-year job contract. After several sessions, the client disclosed feeling highly anxious when she flies. Consistent with principles of evidence-based practice, the client's presenting problems were targeted through cognitive-behavioral and behavioral therapy. Treatment progress was assessed via OQ-45 and her scores declined consistently through the progress of therapy; however, her scores increased in the presence of uncertainty, even when the uncertain event could only have positive outcomes. The client's distress was significantly improved when intolerance of uncertainty became the focal point of cognitive restructuring and behavioral modification. Future directions of research and therapeutic approaches are discussed.

Effectiveness of cognitive-behavioral therapy in reducing anxiety among those with autism spectrum disorders: A meta-analysis

Nicholas Charles Jacobson — Penn State University, University Park, USA, Jordan M. Constance

Aim This study examined the effectiveness of cognitive-behavioral therapy in reducing anxiety for those with autism spectrum disorders through a meta-analysis. Individuals with autism spectrum disorders have a reduced awareness of their thoughts and feelings, which can hinder the effectiveness of cognitive therapy. As such, this study compared the effectiveness of behavioral and cognitive-behavioral therapies in reducing anxiety symptoms. **Methods** We performed keyword searches in Medline, PsycINFO, Scopus, and Google Scholar. To be included into the analyses, the articles were required to include: (a) behavioral, cognitive, or cognitive-behavioral therapies, (b) treatment for anxiety or anxiety symptoms, and (c) persons with autism spectrum disorders. The articles were coded based on sample, assessment, and treatment characteristics. **Results** Analyses of 23 studies indicated that behavioral and cognitive-behavioral therapies were effective (median $d = 1.47$, range 1.15-8.86); yet behavioral therapy (median $d = 2.90$, range 2.08-6.41) was significantly more effective than cognitive-behavioral therapy (median $d = 1.20$, range 1.07-1.31) in most analyses, both at the end of therapy and in the follow-up data collection periods. Individual therapy (median $d = 3.69$, range 1.40-3.99) was significantly more effective than group and family therapies (median $d = 1.47$, range 1.45-1.50). **Discussion** These results suggest that both behavioral and cognitive-behavioral therapies are effective in treating anxiety for those with autism spectrum disorders. However, these results suggest the cognitive component in cognitive-behavioral therapy does not augment the effectiveness of behavior therapy for those with autism spectrum disorders.

Emotion-focused therapy for anxiety: A task analysis of one good and one poor outcome case

Yehuda Aryeh Gabler — York University, Canada, Leslie Greenberg, Sara Miller

The purpose of the present study is to identify a pattern of emotional processing that contributes to improvement in clients who present to therapy with high levels of anxiety. This study examines the video-taped sessions of the therapies for two female clients, one with improvement to her overall anxiety scores on the Symptom Checklist-90-Revised (SCL-90-R), and another who did not show improvement on this same variable. A task analysis method of investigation has been applied in order to map out the clients' emotional processing during key stages in each client's therapy, with the purpose of distinguishing different features that may have contributed to client improvement. A model will be presented that provides an outline of how one client was able to improve.

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

Paula Balbi — Universidad de Buenos Aires, Argentina, Ludmila Jurkowski, Andres Roussos

STATE OF ART: Executive Functions (EF) are involved in psychotherapeutic treatments. In cognitive-behavioral treatments (CBT), EF such as cognitive flexibility, planning and inhibition of automatic response, would be necessary to use certain psychotherapeutic tools, such as cognitive restructuring and allocation of tasks. It could be hypothesized that altered EF compromise the effectiveness of CBT. The malfunction of EF has been investigated in different anxiety

disorders, such as Social Phobia, Obsessive Compulsive Disorder, Panic Disorder and Posttraumatic Stress Disorder. However, we have found no research that addresses these functions in patients diagnosed with Generalized Anxiety Disorder (GAD). AIM: The aim of this research is to analyze the EF in a sample of 40 participants (20 diagnosed with GAD and 20 without the diagnosis). PROCEDURES: All subjects will be given sit for three neuropsychological tests in order to asses different functions. The Wisconsin Card Sorting Test will be used to evaluate cognitive flexibility ; the Tower of London - DX will be used to evaluate planning and the Stroop Test will be used to assess inhibition of automatic response. RESULTS: The performance in these tests will be compared between groups. The possible implications for clinical practice will be discussed.

Poster Session

Attachment

Adult attachment styles - Event Related Potentials (ERP)

Glauca Mitsuko Ataka Rocha — Universidade Presbiteriana Mackenzie, Brazil, Paulo Boggio

Introduction: Little is known about neural responses in the early automatic stage processing in the relational context. Event-related potentials (ERPs) offer a possibility to study the processes that may be difficult to detect via behavioral methods. Studies in the field of human relationships found that adult attachment orientations contribute to the ways in which people organize a relational pattern and reproduce it in the psychotherapeutic context. Aim: The aim of this study is to correlate adult attachment styles and ERPs in relational context. Methods: This study has a social neuroscience design in which 30 women -- at day 1 - will be evaluated by a self report measure of adult attachment styles (Experiences in Close Relationships -- ECR-RS), measures of mood and personality traits, and will be interviewed by two female psychologists. One psychologist will be kind and warm and the other, distant and cold. At day 2, individuals will participate on a test in which they will observe photographs of the psychologists attached to phrases. The phrase will indicate how the participants feel about the psychologists. An example is: "I feel supported by her" or "I feel rejected by her". As the participants watch the photographs, the ERPs will be measured by an EEG device. Expected results: The N400 potential will be analyzed and we expect a greater negative potential related to the incongruence condition, e.g. warm psychologists and the sentence "I feel rejected by her". In further analyses we expect that the adult attachment styles will have an influence on the EEG responses.

Client attachment and in-session silence: Frequency, duration, distribution and types of pauses

Sarah I. F. Daniel — University of Copenhagen, Denmark, Stig Poulsen, Susanne Lunn

Aim: The patterning and types of silence in therapy sessions may be an important indicator of aspects of the therapy process that cannot be elucidated by a study of the verbal exchange alone (Levitt, 2001). Differences in the patterning and types of silence may reflect particularities of certain therapy types as well as characteristics of clients, therapists, and the therapeutic relationship. One client characteristic of interest is client attachment, which may affect in-session pausing (Daniel, 2011). This study aims to shed further light on the relation between client attachment and in-session silence with a particular reference to evaluating whether silences reflect defensive or more constructive processes in therapy. Method: Early, middle, and late sessions from each of 68 clients enrolled in a randomized clinical trial of psychoanalytic and cognitive-behavioral psychotherapy for bulimia nervosa were coded by three trained coders using the Pausing Inventory Categorization System (Levitt & Frankel, 2004). Working directly with audio recordings of the sessions, coders also recorded the exact onset and offset times for all pauses. All clients participated in the Adult Attachment Interview (AAI) prior to psychotherapy. Data will be analysed using multilevel mixed-effects modelling. Results: Effects of client attachment and therapy type upon frequency, duration and types of silence will be presented, and possible relations to therapy outcome will be explored. Discussion: Results will be discussed with reference to their possible clinical implications.

Poster Session

Case studies

Case-to-case and inter-classes comparisons of evolution trajectories in the psychotherapy of children suffering from autism and PEV, contribution of 30 pragmatic case studies.

Jean-Michel Thurin — National Institute for Health and Medical Research, France), Monique Thurin, Tiba Baroukh, Bruno Falissard

Aim. Effectiveness of "comprehensive" psychotherapy interventions on improvement of competences at children suffering from autistic disorders, change mechanisms likely to contribute to it, and conditions that take part in it remain today insufficiently documented. The aim of this poster is to present the contribution of 30 pragmatic case studies to these questions. . Method. Clinical data (extensive notes and audio records) were collected at 4 stages of the

psychotherapy process. They were submitted to 1) an initial and final qualitative analysis (case formulation) and 2) a quantitative analysis starting from three instruments evaluating autistic behaviors (ECAR), development (EPCA) and psychotherapy process (CPQ). Mediators were listed and quantified. Three levels of analysis were carried out: that of each case, that of aggregated cases, and that of paired cases. Results. Case-to-case and inter-classes comparisons of evolution trajectories in pragmatic case studies bring an important lighting on the complexity of the factors and of the mechanisms of change implicated in the effectiveness of psychotherapies on autistic disorders. In particular, the dynamics of the intra psychic evolution and the psychosocial context of the therapy are to be taken into account. Discussion: the concept of "similar cases", often proposed like method of regrouping of the isolated cases, requires a special attention.

How to recognize Weiss's concept of tests in the transcripts

Valentina Gandini — Technical University Dresden, Germany

Proposal of a short Manual, based on the training and analyses of the transcripts of a psychotherapy, to recognise tests following the Control Mastery Theory (Weiss&Sampson, 1986). The Manual includes rules of segmentation of the transcripts and procedures of analysis to be used for ratings with judges, even for judges still unfamiliar to the Control Mastery Theory and the concept of test.

Relation of therapeutic immediacy and affect intensity across a case of long-term psychodynamic psychotherapy

Jason Mayotte-Blum — Adelphi University, New York, USA

, Nikaya Becker-Matero, Jenelle Slavin-Mulford, Meaghan Lehmann, Frank Pesale, Mark Hilsenroth, Jairo Fuertes, Jerry Gold

Aim We examined the interrater reliability of therapeutic immediacy (in-session discussion of the therapeutic relationship) and affective intensity, the most frequently used categories of client and therapist immediacy as well as the relation of these categories to the affective intensity/depth. Method Sixteen sessions (4 initial, 4 at years 1 & 3, and last 4) from a long-term psychodynamic psychotherapy (4 years) were rated. A range of different standardized process and outcome measures were evaluated at the same points in time. A qualitative rating team coded immediacy segments for all sessions and organized this information into both client and therapist categories. Affective depth/intensity (1 low--5 high) of these segments were also independently rated. Results Interrater reliability of therapeutic immediacy and affective depth/intensity achieved good to excellent levels. Results yielded a total of 106 immediacy segments that were organized into 18 client and 17 therapist categories of therapeutic immediacy. Average level of affective depth/intensity was found to be moderate at 3.2. Several of these client and therapist immediacy categories were significantly related to affective depth/intensity. Findings were observed in the context of a range of clinically significant outcome changes (symptoms, interpersonal and social/occupational functioning) as well as very high levels of session process (i.e. Alliance and Session Depth). Discussion Therapeutic immediacy was frequently initiated by both client and therapist and can be used to facilitate the therapeutic process with regard to affective depth.

Is case formulation predictive process of change? Contribution of 15 pragmatic case studies of borderline patients

Monique Thurin — National Institute for Health and Medical Research, France, Jean-Michel Thurin, Tiba Baroukh, Bruno Falissard

Aim: By specifying the problems and the disorders of the borderline patient, his vulnerabilities and psychopathological organization, the initial case formulation makes it possible to define a prospect for the change and assumptions about the mechanisms and the strategy of psychotherapy that will support it. The study examines whether this first prospect is confirmed a new case formulation at 1 year among 15 borderline patients. Methodology: 1. Case formulation at 1 year is compared with the initial one about: a. Current problems and disorders of the patient, his psychodynamic functioning and psychopathological organization. b. Attainment of symptomatic, functional and structural goals and objectives. c. General strategy carried out to reach them. 2. A correlational analysis is conducted between indicators of change and psychotherapy process characteristics, and the goals and strategy defined by the initial case formulation. Results: The first stage, relating the possible standardization of the case formulation methodology and analysis of data of the process with 15 cases was presented at Bern. The second stage, which refers to the comparison between the psychotherapy process imagined and the process implemented and its results, is in progress of analysis. Discussion: Contributions of case formulation to the knowledge of the models of change underlying the psychotherapy practice under natural conditions and the relation between the initially conceived objectives and the carried out therapeutic actions to reach them are discussed.

The relationship between depression, anxiety, stress, and menopause

Salisu Ango Abdul-Rahim — University of Ghana Medical School, Accra

ABSTRACT The study was conducted at the ICGC (International Central Gospel Church) to investigate the relationship between depression, anxiety, stress, and menopause of women at or above the age of 34. Questionnaire was administered to 80 women to assess whether, marital status, number of birth, age, and education influence the level of depression, anxiety, and stress among menopausal women. The finding revealed that, educational level and any other factor have a significant influence on the mean score of DAS. However, number of birth and any other factor have no significant influence on the mean score of DAS. Though, the finding indicates that, level of DAS negatively correlated to the menopausal women. The results imply that, other factors that induce depression, anxiety, and menopause such as family life and child up bringing should be assessed so that, their impact on the women will be reduced.

Application of combined supportive and psychodynamic model of therapy in a case of dissociative disorder(mixed);A case study

Kasthuri Pandiyan — Bangalore Medical College & Research Institute, India

Psychodynamic or insight-oriented therapy, focuses on unconscious processes as they are manifested in a person's present behavior. Supportive psychotherapy reinforce a patient's ability to cope with stressors . AIM Psychodynamic therapy establishes link between her childhood experiences , conflicts worries and disappointments. Her maladaptive coping pattern which play a role in her symptom formation to be established. Supportive techniques were used during the course of therapy. **METHODS AND METHODOLOGY** The assessment included 20 sessions of therapy fortnightly . The initial phase :establishing rapport, details of the history and a therapeutic contract. Subsequent sessions; identified childhood roots and development , personality , patterns of defense ,cognition, life events ,stresses,experiences and relationship issues, The techniques used were; Communication and listening skills, psychodynamic theories and models and psychodynamic formulation ,seeing patients symptoms as psychodynamic perspective and using psychodynamic and supportive therapy techniques . **RESULTS** The client gradually gained understanding into her conflict and copying styles and feeling relived of her symptoms and day to day functioning. Trait Anxiety Inventory showed a significant improvement at the end of 20 sessions. **DISCUSSION** Patient developed insight into her connection between childhood experiences and current coping skills .Her symptoms reduced significantly and her coping skills modified to an extend, Different psychodynamic approaches can be put to application to bring about good long term improvement. Significant symptom reduction can be attained with out the use of psycho therapy.

Poster Session

Change process

Come on get happy: How positive psychology constructs relate to psychotherapy outcome

David McConkie Erekson — Brigham Young University, Provo, USA, Vaughn Worthen

Recent interest in positive psychology has led to several attempts to integrate its concepts into psychotherapy process (Burns, 2010; Clarkson, 2005). Though the literature describes ways in which positive psychology may be useful in psychotherapy, very few studies have examined the relationship between positive psychology constructs and psychotherapy outcome. The current study posed the following questions: (a) Are levels of positive psychology constructs different between those seeking therapy and those who are not; (b) are initial levels of positive psychology constructs related to later outcome in psychotherapy; and (c) are changes in positive psychology constructs related to change in outcome? Data were gathered from students at a western university, both students currently seeking counseling (n=183) and those not seeking counseling (n=127). Students were asked to complete questionnaires measuring autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, optimism, hope, gratitude, self-control, positive and negative affect, and satisfaction with life. The OQ-45 was used as a measure of outcome. All measures were administered to those currently seeking counseling at two time periods--once upon initializing therapy, and once four months later. It was found that initial levels of all positive psychology constructs were significantly lower among those currently seeking therapy. Further, initial purpose in life was related to more positive change over the course of therapy. Finally, changes in personal growth and self-acceptance were associated with positive changes in outcome. Implications of these findings in a therapeutic setting are discussed.

Motivation for change, the therapist's interventions and the outcome of psychotherapy

Evandro Morais Peixoto — Pontifícia Universidade Católica de Campinas, Brazil, Maria Leonor Espinosa Enéas, Elisa Yoshida

Objective: To evaluate the evolution of two brief psychodynamic psychotherapy processes by associating change of the patients' stage of change with the interventions by therapists. Method: Analyses were based on transcripts of two processes of psychotherapy, with 11 and 13 sessions respectively. Patients were two women, with 23 and 31 years old, complaining of conflicts in relationships. Two independent judges evaluated the stage of change of the patients before and after psychotherapies. The stages of change reflect the level of awareness of person in front of their problems and their willingness to confront them. They are classified as: pre-contemplation, contemplation, preparation, action, maintenance and termination. As for the therapist's interventions were divided into neutral, supportive or expressive. Results: Both patients began psychotherapy at the contemplation stage, indicating awareness of their respective problems without willingness to face them. At the end of psychotherapies, patients were at stage of Action which suggests that both patients have successfully changed their patterns of relationship and showed to be committed with these changes. In both cases predominated neutral interventions (70,65%/48,57%) and expressive (16,02%/36,39). Conclusion: The processes can be considered successful in that there was evolution of stages of change. It is considered that the prevalence of expressive interventions may have contributed to the patients reach the stage of action.

A novel method for identifying relapse risk in cognitive therapy for depression

Nicholas R. Forand — University of Pennsylvania, Philadelphia, USA, Robert J. DeRubeis

Aims: Cognitive change is the proposed mechanism underlying relapse prevention in cognitive therapy (CT). However, evidence in support of this mechanism is mixed (Garrett, et al. 2007). We propose a novel method for analyzing cognitive measures based on "flex points," defined as points above which a score might be indicative of an overly optimistic response, and below which a score would be considered a negative response. These scores will be tested as predictors of relapse after CT and medication treatment of depression. Methods: The sample is an RCT of CT vs. antidepressant medications (ADM) for depression (N = 180). Cognitive measures are the DAS and ASQ. Flex points were identified based on consensus ratings, and percent of total points scored above and below these points was calculated for each individual. Cox regression analyses were used to assess the probability of relapse and recurrence. Results: Traditional cognitive measures are unrelated to relapse in the current sample. However, scores below the flex point and above the flex point independently predicted a greater chance of relapse in CT, but not in ADM. A composite score demonstrated a linear relationship with relapse in CT. Traditional cognitive measures appear to predict relapse after ADM treatment. Discussion: These results suggest that typical cognitive measures capture both overly positive and overly negative cognitive styles, both of which indicate a vulnerability to relapse. These findings have implications for understanding vulnerability to relapse after CT and the design and interpretation of cognitive measures.

Stages of change: Correlation between two forms of evaluation

Adriana Carvalho dos Santos — Universidade Presbiteriana Mackenzie, Brazil, Maria Leonor Espinosa Enéas

The Theory of Behavioral Change, derived from the Transtheoretical Therapy, proposes that the change happens according to processes, levels and stages. Each stage identifies how aware one is about the problem and how confident to facing it. Based on such characteristics, the person fits one of the following stages: precontemplation, contemplation, preparation, action, maintenance and termination. Knowing the patient's current stage of change, when the patient is looking for psychological support, may assist to define the therapeutic strategy and, moreover, provide prognostic indications. Different measures when strongly correlated might be used according to the purpose of the work. The Stages of Change Scales (SCS), instrument of self-report, permits the identification of the stages. The clinical listening may also help this identification. This study explores the possible correlation between the SCS, employed at the beginning of the psychotherapies, and the clinical evaluation guided by the transcription of the obtained material in the first interview. There was clinical listening training, based on the definitions of stages, and two independent judges achieved the 0.80 minimum rate of agreement. Until the moment, fifteen audio taped trials were performed with patients at a training clinic, after prior written permission. The correlation between the two evaluation forms was 0.77, at Spearman's coefficient. The increasing of samples is expected to strengthen the correlation found.

Trajectories of change in interpersonal behavior in the course of a single psychotherapy session

Tadeusz A. Zajac — University of New York in Prague, Czech Republic

The present report aims to explore trajectories of change in interpersonal behavior between the client and the therapist in the course of a single psychotherapy session. The hypothesis is that the process of change is non linear in its nature and can be better understood in terms of a non-linear dynamic theory. Therefore, instead of focusing on presence of specific interpersonal behaviors, the sequence of stabilization and destabilization states should be investigated as they may be theorized to account for change in the psychotherapy process. A single psychotherapy session is coded using the SASB (Structural Analysis of Social Behavior) cluster model. The sequence of codes is investigated to identify the states of stabilization and the moments of destabilization. The preliminary results will be presented as a series of visualizations followed by discussion as well as indications of current limitations and further research directions.

Construction of a method to evaluate therapeutic efficacy

Ana María Luzzi — Universidad de Buenos Aires, Argentina, Sara Slapak

Aim: The purpose of this paper is to develop a methodological strategy to study the therapeutic efficacy of children group psychoanalytical psychotherapy, in a process analysis. **Method:** Codes are developed and applied to observational records of children group psychoanalytical psychotherapy sessions. Processing is implemented using the Atlas Ti software. A pilot test is performed on a sample of six sessions. The relevance of the assigned codes is analyzed by means of an analysis of frequencies and co-occurrences. The Codes Manual which contains a glossary is updated and a Procedure Manual is formulated for its application. **Results:** The analysis of frequencies and co-occurrences allowed to reduce the amount of codes and to purify the Codes Manual. In addition, in order to better adequate to the theoretical framework, codes were regrouped into two families: Therapist's Interventions and Answers to Interventions. **Discussion:** The simplification of the Codes Manual and its glossary allow a uniform application by different judges. Grouping all the codes into two families, enables to appreciate the dynamics of the process regarding the opportunity and special characteristics of therapist's interventions and the effect of that they have on patients.

Therapist interventions and client innovative moments in emotion-focused therapy: A temporal analysis of productive sequences in therapist and client verbal interaction in a good and poor outcome case studies

Ana Sofia Teixeira — ISMAI - Instituto Superior da Maia, Portugal, Carla Alexandra Castro Cunha, João Salgado, Inês Mendes, Miguel Gonçalves, Leslie Greenberg, Lynne Angus

Aim: This study aims to clarify how therapist interventions become associated to client innovative moments (IMs) through the analysis of verbal interaction in psychotherapy. More specifically, it explores what happens in conversational turns before specific therapist interventions are associated to client IMs. Given this positive immediate impact in the client, these instances are referred as a "productive sequences" of therapist-client verbal interaction and the present study attempts to clarify what happens in the conversational turns that precede them. **Method:** After the identification of client IMs and of different therapist interventions according to the Hill process model in a sample of emotion-focused therapy for depression, six sessions of a good outcome (GO) and a poor outcome (PO) case were selected and analysed through the Generalized Sequential Querier - GSEQ. GSEQ is a general analysis program for sequential data that computes frequencies and probabilities of sequential behaviours and was used here to explore which therapist-client verbal interaction sequences precede productive sequences (i.e. related to client IMs). **Results and discussion:** Results suggest that therapist Minimal encouragers and Exploration skills and previous client IMs primarily precede the productive sequences. The main difference between the GO and PO cases was that productive sequences were mostly preceded by therapist Exploration skills in the GO case, while were mostly preceded by therapist Insight skills, in the PO case. This study highlights the importance of "virtuous cycles" of verbal interaction preceding productive sequences of therapist and client verbal interaction differently for GO and PO cases.

The emergence of innovative moments in narrative therapy: An exploratory study

Joana Carolina Nunes — Universidade do Minho, Braga, Portugal, Carla Alexandra Castro Cunha, Miguel Gonçalves

Aim: In narrative therapy the notion of innovative moments (IMs) has been used to study the development of new self-narratives in psychotherapy. Five types of IMs have been depicted and appear according to a consistent pattern related to good outcome brief psychotherapy: 1) Action IMs (new behaviors that are contrary to the problematic narrative); 2) Reflection IMs (new understandings/thoughts, incongruent with the problem); 3) Protest IMs (a confrontational or challenging attitude adopted toward the problem); 4) Reconceptualization IMs (narratives elaborating on selfhood changes and the transformation process) and 5) Performing Change IMs (new experiences of change, planned or anticipated). The present study aims to analyze intensely the process of emergence and co-construction of the IMs during narrative therapy sessions. More specifically, we aim to explore what kind of emergence appears related to good and poor outcome (GO and PO) narrative therapy and to different IMs' types, at different stages of psychotherapy. **Methods:** We analyzed nine sessions (three initial, three middle and three final) selected from two cases (one GO and one PO) of narrative therapy for depression. Two judges coded all sessions independently, according to three categories: a) IMs are produced by the therapist and accepted by the client; b) IMs are directed by the therapist and developed by the client; and c) IMs are produced spontaneously by the client. **Results and discussion:** At this moment, this project is a work-under-progress and the preliminary results will be presented in this poster presentation.

Change mechanisms and early treatment outcome of long-term psychodynamic psychotherapy and accelerated experiential dynamic psychotherapy: Preliminary results

Rayna Danielle Markin — Villanova University, USA, Kevin S. McCarthy, Cheri Marmarosh

How and why do patients improve across the first 12 sessions of Long-Term Psychodynamic Therapy (LPT) and Accelerated Experiential Dynamic Psychotherapy (AEDP; Fosha, 2000)? While LPT and AEDP are both psychodynamic theoretical approaches to treating patients, they each espouse very different theories of change, which has major implications for how clinicians working from these perspectives treat their patients. While LPT posits that insight into the transference predicts patient improvement, AEDP emphasizes the real relationship and argues that change in attachment, emotional experiencing, and the alliance rupture-repair process cause patients to improve. The goal of the

current ongoing study is to undertake an initial test as to whether these theories have the "right recipe" for change. Specifically, this study asks, do the process variables theorized to predict patient change in these two approaches relate to early treatment outcome? Empirically, early treatment outcome is important to study because it has been associated with therapy outcome. Practically, it is important to study because there exists an ingrained belief among many healthcare professionals and potential patients that psychodynamic therapies just take "too long" to "work;" however, this has yet to be specifically studied. Moreover, the relationship between therapist technical interventions and early treatment outcome will be examined. The sample for this study consists of expert clinicians and their patients in private practice. Preliminary results are reported. *This study is funded by the American Psychoanalytic Association

Poster Session

Interpersonal

Self-esteem as mediator of the association between negative affects, eating symptoms and interpersonal problems among treatment- seeking obese patients

Laura Salerno — University of Palermo, Italy, Gianluca Lo Coco, Salvatore Gullo, Federica La Pietra, Rosalia Iacoponelli

Research suggested a relationship between obesity, several lifetime psychiatric disorders, low self-esteem, interpersonal problems and depression (Mather et al., 2009). Although disordered eating has been assumed to be associated with interpersonal problems, it is surprising that only a few studies that investigated this issue could be located in psychotherapy research. The present study investigated the extent to which self-esteem mediated the link between negative affects, eating symptoms and interpersonal problems in obese patients. Data were obtained from a group (n = 422) of overweight (20%) and obese (80%) patients attending treatment for weight loss in a mental health centre specializing in eating disorders. Participants filled in the Profile of Mood States Questionnaire, the Body Influence Assessment Inventory, the Binge Eating Scale, the Rosenberg Self-Esteem Scale and the Inventory of Interpersonal Problems at the intake. The Structural Equation Modeling technique was used to test the hypotheses of our study. The results confirm the link between eating disorders, low self-esteem, negative affects and interpersonal problems in obese patients. All fit indices suggested the model fit the data well: $S-B\chi^2 = 16.89$; $df = 20$; $\chi^2/df = .84$; Robust CFI = 1; RMSEA = .00. Self-esteem partially mediated the association between eating symptoms and interpersonal problems (standardized indirect effect values .10; p

Poster Session

Depression

Verbal activity in three kinds of treatment of depressions: cognitive-behavioral therapy, psychodynamic therapy and psychoanalytic therapy

Dorothea Huber — International Psychoanalytic University, Berlin, Germany, Horst U. Kächele

The discourse in psychotherapeutic treatment is less specific than usually expected. Are different therapy methods different in their style of communication? In this study we compare verbal activity and other characteristics of the discourse of therapist and patient for sessions from two psychoanalytic, two psychodynamic and two cognitive behaviour therapies. Psychoanalytic therapists talk the least, behaviour therapists the most. Patients talk nearly the same in all therapies. As therapists of psychoanalytic treatment talk less than behaviour therapists, percentage of patient talking is largest in psychoanalytic therapy. Further formal characteristics: Statement is the most frequent intervention in behaviour therapy (51%), followed by psychodynamic (36%) and psychoanalytic (27%). The most frequent intervention in psychodynamic and psychoanalytic therapy is listening, whereas it is only a small part of communication in behaviour therapy. Questions are asked mostly in behaviour therapy. Hence there are significant differences, which correspond to theories of treatment, between the three methods in discourse behaviour on a single-case level.

I have decided to live: Factors to dissuade a person to commit suicide.

Constanza Gálvez Toro — Universidad Diego Portales, Santiago, Chile, Constanza Quiroz Díaz, Bárbara Vicencio Gebauer, Alemka Tomicic, Claudio Martinez Guzman

Currently, despite the efforts in promotion of mental health, the suicide rate is increasing. The latest research have been pointing to understand the suicide as a processual way, however, there is no clarity on its stages and how the

dissuasion of this conduct is inserted into each one of them. This research seeks to discover how participants interpreted their own process of suicide and deterrence, as well as understand how this story allows them to hold a certain position to suicide as a possibility today. This, by analysis of in-depth interviews with ten individuals who were hospitalized for attempted suicide in the past five years. The results are presented and discussed in terms of their applicability for the treatment of this kind of patients.

Religiosity of suicidal depressive women in a public general hospital in Santiago, Chile: Socio-demographic, clinical and treatment outcome characteristics

Ramon U. Florenzano — Universidad del Desarrollo, Santiago, Chile, Jorge T. Rodriguez, Catalina Sieverson, Eny S. Cataldo, Pamela Leiva, Maria Sol Pastorino

This paper reports (FONDECYT No 1100731) a comparison of believer and nonbeliever suicidal women treated at a public hospital psychiatric unit in Chile. The hypothesis of the project is that a religious intervention decreases relapses among suicidal women treated in SPHDS. We applied BDSP 2.0 to compare socio-demographic and clinical characteristics of 96 inpatients and 39 outpatients, all treated with the standard algorithm recommended by the Chilean Ministry of Health. Outcome was assessed with OQ 45.2 at pre-intake, early treatment and advanced treatment stages. Results: We found that believers were older ($X: 42, SD: 2,8$) and less educated ($X: 10,6, SD: 4,4$) than non believers ($X: 12,9, SD: 13$); ($X: 13,9, SD: 2,6$), t de student: 37,9, $p = 0,0001$ for age and $t = 28,52$; $p = 0,0001$ for mean years of education). Religious inpatients presented with more severe depression than non believers. Adherence to treatment was higher between believers than among non believers. The number of suicide attempts was higher among non-religious patients (Mean: 4,7; SD: 4,4) in comparison to religious (mean: 3,3 SD: 3,5) (Mann Whitney U=0,026; $p = 0,051$). There were no other differences in socio demographic, diagnostic nor suicide episode characteristics. Our data are consistent with the literature. In a next step we plan to compare the outcome of treatment of an experimental cohort with a religious intervention compared with a Treatment as Usual Control group.

Therapist intervention and innovative moments: A study with a sample of cognitive-behavior therapy of depression

Miguel Gonçalves — Universidade do Minho, Braga, Portugal
, Anabela Pereira Machado, Clara E. Hill, Carla Alexandra Castro Cunha, João Batista

Aim: To analyze which specific therapist interventions are related to innovative moments (exceptions to the problematic pattern that brought the client to therapy) emergence in cognitive-behavior therapy (CBT). Methods: We identified the IMs that emerged (Innovation Moments Coding System) and categorized independently the interventions of the therapist (using the Hill Process Model) in two cases, one good and one poor outcome case. A generalized linear model was used to study the probability of a given therapist intervention to be followed by an IM. Results: The preliminary results will be presented in this poster.

Poster Session

Integration

The "scientific competences" as a concept linking conceptual and clinical research in psychoanalysis

Clara María López-Moreno — Asociación Psicoanalítica Argentina, Silvia Acosta, Susana Vinocur Fischbein

Both as psychotherapist engaged in clinical research and as tutors at a postgraduate level course, we are aware of the obstacles faced by our young colleagues when they undertake research. They face the complex problems of integrating theoretical knowledge with clinical findings; this integration should be an excellent opportunity to train them in their research skills, critical thinking and narrative competences. We think that "scientific competences" is a core notion to focus the different dimensions involved in development of scientific training process. We think that whenever a researcher starts investigating, there is a need of adequate models to serve as guidelines. In the last two decades, a lot of papers show new methods of research, both conceptual and empirical. Our aim is to present a model to serve as a guideline for future research projects focused on "scientific competences" training. It describes and defines the flow from the conceptual/theoretical field to the various factors involved in clinical research. We designed this chart to meet epistemological as well as methodological concerns. The epistemological concern is focused on clarifying and/or organizing the psychoanalytic disciplinary field. We intend to discuss with clinicians interested in research and with researchers the convergences and divergences corresponding to psychoanalytic theory, technique and clinical practice respectively. The methodological approach attempts to systematize those conceptual dimensions emerging from clinical practice that may be operationally defined. We will introduce various methodological strategies, to enable researchers to embark on projects that fulfill the requirement of being conceptually well grounded.

Psychotherapy integration and alliance: Use of cognitive-behavioral techniques within a short-term psychodynamic psychotherapy treatment model

Rachel Goldman — Adelphi University, New York, USA, Mark Hilsenroth

Aim: This study sought to examine whether several Cognitive-Behavioral techniques within a Short-Term Psychodynamic Psychotherapy model predict patient's experience of early alliance in session. **Method:** 91 participants received Short-Term Dynamic Psychotherapy (STDP) at a university-based community outpatient psychological clinic. Patient rated alliance was assessed early in treatment (3rd/4th sessions) using The Combined Alliance Short Form-Patient Version (Hatcher & Barends, 1996). The CASF-P is completed by the patient and consists of a Total Score and four subscales: Idealized Relationship, Confident Collaboration, Goals & Task Agreement, and Bond. Therapy sessions were videotaped and techniques within sessions were assessed by independent raters using the Comparative Psychotherapy Process Scale (CPPS: Hilsenroth et al, 2005). Interrater reliability of the CPPS variables used in this study was in the excellent range for individual items pertaining to Psychodynamic-Interpersonal (PI) and Cognitive-Behavioral (CB) techniques and composite PI and CB scales. **Results:** While CPPS PI and CB scales were not related to overall patient ratings of therapeutic alliance early in treatment, there was a significant association between the interaction of PI and CB techniques (PIxCB) with the alliance subscales of Goals & Task Agreement and Confident Collaboration. In addition, specific PI and CB techniques were significantly correlated with higher patient alliance scores on these subscales. **Discussion:** The integration of some CB techniques within a Psychodynamically oriented model early in treatment may facilitate a stronger therapeutic alliance specific to collaboration on treatment focus and goals within therapy.

Psychotherapist development: Integration as a way to autonomy

Tomas Rihacek — Masaryk University, Czech Republic, Ester Danelova, Ivo Cermak

This study deals with the question of how therapists naturally develop an integrative perspective. A grounded theory analysis was conducted, based on retrospective interviews with seven experienced therapists. Adoption of an integrative perspective was found to be an unintended consequence of the development towards an autonomous personal therapeutic approach. This development is directed by two autonomous criteria (congruence and perceived efficacy) and results in intuitive integration. Complementary to this aspect is a heteronomous line of personal therapeutic approach development, characterized by two criteria (adherence and legitimization) and leading to identification. Autonomy and heteronomy are understood as general principles along which a therapist's development can be organized.

Poster Session

Child/adolescent

The effectiveness of applying the community counseling intervention in school: An exploratory study of an 8th grade male student raised by grandparents

Shing-Li Shih — National Chi Nan University, Taiwan, Jiun-De Lin*

This study aimed to explore the effectiveness of applying the community counseling intervention in school. The community counseling provided a comprehensive model to work with the client and to improve his environment as well. In the study, the client was an 8-grade male student who was raised by his grandparents. He was referred by the teacher and his presenting problems contained that (1) he frequently interrupted the class with irrelative comments, (2) he did not do homework, and (3) he had difficulties in peer relationship. The researchers conducted the community counseling intervention to help the client including (1) the individual counseling with the client, (2) an outreach program in terms of peer relationship, (3) consulting with the teacher to help her better understand the client, and (4) providing grandparents with parenting knowledge to meet the client's developmental needs. The effect of the community counseling intervention was assessed by recoding the counseling notes. Furthermore, the researchers interviewed with the client's teacher, grandparents and peers to have their observations on the client. All data were analyzed by the text analysis. The results indicated that the client had much more positive interactions with peers and reduced interruptions during class. Based on the results, we realized that the community counseling intervention could facilitate the effectiveness of counseling and provide an alternative to work in school.

Romantic attachment and depression in pregnant adolescent couples: Implications for intervention development and treatment

Alethea Desrosiers — Yale University, USA, Heather Sipsma, Nathan Hansen, Tamora Callands, Trace Kershaw

The current study investigates the following aims among a sample of pregnant adolescent couples: 1) the impact of romantic attachment style on depression, 2) the influence of partner romantic attachment style on adolescent depression, and 3) the impact of partner depression on adolescent depression. Interaction effects between partner romantic attachment style and depressive symptoms were also examined. Participants were 296 pregnant adolescents and their male partners (592 total participants), recruited from obstetrics and gynecology clinics in Connecticut. The dimensions of Avoidant and Anxious Romantic Attachment were assessed using the Experiences in Close Relationships

Inventory (ECRI). Depression was measured using the Center of Epidemiological Studies-Depression Scale (CES-D). Results of multi-level modeling for actor effects of attachment style and depression indicated that higher scores on avoidant attachment ($\beta = .15, p < .01$) and anxious attachment ($\beta = .14, p < .01$) were significantly associated with higher scores on depression. Results of multi-level modeling for partner effects revealed that higher levels of anxious attachment in partners was significantly associated with higher actor depression scores ($\beta = .03, p < .05$), while level of avoidant attachment in partners was not significantly associated with actor depression. Additionally, partner depression was significantly positively associated with a person's own depressive symptomatology ($\beta = .98, p < .01$). Findings underscore the importance of considering couples-based approaches focusing on strengthening attachment bonds and decreasing depressive symptoms for treatment interventions with depressed pregnant adolescents.

Poster Session

Cognitive

Cognitive performance in mood disorders and associated factors

Cláudio R. Drews — Universidade Católica de Pelotas, Brazil

, Luciano Dias de Mattos Souza, Ricardo Azevedo da Silva, Karen Jansen, Ricardo Tavares Pinheiro

AIM: To evaluate the cognitive performance of young adults with mood disorders and identify associated factors.

METHODS: A cross-sectional study consisting of 115 youths aged 18 to 32 years living in the city of Pelotas, RS.

Participants were evaluated for unipolar depression and bipolar disorder by the Structured Interview for DSM-IV (SCID-I), and cognitive performance was measured by the Montreal Cognitive Assessment (MoCA). RESULTS: There was no difference between the cognitive performance of young adults with unipolar depression and bipolar disorder. The education proved to be an important factor for a better cognitive performance. DISCUSSION: Young people with unipolar depression and bipolar disorder have a similar cognitive performance.

Using personal dilemmas for case conceptualization and treatment planning in depression

Guillem Feixas — Universitat de Barcelona, Spain

, Victoria Compañ, Adrián Chaurand, Adriana Trujillo

Introduction. Early work in case conceptualization with depressive patients focused on the low level of pleasant activities they presented, the prevalence of negative views of self, the world and the future and other attributional biases. However, the conflictive nature of schemas involved in construing self and others are seldom considered as a focus of the therapy process. Aim. Based on Personal Construct Theory, this work presents the notion of implicative dilemmas (ID) (a type of cognitive conflict) as applied for case conceptualization with a depressive patient. An ID is defined as a cognitive structure for which change is desired (e.g., using this patient's constructs, going from being "spiritless" to becoming "happy") found linked to a congruent construct for which change would result in invalidation (from "devoted to others" to "selfish"). Method. Assessment using the Repertory Grid Technique allowed the exploration of the patient's subjective construing of self and others, and the identification of her IDs. Results. Therapy planning was focused on the elaboration of the IDs found in her grid. For that, a Dilemma Focused intervention was included in the therapy process. Discussion. Dealing with the particular ID(s) found in the patient's grid facilitates the change process in psychotherapy. Although therapists would do well attending to other issues as well, the elaboration of personal dilemmas should make change more meaningful and, thus, easier to occur.

Efficacy and cost- effectiveness of a brief intensified cognitive behavioural therapy and/or pharmacotherapy intervention for depression and anxiety disorders.

Denise Meuldijk — Leiden University Medical Centre, The Netherlands

Since the high life-time prevalence, high disease burden and the high economic costs associated with the presence and treatment of anxiety and mood disorders, a growing need evolved in the individual patient, general mental health care and politics, to improve diagnosis and treatment evaluation and thereby treatment efficacy and effectiveness of these disorders. The current study aims to evaluate the (clinical) effects and costs of a shorter first treatment in the stepped-care protocol for anxiety and mood disorders. METHODS: A randomized controlled trial assigning eligible participants (N= 200) of five Dutch outpatient Mental Healthcare Centers in the Netherlands to either the intervention condition (brief CBT and/or pharmacotherapy) or control condition (Treatment As Usual) will be performed. Data on patients' progress and clinical effectiveness of treatment will be assessed at four fixed time intervals: at baseline, post-treatment and respectively 6 and 12 months post-treatment by a shortened, less work intensive- Routine Outcome Monitoring (ROM)- method. Cost-analysis will be performed simultaneously for the obtained data. DISCUSSION: The study is still ongoing. The expected equal distribution of sociodemographic characteristics between the two groups

increases the likelihood of generalizing the study outcomes. Subsequently, the stepped-care approach and the time-limited, intensive format of the intervention, could shed light on providing most convenient and adequate collaborative care; moreover since simultaneously evaluating the (cost) effectiveness of this approach and intervention in both disorders has not been determined yet.

Poster Session

Computer

"They usually find me online": How and why expert psychotherapists are using (and not using) new technologies with their clients

Laura Kortz — University at Albany/SUNY, USA, Myrna Friedlander, Katharine Suzanne Shaffer

Aim: Studies have established the effectiveness of online therapy for several disorders including depression, anxiety, phobias and eating disorders and have also demonstrated that satisfactory working alliances can be formed online. Interviews with clients suggest that they find online therapy to be an acceptable form of treatment because it is convenient and anonymous. Despite these findings, little is known about how psychotherapists are using new technologies to communicate with their ongoing clients seen in face-to-face sessions. The aim of the current study was to discover the practices and concerns of psychotherapists who use and who do not use new technologies to communicate with clients. Method: Diplomates of the American Board of Professional Psychology were e-mailed an online survey designed to elicit the following data: types and frequency of technologies used, purposes and reasons for using or not using technology to communicate with clients, factors considered when deciding to use technology and how discussions about technology use are initiated. Results: Technology use with ongoing clients was pervasive among our sample: 73% of 171 participants had used technology to communicate with clients between sessions, primarily for administrative purposes such as scheduling. But participants also reported using technology to provide support and encouragement, to send information, to make referrals and to be responsive to client requests for communication via technology, primarily texting and e-mail. Discussion: Psychotherapists who use technology to communicate with clients seem to be less concerned than those who do not about confidentiality, security and the pitfalls of text-based communication.

Coping skill acquisition during computer-based CBT for co-occurring substance dependence and depression

Alexandra Mitchell — University of Wollongong, Australia
, Peter Kelly, Frank Patrick Deane, Frances Kay-Lambkin, Amanda Baker

This study provides preliminary data on the effectiveness of a newly developed computer-based version of cognitive behavioural therapy (CBT) for substance use disorders and depression (Self-Help for Alcohol and other drug use and Depression; SHADE). The focus was on the changes in coping skill quality throughout the intervention, and exploration of coping skill quality as a potential mediator of CBT treatment outcomes. Participants were 69 individuals receiving long-term residential treatment for substance use disorders. Participants were randomly assigned to either (a) standard treatment with SHADE therapy or (b) an active control condition consisting of standard treatment plus a computer delivered typing tutorial. Participants were assessed at baseline, and following 10 sessions. Repeated measures multivariate analyses of variance revealed that there were significant increases in the quality of coping skills in response to situations that increase the risk of substance use or depressed mood, but there were no significant differences between participants engaged in the SHADE and control conditions. Participants' in both groups had reductions in cravings, depressive symptoms and dysfunctional attitudes from pre- to post-intervention. Mediation analyses revealed that the quality of coping skills did not mediate CBT's effect on cravings and depressive symptoms. The results indicate that the mechanisms of change underlying self help CBT interventions remain elusive.

Poster Session

Couple

Couple's love in psychotherapy and research

Pablo Fossa — Universidad del Desarrollo, Santiago, Chile, Luis Tapia, María Elisa Molina, Marta Szmulewicz, Carolina Aspillaga, Marcela Flores

The present study is based in the limited scientific and theoretical consideration of the phenomenon of couple's love in the work with persons in therapy and also in psychotherapy research. Psychology and medicine have mildly approximate to couple's love phenomenon through theoretical developments, where love is tightly mentioned. It is assumed in an implicit way, or simply ignored. Because of this, the study is intended to explore the relevance and utilization of the love

concept in different psychotherapeutic orientations and in psychotherapy research. With this purpose a semi-structured questionnaire will be applied to therapists of different theoretical orientations and researchers who are members of the Society for Psychotherapy Research. It is intended to demonstrate that conceptions of couple's love seem to be absent of the specialized speech of therapists as well as demonstrating that there is little research about love in psychotherapy. It is intended to promote the utilization of love subject, in clinical process and in research too in order to could evaluate its relevance for therapy outcomes in further research.

Poster Session

Culture

Culture and therapist approach to empathy: A qualitative analysis of Carl Rogers' communication in the case of Miss Vib

Sevan Basil — Adelphi University, New York, USA

Aim: This study seeks to explore the relationship between empathy and culture. Psychotherapy process-outcome researchers have long been interested in empathy as a mechanism of alliance-building and patient change. However, few studies have addressed the White Western bias inherent in current models of empathy, which construe empathy as existing between two individuals (Pedersen, 2009) and tend to emphasize the separation of therapist and patient affects. The present study investigates Carl Rogers' approach to empathy with the purpose of identifying themes reflective of White Western culture. **Method:** Qualitative analyses will be based on data from transcripts of nine sessions of short-term psychotherapy conducted by Carl Rogers with "Miss Vib," a depressed graduate student. **Results:** Lists of within-session themes will be generated after careful analysis of each transcript, followed by examination across sessions for the presence of other themes. Additionally, Linguistic Inquiry and Word Count (LIWC; Pennebaker, Francis, & Booth, 2001), a text analysis computer software, will be utilized to help identify themes in Rogers' speech content. In order to enhance reliability, two faculty members and two students at the Adelphi University clinical psychology doctoral program will be asked to provide feedback on findings. **Discussion:** Illustrative text will be presented for each identified theme, and findings will be discussed with respect to their cultural implications.

Poster Session

Linguistic

Frequency distributions of wishes in speech acts in the therapists' discourse

Luján De Simone — Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina, Juan Carlos Argibay, Josefina Gómez Dolzer, Julieta Otálora, David Maldavsky

Aims: From the Freudian perspective, the detection of the specific wishes that appear in clinical manifestations (among them, the linguistic ones) has great relevance. We want to present the frequency distributions of wishes in speech acts in the therapists' discourse and to show some of their applications. **Sample:** The transcribed discourse of 67 therapists. **Instruments:** The grid for the analysis of speech acts, pertaining to the David Liberman algorithm (DLA). **Outcomes:** After presenting the frequency distributions of wishes in speech acts, we intended to exemplify their application.

Frequency distributions of wishes in words and speech acts in the patients' discourse

David Maldavsky — Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina, Juan Carlos Argibay, Luján De Simone, Silvina Perez Zambón, Sebastián Plut, Elena Stein

Aims: From the Freudian perspective, the detection of the specific wishes that appear in clinical manifestations (among them, the linguistic ones) has great relevance. We want to present the frequency distributions of wishes in words and speech acts in the patients' discourse and to show some of their applications. **Sample:** the transcribed discourse of 70 patients. **Instruments:** the computerized dictionary and the grid for the analysis of speech acts, both pertaining to the David Liberman algorithm (DLA). **Outcomes:** after presenting the frequency distributions of wishes in the patients' words and speech acts, and comparing both results, we intended to establish some connections between them and to exemplify their application in the study of the discourse of a patient.

Predictors of isolated sleep paralysis in outpatients with panic attacks

Brian Andrew Sharpless — Penn State University, University Park, USA, Kevin S. McCarthy, Kimberly Seoane, Lauren Rodriguez, Kathleen Librizzi, Barbara Milrod, Dianne Chambless, Jacques P. Barber

STATEMENT OF THE PROBLEM: Isolated sleep paralysis (ISP) is a potentially frightening experience which can occur during sleep onset or offset and is often accompanied by hallucinations. Research has linked these episodes with anxiety sensitivity, minority status, trauma, and IQ. However, the majority of these findings have been correlational, a factor which limits ability to assess their relative contributions. PARTICIPANTS: Participants will include at least 99 individuals diagnosed with ISP who presented for intake during an ongoing RCT for panic disorder (overall rate of ISP is approximately 29%). All participants meeting ISP criteria will be included in the study regardless of randomization status. Separate subgroup analyses for those meeting "fearful ISP" criteria (Sharpless et al., 2010) will also take place. PROCEDURE: Following an initial screening, participants suffering from panic attacks were invited to undergo a battery of measures (symptom, IQ) and clinical assessments (ADIS, SCID-II) conducted by diagnosticians trained to reliability. This battery also included the Fearful ISP Interview (Sharpless et al., 2010). RESULTS: Following a presentation of demographic information and a Table of the significant associations found between ISP and the other constructs of interest, several will be entered into several regression equations for both ISP and the more specific fearful ISP subsample. Predictors of clinically-significant levels of fear during these episodes will also be assessed. CONCLUSIONS: This study will further clarify the correlates and associated risk factors for isolated sleep paralysis. It will also be among the first to utilize a well-assessed sample derived from a RCT.

Individual resource realization in mentally ill patients: relation to sociodemographic and clinical characteristics

Maria Hausberg — University Medical Center Hamburg-Eppendorf, Germany, Holger Schulz, Sylke Andreas

There is some recent effort to investigate the role of individual resources in the field of mental health, but systematic research on this topic is lacking. The overall aim of the present study was the exploration of individual resource realization in patients with mental disorders and related variables to provide basic knowledge on the upcoming field of research focusing on patients' strength. Current resource realization was assessed with a short form of the Resource Realization Questionnaire (RES-16) in a sample of N = 332 inpatients with mental disorders. To explore the association between resource realization and related variables, group differences (t-tests, ANOVAs) were conducted regarding gender, age, marital status, educational level and type and number of diagnoses. The relationship between resource realization, symptom severity, interpersonal behaviour and therapeutic alliance was examined and a regression tree analysis was calculated to find out relevant predictors for resource realization. There are some significant differences in current resource realization regarding marital status, number and type of diagnosis. A substantial relationship between resource realization and symptom severity was found. Results regarding interpersonal behaviour and therapeutic alliance revealed to be more heterogeneous. Symptom severity, gender and chronic depression were found to be relevant predictors of resource realization. The close association between resource realization and symptom severity argues for further investigation of the construct within psychotherapy research.

Using humanistic psychotherapy techniques to enhance social competences on undergraduate students

Geanina Cucu Ciuhan — University of Pitesti, Romania

Recent studies about graduate's competences argue that, as graduates face continuous changes in their career, and generic competencies are less subject to labor market changes than occupation-specific competences, one can conclude that the generic competences are the ones that benefit graduates in the long term and that render them more employability. Starting for these considerations, our study goes beyond the boundaries of traditional models in organizational psychology and outlines a research direction that focuses on optimizing and developing social competencies involved in success in career using techniques derived from humanistic psychotherapies. The paper describes a research focused on developing and validation of a program meant to enhance undergraduate's students'

social competences involved in success in career, using techniques derived from humanistic psychotherapies. First, a generic competences profile for success in career in the Romanian economic environment was constructed and resulted as having five important dimensions: communication abilities, capacity for interpersonal relationships, management abilities, ethical behavior, and academic and emotional intelligence. Second, a program for developing social competences in undergraduate students was validated. Important statistic growth was achieved to the following dimensions personality: assertiveness ($t = -19.61$, $p = .000$), openness to ideas ($t = -18.03$, $p = .000$), trust ($t = -19.48$, $p = .000$), modesty ($t = -24.97$, $p = .000$), tender-mindedness ($t = -21.30$, $p = .000$), competency ($t = -21.42$, $p = .000$), order ($t = -16.80$, $p = .000$), dutifulness ($t = -14.14$, $p = .000$), self-discipline ($t = -25.79$, $p = .000$), deliberation ($t = -15.11$, $p = .000$).

Poster Session

Family

Research of the mother-child relationship in a severe case of infant apathy, applying DLA

Carlos Titolo — Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina, David Maldavsky

Aims: to infer wishes and defenses in the mother-child exchanges during the first three years of the infant. Sample: a set of fotografies and videos combined with parents' narrations on the child (suffering from an apathetic state and disconnection) and family evolution Method: tool for the analysis of the facial expressions and the movements corresponding to the boy's head and tool for the analysis of narrations, both corresponding to the David Liberman algorithm (DLA). The method allows to detect wishes and defenses (as well as their state) in the clinical manifestations. Wishes: Intrasomatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Reliability: inter-judge consensus rating. Outcomes: the clinical manifestations of the boy (mainly apathy and lack of attention) were connected with a combination of his own wishes and defenses (as well as their state) and the ones detected in his parents.

Comparative study of the discourse of hearing mothers of deaf children. Detection of different moments after the diagnosis which lead to different therapeutic strategies

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

Aim: The therapists that work with deaf children and adolescents with hearing parents, have to face specific problems such as, the abrupt qualitative change in the bond after the moment of the diagnosis. In our former researches we have found that in the mothers three different moments can be detected as from the moment of the diagnosis. This information is useful to determine the kind of support that the mother is able to receive and defines three different therapeutic strategies. Having this scope in mind, the aim of this study is to detect wishes and defenses, as well as their state, in the discourse of these mothers. This will contribute to decide the type of intervention on mothers after the acknowledgement of the handicap of their child. 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: wishes and defenses in the discourse. Sample: We compare six narrations of the mothers about the moment that succeeds the acknowledgement of the handicap diagnosis. Procedures: In these narrations we detect wishes and defenses, and their state. Results: We detect three moments that follow the diagnosis 1) Shock: direct manifestations associated to the trauma, 2) Recovering from the shock: first strategies used to face the traumatic situation, and 3) Reconnection with reality: acceptance of the diagnosis and global reorganization.

Poster Session

Group

The therapeutic relationship in groups: A preliminary study on group climate and cohesion by multilevel structural equation modeling

Salvatore Gullo — University of Palermo, Italy
, Gianluca Lo Coco, Laura Salerno, Federica La Pietra

Only few studies have examined the empirical overlap between group cohesion, climate and alliance. The purpose of this study was to examine the therapeutic relationship constructs of group climate and cohesion at both group and individual levels, and to further explore the existence of higher order constructs that might reflect the therapeutic relationship in groups. 116 participants (mean age = 22,30 ys; sd = 1,5) from 8 ten-sessions counseling groups at the University of Palermo were included in the study. These groups were led by 6 licensed therapists with a psychodynamic

orientation. There were between 12 and 20 members in each group. Participants filled out the Group Member Leader Cohesion Scale, the Group Climate Questionnaire, and the Curative Climate Inventory after their third group session. Three factorial models were analysed by multilevel structural equation modeling. A three-factor model with member's positive relationship to the group, member's positive relationship to the leader, and member's negative relationship to the group, provided the best fit to the data ($\chi^2 = 32.04$; $\chi^2/df = 1.53$; CFI = .96; RMSEA = .04). Factor 1 was negatively correlated with factor 3 ($t = -.22$, $p = .05$), whereas low significant association was found between factor 1 and factor 2 ($t = .03$, $p = .05$) and between factor 2 and factor 3 ($t = .07$, $p = .05$). These preliminary findings seem to suggest that although the therapeutic relationship instruments in this study were related, they did not seem to reflect a single underlying factor.

The effect of horticultural therapy on the elderly

Jiun-De Lin* — National Taichung University of Science and Technology, Taiwan, Yen-Jui Chen, Shiang-I Wu, Shing-Li Shih

The purpose of this study was to explore the effect of horticulture therapy on the elderly. The processes were proceeded with group counseling and integrated the empowerment concept into horticultural activities. This therapeutic group was co-led by a counselor and a horticultural therapist. Eight elderly were invited to the study group and their ages were between 65 and 84. In the group process, there were 10 sessions and each session contained 90 minutes. Evaluations of treatment effect were re-coded from group process notes and collected by interviewing the elderly after the group termination. The result of the qualitative data analysis indicated that the effects of this horticultural therapy on the elderly including the promotion of physical energy and benefits to cognition, emotions, and behavior. Based on these results, it was generally realized that the horticultural therapy could be another choice for the psychological treatment of elderly. In other words, horticultural therapy could be an alternative of counseling while working with the elderly. In addition, more discussions and recommendations were proposed for the future research and implications.

Improved social functioning in children with Attention Deficit Hyperactivity Disorder following treatment with the Resilience Builder Program® in a clinical service setting.

Carly A. Nigro — The Catholic University of America, Brendan A. Rich, Lisa Sanchez, Mary Alvord

Attention Deficit Hyperactivity Disorder (ADHD) is characterized by marked deficits in social functioning. Although some group therapy programs improve social skills in ADHD youth, none have been studied in clinical service settings (where most ADHD youth are treated), nor have they targeted resilience-based skills. The current study examined the effectiveness of the Resilience Builder Program,® a 12-week manualized group therapy conducted in a private practice. RBP aims to improve social functioning using CBT techniques while targeting resilience-based skills, including emotion and behavioral self-regulation, flexibility/adaptability, and social problem solving. Our sample included 46 children (80.4% male, 12.73 +/- 7.32 years) with ADHD. Paired-sample t-tests and chi-square analyses compared pre-therapy and post-therapy scores on parent-, child-, and teacher-report on the Behavior Assessment System for Children, 2nd Edition (BASC-2) and Social Skills Improvement System (SSIS). Parents and teachers reported significantly improved resilience. Parents reported improved social functioning. Parents, children, and teachers reported significant reductions in problem behavior. Finally, parents and children reported significant reductions in hyperactivity, inattention, and internalizing symptoms. This study provides initial empirical support for the Resilience Builder Program® as an effective intervention for improving the social, emotional, and behavioral functioning of ADHD youth. Results have implications for using CBT therapy targeting resilience in ADHD children. Results also may support the dissemination of evidence-based therapy to clinical service settings.

Poster Session

Inpatient

The relation between readmission rates and diagnosis for psychiatric inpatients: A meta-analytic review

Valerie Ruth Needham — Argosy University, Arlington, USA, Marc J. Diener, Jessica R. Gurley

Aim: The present study consisted of a meta-analytic review of the relation between psychiatric diagnosis and psychiatric readmission. Methods: The search procedure includes a search of Medline and PsycINFO, a manual search of relevant journals, examination of relevant review articles/chapters, and review of reference sections to locate additional citations. The articles selected for inclusion of the meta-analysis will be coded to allow the data from each individual study to be aggregated. Data analysis includes calculation of an overall effect size, test for homogeneity, as well as moderator and publication bias analyses. Results: Random effects meta-analytic calculations of an overall effect size, as well as moderator and publication analyses, are presented. Discussion: Clinical implications of the findings will be discussed along with limitations of the present study. Directions for future research will be identified.

Real time outcome feedback in a military medical setting

John Okiishi — Madigan Healthcare System, Tacoma, WA, Michael Jones, Joe Etherage, Cory Harmon

AIM This study answers the questions: "With what frequency do therapists actually view weekly, real time patient outcome data that is available to them?" and "What difference is made by doing or not doing so?" **METHODS** The effects of viewing patient outcome data on a session-by-session basis are well established, little attention has been paid to verifying that therapists actually viewed patient feedback prior to a session. Using the Outcome Questionnaire -- Analyst (OQ-A) software, we are now able to systematically track when therapists view patient outcome data in order to see more clearly the actual effects of doing so. One years' data from a large hospital outpatient psychology clinic (70 clinicians, 2500 patients per year) is in the process of being gathered. This will allow us to examine the frequency of viewing outcomes using the OQ-software prior to sessions. Additionally, it will be possible to compare the "viewed" patient outcomes to the "non-viewed" patient outcomes. **RESULTS** As this is an ongoing study, no results are currently available. Based on exploratory analysis of existing data and prior literature, we anticipate that there will be significant differences between "viewed" and "non-viewed." We also anticipate that there will be significant differences between therapists on how often they view outcome data in general. **DISCUSSION** We will discuss the implications of our findings on patient care and how to improve the work that we do.

Predictors of treatment dropout in treatments for depression in the community mental health system

Mary Beth Connolly Gibbons — University of Pennsylvania, Philadelphia, USA

, Tessa Katherine Mooney, Lindsay A. Schauble, Kelli S. Scott, Jaclyn Sara Sadicario, Sarah Ring-Kurtz, Paul Crits-Christoph

Aims: Early withdrawal from treatment occurs for an estimated 47% of adult patients seeking outpatient services (Wierzbicki & Pekarik, 1993). The goal of the current study was to examine the baseline predictors of treatment dropout in a large community mental health center. **Method:** Patients included all training and randomized cases participating in a comparative effectiveness trial of Supportive-Expressive Psychotherapy and Cognitive Therapy for major depressive disorder in the community mental health system. Patients were recruited at the center from those seeking treatment for moderate to severe depression. Patients received all services and assessments at the community mental health center. We examined predictors of both number of sessions attended and number of weeks in treatment. **Results:** There was wide variation in treatment attendance with patients receiving between 0 and 16 sessions of treatment (a mean of 5.7 sessions completed, $sd = 5.7$). Patients received services across 1 to 37 weeks with an average of 11 weeks in treatment ($sd = 10.1$). We will examine a variety of patient baseline characteristics (demographics, symptom severity, expectations) as well as early treatment processes such as the alliance as predictors of the number of sessions attended and the number of weeks receiving services. **Discussion:** The high attrition from services in the community mental health system likely contributes to higher costs and decreased staff and therapist morale. An examination of predictors of treatment dropout may help to elucidate improvements that can be implemented to enhance treatment retention in the community.

To switch or not to switch: Offering bilingual Latinos a choice of language in psychotherapy

Andres Eduardo Perez Rojas — University of Maryland, College Park, USA, Avantika Bhatia, Charles J. Gelso

Aim: Although many psychotherapists advocate the use of language switching with bilingual clients, few empirical studies have examined the effects of this intervention on the process of bilingual psychotherapy. The goal of this study is to examine the effectiveness of offering bilingual Latinos the option to switch from English to Spanish during a psychotherapy session. The moderating roles of ethnic and American identities on the magnitude of this effect are also examined. **Method:** This study used audio-analogue methodology. Participants were 52 bilingual Latino undergraduates who were asked to imagine themselves in the role of clients. They were randomly assigned to listen to one of two recordings of a session with a bilingual Latina therapist and a bilingual Latina client. In one recording, the therapist offered the client the option to switch to Spanish; in the other recording, she made a similar intervention that did not involve an offer to switch. Afterward, participants rated the therapist's credibility and multicultural competence, the

alliance they would anticipate with her, and their willingness to work with this therapist. Results indicated that the offering therapist was perceived as significantly more multiculturally competent, even after controlling for participants' generational status, daily use of Spanish, and social desirability. No other effects were observed, including interactions involving ethnic and American identities. Additional data are currently being gathered. Discussion: Findings partially support the effectiveness of offering bilingual clients the option to switch languages during psychotherapy, although findings should be tested further with actual client-therapist pairs.

Therapeutic bonds with patients with limit personality disorder: Semiotic analysis of effective interventions

María Elisa Molina — Universidad del Desarrollo, Santiago, Chile, Pwrla Ben-Dov , Angela Farran, Maria Inés Diez, Karla Alvarez, Alemka Tomicic

Signs and meanings are constructed in human experience through dialogue with others and self. The construction and regulation of the self is semiotic in nature, inasmuch as it implies an interpretation and construction of linguistic, gestuals and spacial signs. Signs mediate human adaptation. From this perspective, the therapeutic relation is seen as a meaning mediated process, where sensemaking and the affective bond unfold through it. It is co-constructed in the present experience with, time implying an action of mean-making in an intersubjective scenario, being it's relevant components, emergence and uncertainty. The presentation attempts to show some of the theoretical distinctions of this model and an application to research on the therapeutic process, analyzing extracts of therapeutic dialogue between a therapist and a patient diagnosed with limit personality disorder. The focus of the study is the therapeutic relation and how the process unfolds through dialogue. Some dialogue extracts were considered effective moments according to a group of judges (clinical psychologists). The interchanges, describe sequences in which moments of mutuality and encounter coexist with moments of tension, opposition and avoidance, in fluctuating sequences of ambivalence. The strategies that the participants of the dialogue use to regulate the tension allow to describe the quality of the relation that is developed. Indicators of particular qualities of the therapeutic relation are identified, together with semiotic strategies of bond enhancing or challenging. Key words: Semiotic analysis; therapeutic bond; therapeutic process research

Psychosocial process and counseling intervention of recurrent cancer patients

Chia-Chi Fang — National Chi Nan University, Taiwan

The purpose of this study is to explore the psychosocial process and counseling intervention of cancer recurrent patients. Mahon and Casperson(1997) state that the diagnosis of a recurrent cancer patient is different from the initial one. The differences include (1) Awareness of the "Cancer Diagnosis": cancer recurrent patients feel that they as if "coexist" with cancer, which means it's difficult or impossible to be cured, (2) Issues Related to Treatment and Extent of Disease: during recurrent cancer treatment, they not only concern with physical illness but also face the deeply anxious of death, (3) Changes in the Health-Care System: cancer recurrent patients feel the treatment procedures become more complex. Based on the opinions, if counseling professionals have more knowledge about how cancer recurrent impacts on patients which may promote counseling effectiveness. However, the most researches in terms of the cancer recurrent patients in Taiwan focus on the physical care in medical fields, instead of the psychosocial process. In other words, In order to better understand above purpose, the researcher applies group counseling and participant observation to gain data. In this study, the research invites 6-10 cancer recurrent patients to participate in a 5-session counseling group. All data will be processed verbatim analysis and collation. The researcher expect the study result can help counseling professionals better understand about psychosocial process of cancer recurrent patients and provide an effective intervention to serve them well. Also it can provide researchers with foundation and background knowledge for further research in the future.

Therapeutic cycles model for adolescents in conflict with the law

Eduardo Khater — Pontificia Universidade Católica de Campinas, Brazil, Elisa Yoshida

Abstract The aim of this study was to develop tools for applying the Therapeutic Cycles Model /TCM to narratives of adolescents in conflict with the law. The TCM allows analysis of texts by computer to identify key moments of a psychotherapeutic process or a narrative with emotional and cognitive tone. Analysis are performed by a software (CM) based on lists of words and emotional tone of abstraction called narrative style dictionaries. To the development of customized dictionaries lists of words were compiled from RAP lyrics, interviews with adolescents in conflict with the law (n = 5). Analyses with the developed customized dictionaries as well as with standard dictionaries of Portuguese idiom were performed. Results suggested that the existing dictionaries (standard) are able to identify important emotional issues, yet the customized dictionaries allow the refinement of analysis taping more accurately key moments in the speech of participants. Keywords: Psychotherapeutic process; psychological evaluation; adolescents in conflict with the law.

Working Alliance Across an Acceptance-Based Behavioral Therapy and Applied Relaxation for Clients with Generalized Anxiety Disorder

Shannon Sorenson — University of Massachusetts, Boston, USA, Sarah A. Hayes-Skelton, Elizabeth Roemer, Susan M. Orsillo

Aim: In psychotherapy, the working alliance is the relationship between therapist and client based on an agreement of the tasks and goals of therapy and the bond between client and therapist. The alliance has been shown to be a key element in the clients' engagement in the therapeutic process, their ability to effectively utilize therapeutic techniques, and their development toward change and positive treatment outcomes. **Methods:** Sixty-four individuals diagnosed with generalized anxiety disorder were received either an Acceptance-Based Behavioral Therapy (ABBT), a treatment encouraging engagement in mindful behavior and movement toward valued action, or Applied Relaxation (AR), a treatment focused on the practice of relaxation techniques, detection of early signs of anxiety, and responding to these signs with relaxation. Working alliance was measured at weeks every 4 sessions using the Working Alliance Inventory - short form (WAI-S), completed by both therapists and clients. Participants also completed the Penn State Worry Questionnaire, a self-report measure of anxiety symptom severity, as well as additional outcome measures pre- and post-treatment. **Results:** Across both treatments, clients and therapists reported high alliance ratings across therapy. Client rated WAI at session 4 was correlated with change in symptoms for clients in ABBT [$r(29) = -.43, p = .02$] but not for those in AR [$r(30) = .15, p = .42$]. **Discussion:** These findings indicate that the strength of the therapeutic alliance was correlated with a decrease in anxiety symptom ratings after treatment with ABBT but not after treatment with AR, highlighting the differential importance of therapeutic alliance across these two therapies.

Evaluating change in patients assisted by therapists in training

Giovanna Corte Honda — Pontifícia Universidade Católica de Campinas, Brazil, Elisa Yoshida

Aim: the study aimed to tap some factors associated with outcomes of brief psychotherapies conducted by inexperienced psychologists in a Brazilian training clinic. **Method:** nine patients who had finished psychotherapies conducted by psychologists in training were evaluated according to the level of psychopathological symptoms, efficacy of adaptation and stage of change. They also were interviewed how they perceived their treatments. **Instruments:** Scale for Efficacy of Adaptation (EDAO), Stage of Change Scales and Symptom Assessment Scale 40 (adapted from SCL-90-R to Brazilian Portuguese). **Results:** Data suggested that working alliance and the patient's motivation to act as the agent of his own change, can be relevant for the quality of outcome. Better outcomes were associated with better adaptive efficacy before therapy. A more severely damage of adaptation before therapy was associated with no improvement or a no significant improvement concerning the stages of change and severity of symptomatology, despite the quality of relationship with therapist. **Discussion:** Results corroborated data from literature that suggest that outcome is associated with the ability of patient to face problems (efficacy of adaptation) and as well with a good working alliance, despite of the fact of being assisted by therapists in training. **Conclusion:** Efficacy of adaptation should be adopted as a criterion for selecting patients in training clinics. Only patients with moderate damage in the efficacy of adaptation should be accepted, being those more severely damaged, regarding adaptive efficacy, sent to clinics with more experienced staff. Researches with more representative samples are required to corroborate these results.

A study of interpersonal process during alliance ruptures and its relationship to outcome in brief relational therapy

William Jock — New School University, New York, USA, Jeremy Safran, Christopher Muran

This study will examine interpersonal processes in the context of therapeutic alliance ruptures to determine their relationship to therapeutic outcome in Brief Relational Therapy (BRT). 9 good outcome and 9 poor outcome BRT cases were selected from the Brief Psychotherapy Research Program (BPRP) archival data set on the basis of outcome data availability and the presence of a rupture session. 'Good' and 'poor' outcome were determined by rank-ordering cases by their outcome measure composite score. One rupture session was identified for each case based on patients' self-report of ruptures on the BPRP's Post Session Questionnaires. Videotapes of each session will be coded in five-minute segments using a version of the QUAIN coding system modified for process. The central tenets of BRT contend that negotiating the therapeutic alliance is an important mechanism of change for patients and that successful negotiation depends on therapist metacommunication, patient self-assertion, and therapist facilitation of patient self-assertion (Safran & Muran, 2000). On the basis of these tenets, we expect to find more affiliative self-disclosure from therapists, more affiliative granting of patient autonomy by therapists, and more affiliative self-disclosure from patients in good outcome cases.

Learning from the therapist: Using therapist experience to improve feedback systems

Samantha Tucker — South West Yorkshire Partnership NHS Foundation Trust, Joanne Lloyd, Jeremy Edward Halstead, Chris Leach, Mike Lucock

Aim Routine monitoring of client progress and feedback of this information to therapists can enhance therapy outcomes, especially for clients who are not on track (Lambert, 2007; Lambert et al, 2002). However, our understanding of how therapists use feedback is limited (Lambert, 2007). By creating therapist-researcher dialogues we aim to understand therapist experiences of working within a feedback feasibility study and how they receive, interpret and use individualised written feedback reports. **Method** Data was collected from therapists of varying theoretical orientations participating in an on-site feedback feasibility study. Attitudes were assessed via focus groups and individual therapist interviews. Thematic analysis was conducted to identify prevailing themes surrounding therapists' views on the feedback process. Therapists also completed written evaluation forms with each report which were used to gather more quantitative data on the use of feedback. **Results** This paper will present therapists' views on whether feedback reflects clinical judgement of client progress, helpfulness of feedback and if/how it is used to inform the remaining course of therapy. We will present the key themes and concepts arising from therapist data and examine whether factors such as therapist orientation, modality etc affect how feedback is received and used. **Discussion** The results will be used to inform our study protocol, nature of feedback and to further enhance stakeholder involvement. We anticipate that the results will add to our currently limited understanding of why feedback to therapists enhances therapeutic outcome for not on track clients.

Process and technique factors associated with patient ratings of session safety

Deborah Siegel — Adelphi University, New York, USA, Mark Hilsenroth

Aim The aim of this research is to investigate the relationship between specific psychotherapeutic techniques and process with patient feelings of safety in the session. **Method** 94 participants received Short-Term Dynamic Psychotherapy (STDP) at a university-based community outpatient psychological clinic. Patient experiences of the therapeutic process were assessed early in treatment (3rd/4th sessions) using the Session Evaluation Questionnaire (SEQ; Stiles, 1980). The therapeutic techniques implemented in the same session were assessed by independent raters by videotape using the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth et al, 2005). Interrater reliability of the CPPS variables used in this study was in the excellent range for individual items pertaining to Psychodynamic-Interpersonal (PI) and Cognitive-Behavioral (CB) techniques, as well as composite PI and CB scales. **Results** Patient experience of Session Safety early in STDP was significantly related to patient SEQ process ratings of session Depth, Smoothness, and Positivity. There were no significant correlations between Session Safety and the overall quality of the session (i.e. Bad/Good) or Arousal variables. While patient ratings of Session Safety were not significantly related to either of the CPPS PI or CB subscales, the interaction of PI and CB techniques (PIxCB) was significantly related to patient ratings of Session Safety. **Discussion** Patient experiences of safety during STDP in a session are not inconsistent with exploration and depth of the session content. In addition, the integration of some CB techniques within a predominantly psychodynamic model of treatment may be useful in facilitating a patient's sense of safety in STDP.

One year follow-up of a Systemic Family Outreach Intervention (SFOI) for young out-of-treatment drug users

Carmen Gloria Hidalgo — Pontificia Universidad Católica de Chile, Santiago, rodrigo santis, Andrea Jaramillo, Ivan Armiijo, viviana Hayden, Andrea Lasagna, Natalia Uribe

This report communicates the results of one year follow up of two outreach interventions for young drugs users. The treatment results were reported in SPR International Conference in Berna 2011 (Santis, R. & col.) and our current goal is to add the information about the efficacy of these treatments after one year follow up. One of the main problems in drugs is to keep the effects after the interventions, mainly when these are brief and out-treatment based and the young remain in their risk environment. The aims of this study were to design, implement and evaluate a systemic family outreach intervention (SFOI) for low-income out-of-treatment drug users younger than 25 and compare with a basic outreach intervention (OW). **Methods:** Quasi-experimental design with an experimental group (EG: N= 67 drug users with their families treated with SFOI) and a control group (CG: N=71 drug user treated with usual outreach work, OW). Outcome assessment included the Addiction Severity Index-6 and questionnaires about family functioning. **Results:** The retention rate one year after completion of treatment was 76% for GE and 94% for CG. ANOVA repeated measures (pre, post and one year follow-up) showed that the EG compared with CG had a significant decrease in the severity of substance use and maintain the effect at follow-up ($F=5.334$, $gl=1:122$, p

Self-Report Scale of Effectiveness of Adaptation (EDAO-AR): Development and validation

Adriana Recher de Freitas — Pontifícia Universidade Católica de Campinas, Brazil
 , Elisa Yoshida

This study is part of a research program whose objective is the development and validation of a self-report version of the Scale of Effectiveness of Adaptation (EDAO-AR). Based on clinical interview, the original scale (EDAO-R) allows us to evaluate the effectiveness of the subject into four adaptive factors of the personality - affective-relational (AR), productivity (Pr), socio-cultural (SC) and organic (Or). For the self-report version (EDAO-AR) items were developed for the first two factors. Aim: To obtain evidence of test-retest reliability and convergent validity of EDAO-AR. Method: The sample was composed of 58 students of a university in Brazil, 52 women, aged between 18 and 35 years ($M = 21.6$, $SD = 4.56$). Participants were interviewed individually to the assessment with EDAO-R and responded to the EDAO-AR. Results: Two independent judges achieved good agreement in the evaluation of EDAO-R (0.77 to 0.79). The test and retest reliability of the EDAO-AR (one month) pointed acceptable temporal stability for the total score and AR (0.68, 0.60), but insufficient for Pr (0.52). A comparison of two scales, based on descriptive variables (dispersion, mean, median and mode), suggested that evaluations of EDAO-AR resulted in healthier adaptive assessments, with a predominance of participants with effective adaptation (Group1), while according to EDAO-R, would have prevailed moderate ineffective adaptation (Group 2). The study of convergent validity showed significant correlations, but only moderate AR in relation to productivity. Some limitations of the research were identified.

Internal consistency of self-report version of the Scale of Effectiveness of Adaptation (EDAO-AR)

Mileny Cia — Pontifícia Universidade Católica de Campinas, Brazil, Elisa Yoshida

A self-report version of the Scale of Effectiveness of Adaptation (EDAO-AR) was developed to evaluate the effectiveness of the individual's responses to coping with vicissitudes of life according to two dimensions: Affective-Relational (AR) and productivity (Pr). Aim: To estimate the internal consistency of the items by the scale's factor and total items. Method: The sample comprised 201 students (189 F and 12 M), from a private university in Brazil, aged 18 to 44 years (Mean = 21.87, $SD = 4.73$). Data were collected in a single collective session. Results: Good internal consistency of items for the total scale ($\alpha > 0.80$) and for factor AR ($\alpha > 0.70$) and only acceptable for factor Pr ($\alpha > 0.60$). Regarding the quality of the adaptation, the responses were concentrated among the alternatives moderate and poorly adequate for both factors. Conclusion: The results suggested the need to adapt the items of factor Pr to situations typically faced by college students. In addition, more representative samples according to sex, age and type of university (private and public) should be included in future research in which the new version of the scale would be tested.

A socio-cognitive behavioral model of suicidal ideation in Latino youth: Results from a content analysis of psychotherapy sessions

Lorenzo Lorenzo-Luaces — University of Pennsylvania, Philadelphia, USA, Yovanska M. Duarté-Vélez, Karla Ruiz

Introduction: There are two notable gaps in the study of suicidal behavior: a lack of explanatory theoretical frameworks and a scarcity of qualitative studies. According to a socio-cognitive behavioral model, suicidal behavior is the product of the interaction between socio-environmental, distal and proximal risk factors in a given socio-cultural context. Method: Using data from a randomized controlled trial of cognitive-behavioral therapy for depressive disorder, we identified cases that presented suicidal ideation at the beginning of treatment and in the end had not improved. Three judges carried out a conventional content analysis of transcripts of the introduction and first therapy session of these cases. The analysis was directed at describing the factors that were attributed to suicidal behavior. Results: A total of 6 adolescents (4 females) worsened or did not improve with treatment. All the adolescents had at least one co-morbid diagnosis. These adolescents reported that psychosocial stressors (namely family and school-related issues) triggered depressive symptoms which preceded suicidal behavior. All cases presented difficulties in school performance and problems with their caretakers. Discussion: The results support the socio-cognitive behavioral model as a way of understanding suicidal behavior in Latino youth. This study highlights the importance of understanding suicidal behavior from a cultural and developmental framework, underscoring the importance of family and school for Latino adolescents.

Bricolage and the qualitative researcher: can this be systematic and rigorous?

Dori Fatma Yusef — University of East London, UK

'Let the Beauty we love be what we do. There are hundreds of ways to kneel and kiss the ground.' Rumi (1995, Pg. 36). I review the use of multiple methodologies, traditionally entitled bricolage (Lévi-Strauss, 1966, Denzin and Lincoln, 1994, 2000, 2005, Crotty, 1998, Kincheloe, 2001, 2003) and examine areas of researching the self and human experience. I am the bricoleur and McLeod's (2001, Pg. 119) observation sources this approach from social sciences; it is important to transcend one genre or method, to be creative and become the '... researcher-as-bricoleur.' This position holds no particular stance except of connectivity, integration and holography: one part represents the whole, but each possesses discreet integrity. The Bricoleur's overarching philosophy is used by artists to engage, reflect, create and explicate and is defined in terms as A/r/t/ography (Irwin and De Cosson, 2004), resembling Heuristics immersion (Moustakas, 1994). There are overlaps and connections within this territory and interfaces where in-between places, liminal spaces, exist. At these points, there is a vast field of possibilities and profound unknowing. Perhaps here the intuitive, transpersonal, extraordinary experiences may reside in ordinary daily life. Research is the exploration for me of liminal spaces (Irwin and De Cosson, 2004) and methodology must support them and the researcher: bricolage allows for that exploration. The researcher as bricoleur uses multiple methods and implements to fulfil the needs of the research. She is a quilt-maker, poetic, creative and uses aesthetics to piece together the research and she is systematic and rigorous.

To participate or not to participate? Patients' reasons for participation in a RCT on day clinic vs. inpatient psychotherapy

Ottilia Klipsch — University Hospital, Heidelberg, Germany, Ulrike Dinger, Johannes C. Ehrenthal, Christoph Nikendei, Henning Schauenburg

Aim: Randomized Control Trials (RCT) represent state-of-the-art psychotherapy research. Random distribution of participants is expected to even out inter-individual differences compromising internal validity. However, drop-outs jeopardize statistical power and robust results. So far, little is known about patients' motives to become and remain a study patient if the psychotherapy is already being paid for by medical insurance. What are the crucial reasons? Financial incentives or additional diagnostic sessions? Questionnaire-driven insight on the patients' personal progress? Willingness to help to improve treatment for future patients? This study explores patients' reasons for participation in a RCT without the incentive of receiving a paid for treatment. Method: In this study, depressed patients are randomized to a day clinic (N=20) or inpatient treatment (N=20) in an integrated psychotherapy setting for 8 weeks. Data collection takes place at intake, discharge (after 8 weeks) and follow-up (after 6 months). At follow-up, participants are asked about their motives to take part and remain in the RCT. Results: Treatment completers and drop-outs are examined in terms of differential motivation to participation. Effects on treatment outcome (depressive symptoms and general psychopathology) at discharge and follow-up as well as correlations with diagnoses, attachment style (BFKE) and interpersonal variables (IIP) are discussed. Discussion: Suggestions on how to improve patients' recruitment and how to keep them involved in a RCT will be presented.

A qualitative analysis of relapse following cognitive behavioral therapy

Alexandra G. Shaker — New School University, New York, USA, Jeremy Safran, Keith Dobson

This study is a qualitative analysis of factors related to relapse following psychotherapy. In particular, it is focused on dynamics within the therapeutic dyad as well as patient and therapist characteristics that may contribute to relapse following good outcome at the end of treatment. This study utilizes data from the Jacobson et al. (1996) component analysis of cognitive behavioral therapy. Patients being treated for major depressive disorder received up to 20 sessions of cognitive behavioral therapy. Half of those who reported good outcome at the end of treatment relapsed within two years. This study is based in the task analytic premise that "...rather than beginning with the formulation and testing of hypotheses, these programs build toward hypothesis testing as a final step of a rigorous program of discovery and understanding" (Rice & Greenberg, 1984). Using audio recordings of therapy sessions, cases that relapsed within the two-year follow up period as well as cases that maintained gains will be considered. A qualitative approach incorporating components of task analysis as well as consensual qualitative research is being used to examine factors within and across cases that may contribute to relapse.

Stress control training for individuals with migraine: An intervention proposal

Marilda Emmanuel Novaes Lipp — Pontificia Universidade Católica de Campinas, Brazil, Vivian Mascella

Aim: To assess the effectiveness of Stress Control Training (SCT) in the treatment of bouts of Migraine and to compare levels of stress, quality of life and the frequency of migraine crises before and after the SCT in the same subjects and with data from a control group that will not receive stress management training. It also aims to conduct a follow-up to verify if any gains will remain six months after the SCT. **Methods:** The study will be conducted with 40 patients with minimum age of 18 years, of both sexes, diagnosed with Migraine by the diagnostic criteria of the International Headache Society, divided into 2 groups: the experimental group will receive SCT and the control group will not. Patients will be referred by the Department of Neurology of the Hospital and Maternity Celso Pierro, in Campinas -- SP. The instruments to be used are: Lipp Inventory of Stress Symptoms for Adults (LISS), Lipp Inventory Quality of Life (LIQV), and Structured Interview Form. **Plan for analysis of results:** To investigate the relationship between questions of interview and the results of psychological tests, the non-parametric test of Chi-square will be used. The same test will be used before and after the psychological intervention. **Discussion:** Discussion and conclusion will be written according to analysis of the results taking as framework the objectives which is to verify the effectiveness of SCT in the reduction of bouts of Migraine **Keywords:** Migraine, stress control training.

An alternative therapeutic device to reduce burn out syndrome in doctors of a university hospital

Marlene Curi — International Institute of Biodynamic Psychology and Psychotherapy., Maria de San Martin

Introduction: Burnout syndrome has been study since the early 70's mainly in health care professionals; it is characterized by 3 dimensions: emotional exhaustion, depersonalization and personal accomplishment. Nowadays it is said to be growing condition, it is not only a personal suffering but also a working environment problem too. **Aim:** the goal of the present study is to reduce levels of burn out syndrome in doctors of a university hospital by a new alternative therapeutic device. **Method:** This study is a quasi experiment clinical trial. participant N=32, 16 in the experiment group and 16 in the control one. both groups completed the Maslach Burnout Inventory (adapted by j.Cantuarias- F. Narvaes. 2005) before starting the treatment. Experimental group receive 9 sessions, one per week of the alternative therapeutic device. This device combines different techniques: Esalen and Biodynamics massages, creative therapies, Focusing and EMDR. There was a post treatment measure, for both groups, and a one month follow up. **Results:** Data analysis is still in course in order to test the hypothesis. Nevertheless preliminary results show that the burnout levels are reduced. **Discussion:** If findings show that there is a change in the burn out levels a new hypothesis will be develop related with why the therapeutic device works.

Alcohol abuse/dependence prevention: Focus at the family?

Evelin F. Kelbert — Universidade Católica de Pelotas, Brazil

, Gustavo P. Cavada, Luciano Dias de Mattos Souza, Alfredo Lhullier, Karen Jansen, Ricardo Tavares Pinheiro, Ana Laura Cruzeiro, Ricardo Azevedo da Silva

Alcohol consumption is culturally accepted in many places. Among young people, the use of alcohol can cause individuals, families and society damages. However, high prevalence rates of alcohol abuse in adolescence have been identified worldwide. The aim of this study was to evaluate the prevalence of alcohol abuse/dependence and its associated factors in 18 to 24 years. In a cross-sectional population-based with 1621 youth in the city of Pelotas, southern Brazil, was used ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) to identify alcohol abuse/dependence. The results show a significant relationship with males, smokers and users of other psychoactive substances, as well as being the child of divorced parents and not living with a partner. It is suggested that preventive interventions to substance abuse are held together, with particular focus on the male population and emphasizes the importance of family structure.

Patient dialogic echoes in a supervised psychotherapy: Relational interplay between patient, therapist and supervisor

Cecilia Juanita de la Cerda Paolinelli — Pontificia Universidad Católica de Chile, Santiago, Claudio Martinez Guzman, Alemka Tomicic

Aim The aim of this study is to establish how the patient's multivocal speech appears represented in the relationship between therapist and supervisor, and the connection of this representation with the dialogic and intersubjective levels created between both, therapist and supervisor. **Methods** Through a case study of a supervised psychotherapeutic training process, a qualitative methodology has been applied in order to analyze the created dialogue with a set of two psychotherapy sessions and one of supervision. A sequential dialogic analysis was applied. **Results** The analysis allowed to identify different discursive positions, or voices, on each of the observed settings. From these identified positions it suggests a comprehensive model that attempts or proposes to explain how those voices are articulated both in the psychotherapy sessions and in the supervision sessions. **Discussion** Thus, these voices are considered carriers of an integrated message that, from a psychodynamic point of view, could be understood as a multivocal speech that exists in the psychotherapeutic space and that is conceptualized by some authors as the "intersubjective third" or the "analytical third"

Positively "Super": Exploring potential applications of positive psychology in clinical supervision to evoke positive change

Jacqueline Synard — University of Ottawa, Canada, Nick Gazzola

Both positive psychology and clinical supervision are relatively new fields of research which have important implications for the practice of psychotherapy. In the first decade since its inception, positive psychology has demonstrated the clear benefits of positivity (Sheldon, Kashdan, & Steger, 2011). Favourable outcomes include improved mental and physical health as well as stronger relationships (Snyder & Lopez, 2005). As therapists, we naturally wonder how to proactively bring these benefits to clients as we help to evoke change. To date, the empirically-validated applications of positive psychology have mainly focused on self-help applications such as counting one's blessings and writing letters of gratitude (Seligman, Steen, Park, & Peterson, 2005). Very little research has been focused on the practice of psychotherapy and supervision. Applying positive psychology to clinical supervision could be particularly powerful given the potential to impact change with supervisees and their clients. This review of positive psychology and clinical supervision literature explores the potential applications of combining empirically-validated positive psychology and supervision change processes. **Aim:** To identify potential applications of positive psychology in clinical supervision. **Method:** Review and synthesis of positive psychology and clinical supervision literature. **Results:** Relevant positive psychology processes include positive emotions, attitudes and attachments, meaning-making, and positive group dynamics. **Discussion:** Positive psychology change processes will be mapped with the clinical supervision literature and the authors' clinical supervision experiences.

Five Domains of Adaptation in Psychotherapy Outcome

Gregg Henriques — James Madison University, Virginia, USA

Modern personality researchers characterize characteristic adaptations as mid-level personality dimensions that refer to the goals, feelings, behavioral repertoires, and beliefs that are activated in particular situations and contexts (e.g., McAdams & Pals, 2006). Characteristic adaptations are "mid-level" in the sense that they are conceived as less basic and more context dependent than are traits, but are nonetheless central to the person and vary from person to person. It can be argued that psychotherapy impacts the personality at the level of characteristic adaptations. Moreover, grounded in a new unified theory of psychology (Henriques, 2011; Henriques & Stout, in press), it has been argued that there are five broad systems of adaptation that parallel what have been the primary of major approaches to adult individual psychotherapy. The five systems of adaptation and the schools of thought they parallel are: 1) Habit System (Behavioral); 2) Feeling System (Experiential-Humanistic); 3) Relationship Systems (Psychodynamic); 4) Defense System (Psychodynamic); 5) Justification System (Cognitive). This poster will display how to develop an effective holistic conceptualization of individuals in psychotherapy using the five domains of adaptation, and how this conception can effectively ground treatment and set effective outcome goals.

Health and stress among clinicians and support staff: Findings from a community mental health center

M. Cristina Cruza-Guet — Yale University, USA, Lydia Chwastiak, Nathan Hansen, Amy Carrol-Scott, Jeanette Ickovics

A growing body of empirical evidence supports the association between clinicians' health and the quality of care that consumers receive. Nonetheless, clinician's personal health has not received a great deal of attention in the literature. To fill this gap, the authors conducted a staff health needs assessment in a northeastern community mental health center. A total of 347 staff members (48% non-clinical and 35% clinical service providers) completed online surveys assessing: health indicators and behaviors, stress, and stress management strategies. Overall, clinical and non-clinical staff exhibited high levels of stress, both in frequency and intensity; however, the clinical staff reported to experience stress more often than their non-clinical counterparts. Using regression analyses, stress was found to be a significant predictor of self-rated health and smoking. Participants who endorsed a high number of stressful days within the last month rated their health as poorer and were more likely to report cigarette smoking. Concurrently, the intensity of the stress experienced within the last month predicted number of chronic physical illnesses, with those reporting higher levels of stress also endorsing higher number of chronic ailments (e.g., hypertension). Three main strategies to manage stress were reported by the participants: relaxation, exercise, and social support. Only 10% of the participants admitted to take medication or use psychotherapy to manage stress. More than 70% of the sample agreed with the notion that mental health centers should establish programs to reduce stress among staff. The implications of these findings for mental health clinicians and supervisors are discussed.

Therapist burnout and interpersonal problems

Shabad-Ratan Khalsa — University of Tennessee, Knoxville, USA, Michael R. Nash

Therapist burnout has previously received a fair amount of attention from researchers. Burnout has been linked to poorer therapy outcome (McCarthy & Frieze, 1999) and may be related leaving the profession (Raquepaw & Miller, 1989). However, a number of questions remain to be answered with regards to the nature and predictors of burnout in licensed therapists. Interpersonal difficulties in the workplace have been examined as correlates of burnout, but thus far there is little attention to the role of interpersonal problems in general as they relate to burnout. As psychotherapy as a profession entails a particularly strong interpersonal component, an investigation of the relationship between interpersonal difficulties and burnout is warranted. Greater understanding of factors related to therapist burnout may aid in future efforts to prevent or ameliorate burnout in the therapy profession. This study will survey a sample of therapists using the Counselor Burnout Inventory (Lee et al., 2007), the Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureño & Villaseñor, 1988), and various demographic variables. Results will be discussed.

Thriving and burnout of counseling center psychologists: A qualitative study

Wonjin Sim — Chatham University, Pittsburgh, PA, USA, Gina Zanardelli, Mary Jo Loughran, Mary Beth Mannarino, Clara E. Hill

Aim: The purposes of the present study are to explore various aspects of counseling center staff psychologists' work experiences and to enhance understanding of factors contributing to burnout and thriving in counseling center work. **Methods:** The study involved interviewing 14 counseling center staff psychologists and analyzing interviews using Consensual Qualitative Research (CQR; Hill, Thomson, & Williams, 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005). **Results:** Participants described many positive appraisals of their work settings, including supportive relationships with colleagues and excitement about their work. Negative appraisals included a heavy workload, frequent crises, clients with very serious disturbance, and limited resources. Participants discussed attempting to cope with stressors by contemplating leaving their positions (e.g. via retirement, or other jobs), sharing their experiences with loved ones, and maintaining perspective about the relative priorities of work and family. Regarding personal lives and characteristics that engender thriving at work, participants emphasized the role of sense of humor and identified geographic distance from family and personal traumas as contributors to burn out. **Discussion:** These findings have implications for those seeking to promote thriving and prevent burnout among counseling center psychologists. For example, counseling center directors and other university administrators may benefit from structuring the counseling center environment in such a way as to facilitate the employment of the coping strategies by its employees.

Similarities and differences between integrative, psychodynamic and cognitive behavioral therapists in the way they asks questions: ATOG-V contributions

Beatriz Gómez — Fundación Aiglé, Argentina, Claudia Castañeiras, Alejandro Curtarelli, María Fraga Míguez, Fernando García, Mariana Maristany, Héctor Fernández-Álvarez

In the context of the research program on the personal style of the therapist and the developments of the Aigle therapist observation guide -- verbal (ATOG-V), the aim of this research was to carry out a comparative study of therapists' modality of asking questions. Verbatim transcribed sessions of 3 integrative therapists, 3 cognitive behavioral therapists and 3 psychodynamic therapists, all with a medium level of experience (6-15 years), were analyzed, regarding the amount and type of questions asked during 4 different sessions for each therapist. Results indicated that ATOG-V allows to detect variations in the modality of asking questions comparing therapists from different theoretical orientations and shows intra-therapist consistency.

Characterizing therapist self-disclosure in psychodynamic psychotherapy

Kristen G. Pinto-Coelho — University of Maryland, College Park, USA, Clara E. Hill

Therapist self-disclosure (TSD) occurs infrequently, and most research on the subject has used analogue data. This exploratory study examines TSD in 16 cases of naturalistic therapy to begin to answer the question: "How does therapist self-disclosure occur in real therapy with real therapists and real clients?" We evaluate what types occur (fact, feelings, insight, strategy) most often and when they occur (both in therapy and within sessions). We assess whether who initiates (client/therapist) is associated with disclosure length or intimacy. We also examine whether disclosure level of intimacy is related to client's ratings of corrective relational experience occurrence, the real relationship, and the working alliance. We consider reciprocity and return of focus, and determine whether each disclosure is challenging, reassuring, neither, or both. We also qualitatively describe each disclosure event and the use of TSD within each case.

Poster Session

Training

Therapist's perspective from psychotherapy research

Reynel Alexander Chaparro — Universidad Nacional de Colombia, Bogotá

OBJECTIVE: To know the therapists perspective on research, data collection process, and factors that affect the commitment of therapists in the research. DESIGN: Two focus groups were conducted around the following questions: How did you feel in the research? What did facilitate your participation in this research? What did hinder your participation in this research? and Why do you think a client may refuse to participate in this research? RESULTS: To know that something will evaluate the performance in sessions generates in the therapist some degree of anxiety in therapists that difficult to obtain the data. There is an institutional aspect in which therapists adhere to the policies of operation of the clinic. This aspect is an adoption of the main elements that maintain an organizational structure of the clinic. One of the main factors that was found as a constant obstacle was the perception of the project as outside of the clinic (either as a fellow's thesis) or something for someone other than themselves. Positive aspects were the strategies directed to linking research to something of their own functioning of the clinic.

The relationship of working alliance, trainee skills and knowledge attainment and psychotherapy outcome: A longitudinal study

Helene Ybrandt — Umea University, Eva C. Sundin

Aim: Process and outcome in psychotherapy has been a subject of intense research for at least fifty years but not until recently focus has been placed on trainee psychotherapists and psychotherapy training (Fauth et al., 2007). This paper presents findings from a study of development of knowledge and skills attainment and working alliance in trainee psychotherapists, and the relationship between those variables and psychotherapy outcome. Methods: Data are collected at 5 time points (at sessions 2, 8, 16, 24 and 32) from 200 trainee psychotherapists who received training in cognitive behavioural therapy and psychodynamic psychotherapy, respectively, their supervisors (n=30), and 200 clients. All three groups completed the Working Alliance Inventory, trainees also completed Psychotherapists Common Core Questionnaire and the clients filled in the Outcome Questionnaire -45 and Symptom Checklist. Results: Regression analysis will be used to examine the predictive strength of working alliance and therapist knowledge and skills on psychotherapy outcome. A path analysis will be conducted to compare the predictive strength of working alliance and therapist knowledge and skills. Discussion: Findings and implications will be discussed.

How to apply the Psychotherapy Process Q-set (PQS) research method: Does the teacher need to be in the room?

Carolina Seybert — University of Ulm, Germany and George Washington University, USA, Fernanda Barcellos Serralta, Silvia Pereira da Cruz Benetti

Aim: Presentation of internet-based training and learning experiences of the Psychotherapy Process Q-set instrument (PQS; Jones 2000). Method: The PQS is based on the Q-sort methodology which comprises 100 items. Each item describes different aspects of the psychotherapy process: patient and therapists feelings, experiences and attitudes and patient-therapist interaction. The PQS evaluates a whole therapy session and may be applied to describe either a single therapy process or a patient sample. The learning process of two PQS trainees with different levels of experience will be described. Their progression will be documented based on their reliability values with the senior rater/teacher (Pearson Correlation Coefficient values calculated for each rated session). We want to verify if an effective learning process can occur independently from long-distance and based on synchronic internet based communication (e.g. Skype). Results: The evolution of reliability results of the two trainees will be presented (March 2012) and related to our past experiences with PQS trainings in other settings, contexts and formats (see Seybert, 2011). Discussion: Advantages and disadvantages of long-distance training; importance of professional training for the quality of psychotherapy research; certified raters vs. self-taught raters; cost reduction for research groups education.

Evaluation of an EMDR educational module designed for healthcare students

Holly Sarah Johnson — Midwestern University, Illinois, USA, Gloria M. Workman, Don E. Workman, Michelle M. Lee, Theresa M. Schultz

Aim: The purpose of this research was to assess the impact of an EMDR educational module among healthcare students from two separate programs (osteopathic medicine and physician assistant). A second aim was to examine the attitudes of healthcare students regarding EMDR as a treatment intervention for trauma disorders. Methods: Students enrolled in a healthcare course were approached to participate in this research. Interested participants were administered a pretest questionnaire at the beginning of the lecture on EMDR to assess their attitudes and beliefs regarding EMDR and clinical care. Students were also asked to complete the same survey at the end of the 40-minute informational lecture on EMDR and the research supporting this treatment approach. Ninety-nine students completed pretest and posttest questionnaires. Results: Healthcare students responded to a series of knowledge questions about the technique of EMDR and how likely they would be to refer a patient for this type of treatment. A repeated measures MANOVA and follow-up univariate analyses revealed programmatic differences, as well as significantly greater knowledge of EMDR and a more positive attitude toward the use of EMDR as a treatment intervention for trauma disorders following lecture completion (all p values $< .01$). While preliminary, the current findings suggest there are differences in how healthcare students may receive information related to EMDR. These findings provide an initial evaluation of training efforts to incorporate information about EMDR into existing healthcare curricula. Future research should explore what factors may impact training outcomes (e.g., gender) regarding the clinical use of EMDR.

Training students as raters in psychotherapy process research

Sofie Folke — University of Copenhagen, Denmark, Susanne Lunn, Sarah Daniel, Louise Tækker, Stig Poulsen

Aims: This study addresses the effects of structured training on the development of rating skills used in examining the therapeutic alliance in two different forms of psychotherapy. With the growing interest in understanding how different training experiences impact professional development, the study also examines whether self-efficacy beliefs of psychology students can be heightened through gaining experience in rating psychotherapy sessions. Methods: Four undergraduate and eight first-year graduate students with little or no prior psychotherapy experience rated therapy sessions using a modified version of the Vanderbilt Therapeutic Alliance Scale (VTAS; Hartley & Strupp, 1983). Data stemmed from a randomized clinical trial (Lunn & Poulsen, 2002) of psychoanalytic psychotherapy and cognitive behavior therapy for bulimia nervosa ($N = 70$). The students participated in a 60-hour structured training module in the VTAS. Beliefs about their own clinical competence were measured using a questionnaire on self-efficacy beliefs for university students (Uzuntiryaki & Aydm, 2008). Results: Reliabilities are calculated using the intraclass correlation coefficient (ICC) based on the raters' individual comparison to criterion-scored sessions. The effects of various rater characteristics such as level of graduate training and psychotherapy experience on the level of interrater reliability are examined. Progress in perceived self-efficacy is estimated by comparing scores on the self-efficacy questionnaire at baseline with scores at termination of the coding activity. Discussion: The implications of these findings for using inexperienced psychology students as raters in psychotherapy process research are discussed.

Characteristics of Canadian Doctoral Programs for training in psychotherapy and counseling

Robinder (Rob) P. Bedi — Western Washington University, Bellingham, USA, Jaleh Davari, Caleigh Horan-Spatz

Aim: The purpose of this archival, empirical research study was to describe the general landscape for doctoral level training in psychotherapy and counseling in Canada. This included a comparison and contrasting of the 30 nationally accredited Canadian doctoral psychology programs across about 300 variables falling under the following categories: Program Context (e.g., number of faculty), Student Information (e.g., number of students enrolled), Training (e.g., practicum hours), and Application/Admissions (e.g., admission rates). Methods: Through use of 32-page coding

instrument developed from previous research (Bedi, Klubben, & Barker, 2011), data was documented from publically-available sources (e.g., websites, program brochures). Two co-researchers coded each program independently before seeking consensus and re-review of program materials to resolve any discrepancies. Program representatives were contacted in an attempt to account for missing information. Results: Individual program data and summary statistics (e.g., mean, SD, mode, %) will be presented. This includes variables such as: type of doctoral degree offered, stated training model, program length, theoretical orientation of program, gender distribution of faculty, average size of incoming class each year, licensure test pass rate, tuition cost, practicum hours required, and GRE test scores required for application and admission. Discussion: The information provided will serve to educate students and professionals who are considering relocating to Canada for academic or research purposes. The results present only a snapshot in time and are only suggestive of program and training characteristics in the future.

Poster Session

Trauma

Military sexual trauma and a successful treatment approach: A case study

Sasha Mondragon — Michael E. DeBakey VA Medical Center, USA, Deleene S. Meneffee, Wendy S. Leopoulos

Aim: Women Veterans mental health (MH) is largely understudied (Washington, et al. 2006). Approximately 37% of women Veterans carry a MH diagnosis, with PTSD being the most common. Several authors have noted high rates of Military Sexual Trauma (MST) among female Veterans and consequences of MST on MH outcomes are well established (Katz, et al., 2007; Kimerling, 2007). It is imperative that MH outcomes of female Veterans who experience MST be examined with depth and thoughtfulness; however, establishing prevalence/incidence rates of MST has dominated the focus of most MST-related research (Bean-Mayberry et al., 2011). The current case study extends the understanding of treatment for MST by examining the experience of a 30 year-old female Veterans' experience of an intensive inpatient treatment program for PTSD secondary to MST. We will report a detailed case conceptualization and reflect on the most likely mechanisms of change. Methods: The Veteran completed several measures of MH functioning (Outcome Questionnaire 45; PTSD Checklist; Post-traumatic Cognitions Inventory; Interpersonal Needs Questionnaire; and Connor-Davidson Resilience Scale) pre- and post-treatment. She will also complete a 3-month follow-up survey and we will report on qualitative clinical observation as well. Results: Standardized measures of MH functioning, qualitative clinical observation and the Veteran's self-report all indicate significant and clinically meaningful improvement over the course of treatment. Discussion: This successful treatment outcome appears to be based on several factors which will be discussed in detail. Findings will be presented with a focus on clinical implications for PTSD treatment secondary to MST.

Using Ecological Momentary Assessment to Advance Treatment of Posttraumatic Symptoms

Lauren Elizabeth Szkodny — Penn State University, University Park, USA, Michelle G. Newman

Aim: Psychological symptoms following exposure to a traumatic event generally dissipate over time. However, some traumatized individuals continue to experience prolonged PTSD symptoms. Trauma survivors often engage in strategies intended to reduce perceived threat and distress, but that maintain symptoms or impede positive behavioral, cognitive, or affective change. Despite the reported efficacy of treatments targeting traumatic sequelae, PTSD can persist for years and some patients exhibit only limited benefit or fail to complete treatment. As the individual is a highly dynamic system that interacts with its environment and changes over time (e.g., Gayles & Molenaar, 2011), adopting a person-oriented approach allows for understanding of how posttraumatic phenomena operate at the level of the individual. The principle objective of this study is to facilitate understanding of the mechanisms influencing daily fluctuations in trauma-related psychopathology and how they can hinder the natural processing of a traumatic event. Method: This project is an ecological momentary assessment (EMA) study of individual variation in PTSD symptomatology. Real-time data collection via Smartphone technology will be used to examine within-person processes to minimize the effect of recall bias and to enhance understanding of individuals' immediate and momentary emotional, cognitive, and behavioral experiences in their natural environment (Trull & Ebner-Priemer, 2009). Results: Dynamic processes implicated in individual-based models of PTSD will be discussed. Discussion: Real-time data has implications for developing a predictive model of PTSD symptomatology that can serve as a framework for delivering targeted interventions.

Reflective function in psychotherapy patients with chronic PTSD

Kevin B. Meehan — Long Island University, Brooklyn, USA, John C. Markowitz, Martina Palicova, Yuval Neria

Reflective Function (RF), an attachment-based measure of emotional insight, assesses understanding of one's emotional states and those of others. Posttraumatic stress disorder (PTSD), characterized by emotional detachment, numbing, and interpersonal mistrust, may lower RF. Our psychotherapy trial for chronic PTSD is the first to examine whether RF predicts treatment outcome. Individuals with DSM-IV chronic PTSD and CAPS score >50 are randomized to 14 weeks of Prolonged Exposure, Relaxation, or Interpersonal Psychotherapy (IPT). At weeks 0, 4, and 14, blinded raters assess RF

for attachment relationships and PTSD-specific RF (understanding of PTSD symptoms and their impact). RF will be evaluated as a moderator of treatment outcome and mediator of IPT efficacy. This study incorporated a new measure, PTSD-specific RF, evaluating the capacity to reflect on symptoms. Because we must remain blind to outcome until completion of the RCT, the present study evaluated the relationship between baseline RF and symptoms in patients with PTSD. RF was low in this sample, both for relationships and symptoms. Lower symptom-specific RF related to higher self-reported baseline PTSD symptoms (PSS) but not clinician-rated symptoms (CAPS). Lower symptom-specific RF did relate to higher baseline self-reported depressive symptoms (BDI and HAM-D) but not clinician-rated diagnosis of MDD (SCID). The implications of these findings, as well as limitations and future directions of this research are discussed.

Protective effects of meaning in life in traumatized older people?

Jana Volkert — University Medical Center Hamburg-Eppendorf, Germany, Maria Hausberg, Chiara Da Ronch, Ana Belen Santos-Olmo, Kerstin Weber, Holger Schulz, Martin Härter, Sylke Andreas

Introduction The relevance of old age is increasing in industrialised countries as life expectancy increases and fertility decreases. Old age is associated with increasing frequency of disease, need for care and service utilisation. A number of studies suggest that older people who have a stronger sense of meaning in life (MiL) tend to enjoy better physical and mental health than older adults who find little meaning in their lives. Moreover a stronger MiL may offset the harmful effects of traumatic life events. The aim of this study was to assess the importance of and satisfaction with MiL in older people with and without traumatic experiences, and to explore possible protective effects of MiL. **Method** N = 150 older patients (65 years and above) with and without a history of traumatic life events were consecutively recruited from psychiatric in- and outpatient settings in Italy, Switzerland, Spain and Germany between August and December 2010. The Schedule for Meaning in Life Evaluation was used to assess MiL alongside other diagnostic and severity assessment measures (CIDI, HADS, HoNOS65+, WHODAS-II). **Results & Discussion** Findings will be presented and discussed according to their implications for psychotherapy treatment at the SPR conference.

"Donde Quiero Estar " (Where I want to be): An alternative program for patients during chemotherapy treatment. A Pilot Study

Maria de San Martin — IUNA. Instituto Universitario Nacional de Arte., Candela Berizzo, Estefania Marzik, Vicky Viel Temperley

Introduction: The quality of patients coping strategies is one of the most crucial indicator of how they will deal with stress or trauma. These strategies will help minimize the anxiety that comes along with it. "Donde Quiero Estar" is a program based on art, psychological support, massage and group dynamics that takes place since 2006 in a chemotherapy room of one of the most prestigious Argentine teaching Hospital. Patients receive art classes at the same time they receive the chemotherapy treatment. **Aim:** This study wants to demonstrate that this program helps patients develop coping strategies. **Method:** This study will count with an N=40, 20 in the experimental group and 20 in the control one. All participants will be patients, in the same side effects chemotherapy treatment. There will be three instances of evaluation --a) before, b) when the device is applied and c) two months later.- **Evaluation tools:** We are going to use the Coping Strategies Questionnaire, (Rosenstiel y Keeefe, 1983.) **Discussion:** If findings show that the program provides coping strategies, new hypotheses will be developed related to how it also diminishes side effects of chemotherapy, and favors a better adhesion and adaptation to the treatment on behalf of the patients.

Poster Session

Measures

SRS and ORS instrument adaptation and reliability in primary care services

Jrisó Cantuarias — Clinical Psychology Chilean Society, Santiago

The efficiency and effectiveness of psychological therapy is an issue that is currently generating considerable debate, as key point both from a scientific and applied point of view. Health systems, public and private, need empirical support data and to know what efficient and effective interventions are necessary for users, without implying to standardize the psychotherapeutic treatment regardless of the particular characteristics of each client. This is why the psychotherapy process research seeks to describe the variables that could be intervening at different stages of interaction in therapy. Among them, the therapeutic alliance is one that has gained importance, becoming a good predictor of the results to be obtained in psychotherapy. From what has been exposed previously and due to the increasing need to develop investigations in the field of the psychotherapy; it turns out to be relevant to possess brief instruments of measurement of alliance and efficiency to generate knowledge concerning psychotherapy process in relation to the variables mentioned before. This research had the objective to adapt, validate and obtain indicators of reliability of the ORS and SRS instrument in public health services in the cities of Temuco, Viña del Mar, Santiago, and La Serena in Chile.

How to assess the quality of psychotherapy outcome studies: A systematic review of quality assessment measures

Sven Rabung — University of Klagenfurt, Austria, Nele Schmidt, Sarah Lieberherz

Background: It is widely accepted that the quality of a study may affect its results. Thus, it is indispensable to account for study quality while interpreting results of a study. This is especially true in the case of meta-analytic studies. Until now, however, there is no generally accepted specific standard for assessing the quality of psychotherapy outcome studies. The aim of the present study was to review the existing variety of quality assessment scales in order to provide a comprehensive compilation of quality criteria which are relevant for the field of psychotherapy research. Method: We identified relevant quality assessment scales based on a computerized search supplemented by contact to experts in the field. Both, quality measures specific to psychotherapy and more universally valid quality measures were included. Measures addressing only one single quality criterion (e.g. treatment integrity) or measures developed in other clinical disciplines (e.g. orthopedics) were excluded. Results: To date, 17 papers providing relevant information met our inclusion criteria. The range of items per measure varies between a minimum of only 3 quality criteria and a maximum of 50 items. Quality criteria can be arranged using a matrix defined by two dimensions: 1) quality domains (general methodological quality, internal validity, external validity) and 2) study characteristics (PICOS: population, intervention, comparator, study design). Discussion: The resulting compilation of quality criteria may be of general relevance to psychotherapy outcome research. It allows for a differentiated selection of items depending on the specific research question and the field of application under study.

Course over time of treatment costs in people with severe mental illness: Patient-reported vs. administrative records

Nadja Zentner — Ulm University, Germany, Ildiko Baumgartner, Thomas Becker, Bernd Puschner

Aim: The quality of any health economic analyses depends upon valid cost data. However, little is known about the accuracy of self-reported data on treatment costs and how these change over time. Methods: 82 participants of an outcome management study ("EMM") gave informed consent to access their public health insurance records. These were compared to the self-reported treatment costs derived from the "Client Sociodemographic and Service Use Inventory" (CSSRI-EU) for two 6-month observation periods before (T0) and after (T1) admission to inpatient treatment. Results: Median total monthly treatment costs at T0 were 112.23 € (patient-reported) vs. 254.23 € (administrative records; paired Wilcoxon $Z = -3.75$; $p < .001$), and at T1 - excluding the index admission - were 178.76 € (patient-reported) vs. 285.14 € (administrative records; $Z = -3.48$; $p < .001$). Correlations between self-reported costs and those from administrative records were substantial for both observation periods (T0: Spearman's $\rho = 0.48$; p

Rating the methodological quality of psychotherapy trials for meta-analysis: Feasibility and reliability

William D. Ellison — Penn State University, University Park, USA, Kenneth N. Levy, Christina M. Temes, Shabad-Ratan Khalsa

Meta-analysis is used in psychotherapy research to synthesize large numbers of treatment studies in a quantitative way. Meta-analyses now frequently take into account the possibility that outcome studies may differ in terms of methodological quality and that these differences may bias effect size estimates (e.g., Cuijpers et al., 2010; Thoma et al., in press). However, rating the quality of individual studies is a difficult task and carries the risk of introducing its own biases (Jüni et al., 1999). In the current study, the quality of 84 separate studies of the efficacy and effectiveness of psychotherapy for Borderline Personality Disorder were rated by two graduate students using the scale in Downs and Black (1998). Before coding, reports were blinded by conversion to plain text and by the removal of the reference sections, author names, journal names, geographical locations, and theoretical orientation and name of the treatments. To assess reliability, 22 studies' reports (26% of the sample) were rated by both coders. The interrater reliability of the total scale score was good (ICC = 0.94), although reliability of subscales was mixed (ICC's ranging from 0.69 to 0.96). Most individual items showed substantial positive correlations with the total scale score, although 5 of 27 items did not discriminate between high-quality and low-quality studies in the current dataset. The quality scores correlated very strongly ($r = 0.91$) with 7 quality scores published in Gerber et al. (2010). The implications and limitations of rating study quality are discussed.

How to measure symptom severity in patients with mental disorders in the elderly? Psychometric evaluation of the German version of the "Health of the Nation Outcome Scales for the Elderly (HoNOS65+-D)"

Sylke Andreas — University of Klagenfurt, Austria, Maria Hausberg, Jana Volkert, Susanne Sehner, Martin Härter, Holger Schulz

The assessment of symptom severity in old aged patients with mental disorders plays an important role within the discussion of the implementation of psychotherapeutic strategies. Burns et al. (1999) developed an expert-rated instrument which examined the mental health in the elderly in different clinical settings, the Health of the Nation Outcome Scales-65+. By now the instrument is well-known and widely used in quality assurance programs in different countries (e.g. Australia, New Zealand). In 2009 we translated the HoNOS65+ into German by a stepwise expert-based

consensus procedure with back-translation. The HoNOS65+ consists of 12 items, covering a wide range of clinical problems and social dysfunctions. Within a sample of N = 288 elderly with and without mental and physical problems we analysed the psychometric properties (feasibility, reliability and validity) of the HoNOS65+. The results will be presented and discussed in line with previous findings on the psychometric properties of the HoNOS65+.

Patient baseline predictors of treatment credibility ratings across cognitive and dynamic psychotherapies

Tessa Katherine Mooney — University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Jaclyn Sara Sadicario, Lindsay A. Schauble, Kelli S. Scott, Sarah Ring-Kurtz, Robert Gallop, Paul Crits-Christoph

Aims. Credibility ratings have been designed to assess patients' opinions about treatment following a brief exposure to treatment. However, a patient's feelings may be based more on patient characteristics than on treatment experiences. Research has demonstrated that cultural identity influences beliefs about credibility (Wong, 2003). The current investigation examined baseline characteristics that predict credibility ratings for adult psychotherapies. **Methods.** Data from the University of Pennsylvania database that includes studies from 1995 to 2002 evaluating the efficacy of cognitive and psychodynamic therapies for a variety of disorders was used. The Opinions about Treatment (OAT) questionnaire was administered at Session 2. A total score was derived from the first three OAT items (OAT-Total). Demographic characteristics, clinical measures, and self-report measures were used to predict OAT-Total at Session 2. **Results.** Results indicate that age is significantly correlated with OAT-Total ($p=.0197$), with higher ages predictive of less optimistic opinions about treatment. Similarly, BDI is significantly correlated with OAT-Total ($p=.0288$), with higher levels of depression predictive of less positive views of treatment credibility. Additionally, college graduates, on-average, have significantly lower scores on the Opinions about Treatment ($p=.0019$), compared to non-college graduates. When these three terms were modeled in a combined multiple regression model, each term was found to be significantly predictive with a medium-large effect size. **Discussion.** Findings suggest that higher ages, higher levels of education, and higher levels of depression at treatment baseline predict lower credibility ratings at session 2.

Heidelberg Questionnaire on Experience In Systems (HQES): A new diagnostic instrument on experience with important others in private and professional interpersonal relationships

Leoni Link — Heidelberg University, Germany, Annette Bornhaeuser, Jan Weinhold, Anna Halas, Jochen Schweitzer-Rothers, Christina Hunger

Aim: According to the theory of systemic constellations, fundamental dynamics of interpersonal relationships are the sense of belonging, autonomy, accord and confidence in the future. These dimensions, separately, are well studied in social and personality psychology. The goal of this study was to conceptualize a unique economic instrument that measures the dimensions mentioned above in private and professional interpersonal relationships with important others: the Heidelberg Questionnaire on Experience in Systems (HQES). **Methods:** Data is taken from the general adult population ($n = 455$) and from a randomized clinical trial on systemic constellations ($n = 208$). Construct validity was measured using the incongruence questionnaire (K-INK), the questionnaire to evaluate psychotherapeutic processes (FEP), the questionnaire to examine vocational patterns of behaviour and experience (AVEM) and the social support questionnaire (F-SozU). **Results:** The expected four-dimensional structure of the HQES with four independent but correlating factors achieves the best fit for both private and professional relationships. The HQES shows good reliabilities and, as predicted, moderate positive correlations with well-being, social support, low level of psychical symptoms, motivational incongruence and difficulties in relationships. The same is shown for the dimensions in professional interpersonal relationships for capacity of alienation, experience of success and low tendency to resignation. **Discussion:** The HQES is a reliable, valid and economic tool for private and professional interpersonal relationship assessment, measuring the basic concepts of systemic constellations theory.

Art-based Intervention Questionnaire (AIQ): Developing a self-report measure to investigate art therapy processes

Sharon Snir — University of Haifa, and Tel Hai college, Israel, Dafna Regev

Aim: As part of a broader effort to develop reliable, valid tools for assessment in the field of visual art therapy, the purpose of the research was to develop a self-report questionnaire on responses to art-based therapeutic and educational interventions. **Method:** The AIQ comprises 50 items based on reflections written by approximately 120 students in response to using art materials, referring to four main aspects of creating art: feelings beforehand, responses in the process, perception of the product, and perception of the material. The questionnaire was administered to 290 students who had worked with markers, oil pastels, finger paint, or clay. The participants also completed the Session-Evaluation Questionnaire (SEQ) and personality profile questionnaires (ECR, MHI, and NEO-FFI 3). **Results:** Factor analysis based on the four aspects indicated two factors in feelings beforehand (excitement and repulsion); three factors during the process (enjoyment and healing, capability, and smoothness); one factor regarding the product, and two factors regarding perception of the material (meaningfulness and pleasure) ($\alpha = .47 - .91$). Significant differences were revealed between the responses to markers and to the other materials, and moderate to high correlations were found between the AIQ and SEQ scales. In addition, differences were found in the respective relationships between personality traits and the responses to working with different materials. **Discussion:** The instrument provides an initial response to the need for tools to assess specific responses to art-based interventions and

to identify factors related to these responses.

The History of Loss Assessment Instrument: Relation to depressive symptoms and clinical implications

Adrián Chaurand — Universitat de Barcelona, Spain, Guillem Feixas, Robert Neimeyer

Aim: To introduce the History of Loss Inventory (HLI) for studying significant losses incurred across people's lifetime, their perception of adaptation to those, and their perception of depressive symptoms (if any) as a consequence of these losses. Methods: 288 participants (67.8 % women) were assessed with HLI and BDI-II either online (117; 40.6%) or face to face (171; 59.4%). Results: Most of the sample (281; 97.6%) reported on the HLI at least one significant loss. Of these, 59 (21.0%) believed they had not overcome the death of a loved one and 75 (26.7%) considered themselves unable to adapt to other significant losses. Scores on BDI-II correlated with the number of losses not overcome ($r=.430$; $p<.01$). Besides, 60.7% of the former group believed their depressive symptoms were related to the losses mentioned in the HLI while only a 14.0% considered so in the other group. Discussion: Significant losses seem to play a substantial role in many participants with depressive symptoms. Treatment planning should take into account those losses and the HLI proved to be a brief and valuable self-reported measure to track the history of losses.

Poster Session

Narrative

Representations of romantic love in a multicultural sample

Sofía de la Puerta — Universidad del Desarrollo, Santiago, Chile, Pablo Fossa

Love and life in couple have suffered important changes during the last century, and have been impacted by the most relevant sociocultural phenomena of the recent decades. This directly affects the perception of romantic love and the quality of life of the people involved. It seems interesting to study the representations of love and life in couple, understanding that they influence the quality of love life that is established. The present study was intended to describe the narratives of subjects older than 20 years old about love and the variables that influence the success, durability and failure of romantic love. A semi-structured questionnaire was applied to a multicultural sample of 300 subjects from Chile, Argentina, Colombia, Mexico, Spain, United States, United Kingdom and China. The results showed that love is an intimate and intensive relationship characterized by being voluntary. Life in couple is an intersubjective space with permanent fluctuations between harmony and conflict, where the disagreements are always followed by repair dynamics. The emotional intimacy, the co-constructions of couple identity and maintenance of the eroticism are the principal conflict areas. Finally, facing the difficulties with a solution disposition would generate spaces with more communication and development of intimacy.

Research of a schizophrenic patient's main conflictive traits in the sessions, during the restitutive period, applying DLA

Rosa Soin — UCES-APDEBA, David Maldavsky

Aims: to investigate the main conflictive traits of a schizophrenic patient during the sessions. Sample: two transcribed sessions of the patient's treatment. Instruments: the David Liberman algorithm (DLA) tools for the analysis of wishes and defenses in narrations, speech acts and words. Main concepts: Wishes: Intramatic libido (IL), Primary oral (O1), secondary oral sadistic (O2), primary anal sadistic (A1), secondary anal sadistic (A2), urethral phallic (UPH) and genital phallic (GPH). Main defenses: Foreclosure of the affect, Foreclosure of reality and the ideal, Disavowal, Repression, In accordance with the goal, Creativity, Sublimation. Reliability: inter-judge consensus rating. Outcomes: the result of the investigation of narrations, speech acts and words suggested that during the sessions when the patient, in the restitutive period, needed to deal with his feeling of injustice (A1 and failed disavowal), his thought suffered the risk of falling into a chaotic state (O1 and failed foreclosure of reality and the ideal) and he tended to avoid the problem resorting to the embellishment of life (GPH and repression+characterological traits).

Poster Session

Neuroscience

Neural correlates of psychotherapy in depression and anxiety disorders: A meta-analysis of neuroimaging studies

Irene Messina — University of Padova, Italy

Several studies have used neuroimaging methods to identify neural correlates of change after psychotherapy of

different approaches, in depression and anxiety disorders. The goal of the present work is to summarize and evaluate the results of these studies by adopting the Activation Likelihood Estimation technique, which evaluates the overlap between foci of activation across studies. The analysis included 11 studies (289 foci of activation and 132 patients). Separate meta-analyses were conducted on studies of 1) anxiety/depression investigated with rest state metabolism; 2) anxiety/depression investigated with task-related activation paradigms; 3) the previous studies considered jointly; and 4) phobias investigated with studies on symptoms-related activation. Significant clusters of neural activity change were found in the dorsomedial prefrontal cortex, in the posterior cingulate gyrus/precuneus and in the temporal lobes. The cluster of change in the prefrontal cortex and in the posterior cingulate gyrus/precuneus may refer to self-related processes and autobiographical memories, whereas the modulation of temporal lobes may be due to change in semantic attribution processes.

Poster Session

Patient/client factors

Patient's perspective of therapist's self disclosure

Viviana Beatriz Guajardo — Universidad de Belgrano, Buenos Aires, Argentina, Julieta Olivera, Malena Braun, Andres Roussos

Aim: The aim of this qualitative study is to address what former psychotherapy patients think about therapist's self disclosure and analyze how this is related to therapeutic relationship. **Procedures:** Interviews from 9 former patients were selected for this study because patients had spontaneously talked about their therapist's self disclosure. Open ended questions led them to talk about their relationship with the therapist and about the content of the self disclosure, as well as the frequency in which self disclosure emerged during the therapy sessions. **Analysis:** Among self disclosure contents three categories were found: "demographic information"; "personal anecdotes"; and "personal information regarding feelings or personal relationships". These categories are also addressed as present in many sessions, present in more than one session and present only one time. These categories were also crossed with therapeutic relationship. **Results:** Preliminary results show that all the participants (which had self disclosure experiences during therapy) had a good relationship with their therapist and expressed "having a good time in therapy" in their own words. This study is the first part of a project that intends to deepen the understanding of the concept of the therapist's self-disclosure as a type of intervention.

Patient attitudes towards videotaping: Relation to symptomatology, dropout, treatment length and outcome

Alexis M. Briggie — Adelphi University, New York, USA, Mark Hilsenroth, Christopher Muran, Francine Conway

Aim: The present study examined the relationship between pre-treatment patient symptomatology and patient attitudes towards the audio/videotaping of psychotherapy sessions. Attrition, length of treatment and outcome were also examined as they related to patient comfort with recording. **Method:** 390 participants received an initial intake from a university-based community outpatient psychological clinic. Pre-treatment patient symptomatology was measured at the initial intake evaluation using the Brief Symptom Inventory (BSI; Derogatis, 1993) and patient attitudes towards videotaping were measured using the Audio/Videotape Comfort Questionnaire (Adelphi University Research Committee, 2001). Symptomatology was assessed again at termination using the BSI. Dropout and number of sessions were determined by a retrospective chart review. **Results:** It was found that higher levels of pre-treatment interpersonal sensitivity and paranoia have a significant negative relationship to audio/video-recording comfort (i.e. greater pathology related to lower comfort). Dropout, number of sessions attended, and outcome were not significantly related to patient comfort with recording. **Discussion:** This research has important implications for those introducing research in clinical settings. While patient pretreatment personality characteristics have a relationship to their comfort with audio/video taping, patient comfort with these procedures was not related to subsequent dropout from treatment, length of treatment or eventual treatment outcome.

Cross sectional study of services received and perceived needs of care givers of mentally retarded patients

Sharon Ruth Israel — Bangalore Medical College & Research Institute, India, Gandasi Visveshawariah Vaniprabha, K Shankar, B N. Vadamurthy

Perceived needs of care givers of mentally retarded are multifaceted and diverse. They are often overlooked in a country like India due to the emphasis on services for the mentally retarded individual which by itself are scarce. **Aim:** The present study aims to study a cross sectional view of these perceived needs by the caretakers of mentally retarded individuals. **Methodology:** Participants included 50 caregivers of mentally retarded individuals. The data of the study was collected using a semi structured interview schedule. Along with socio demographic data, health care services, accessibility and feedback received was collected. Educational, medical and psychiatric services received and

accessibility to these services was also reviewed. Results and discussion: Results revealed that accessibility of healthcare and services received were very low for mentally retarded individuals. A majority of caretakers expressed concerns about future and healthcare facilities of individuals with Mental retardation.

Outcome Expectations in the Unified Protocol: Benchmarking and Predicting Outcomes

Kate H. Bentley — Boston University, USA, Matthew W. Gallagher, James F. Boswell, David H. Barlow

Aim: Outcome expectations reflect the degree to which patients believe that a treatment will help them (Arnkoff, Glass, & Shapiro, 2002). Previous research indicates that patients' outcome expectations contribute to the effectiveness of psychotherapy (Constantino et al., 2011). In this study, we sought to 1) benchmark patients' early-treatment outcome expectations (measured with the expectancy item of Borkovec and Nau's questionnaire; Borkovec & Nau, 1972), and 2) determine the extent to which expectations predict post-treatment outcome and dropout in the Unified Protocol (UP), a transdiagnostic cognitive-behavioral treatment for emotional disorders. Methods: Non-parametric statistical analyses (i.e., bootstrapping) were used to compare expectancy ratings in the UP trial with those in the extant literature and examine the associations between outcome expectations and treatment outcomes. Results: The mean expectancy ratings in this trial of the UP were similar to those reported in previous trials of psychotherapy. Higher early-treatment outcome expectations predicted superior outcomes at both post-treatment and follow-up timepoints. Lower early-treatment outcome expectancy ratings increased likelihood of dropout. Discussion: Patients' early-therapy outcome expectancy ratings in this transdiagnostic treatment for emotional disorders are similar to previous psychotherapy studies. The corresponding associations between outcome expectations and successful treatment outcome are also comparable to those reported in other trials of psychotherapy.

Poster Session

Personality disorders

Clinician perspectives on psychotherapy for personality disorders

Brin Grenyer — University of Wollongong, Australia

The views of practicing experienced clinicians working with personality disorders were sampled with an aim to gain insight into psychotherapy provided for personality disorders, treatments considered optimal by clinicians, and opinions of clinicians on the current levels of care. This current research replicates the Canadian study by Ogrodniczuk, Kealy and Howell-Jones (2009). A cross-national comparison between Australian and Canadian data showed that both samples were unaware of the current status of evidence-based practice research. Similarly, there were significant gaps between current practices for the treatment of personality disorders provided by clinicians compared to their perceptions of optimal treatment practice. This study further highlights a need for more training for clinicians in the treatment of personality disorders and service improvements to implement optimal care strategies.

Relationship between patient SWAP-200 personality characteristics and patient-rated therapeutic alliance early in treatment

Scott William Smith — Adelphi University, New York, USA, Mark Hilsenroth, Katherine Fiori, Robert F. Bornstein

Aim: We assess the extent to which patient personality syndromes and individualized facets of patient personality are associated with patient-rated alliance early in treatment. Method: 94 patients received Short-Term Psychodynamic Psychotherapy (STDP) at a university-based community clinic. Patients were accepted into treatment regardless of pre-treatment psychiatric diagnoses or diagnostic co-morbidity. Patients completed The Combined Alliance Short Form-Patient Version (Hatcher & Barends, 1996) at the 3rd or 4th session to assess the patients' views of early alliance. Clinicians completed the Shedler-Westen Assessment Procedure Q-Sort (SWAP-200; Shedler & Westen, 1998, 1999a,b; 2004a,b) to assess the extent to which patients resembled empirically-derived personality syndromes (SWAP-200 Q-Factors & Clinical Prototypes). Results: We identified one personality syndrome, the SWAP-200 Dependent Clinical Prototype, that significantly correlated with early patient-rated alliance ($r = 0.21$; $p = 0.04$). Additionally, correlations that trended toward significance were found for the Dysphoric/Dependent-Masochistic Q-Factor ($r = 0.20$; $p = 0.05$) and Narcissistic Q-Factor ($r = -0.20$; $p = 0.06$). Lastly, we identified individual SWAP-200 items that were the most highly ranked descriptors of personality for those patients who reported strong early treatment patient-rated alliance, and a SWAP-200 personality summary narrative is provided for this group of patients. Discussion: Patients with strong dependent and dysphoric personalities tend to rate their early alliances as strong. Clinicians may find these results useful in tracking the progression of the alliance with personality disordered patients.

Subjectivity of antisocial conducts: a qualitative study

María Catalina Undurraga Tschischow — Pontificia Universidad Católica de Chile, Santiago, Cecilia Juanita de la Cerda Paolinelli, Caroline Leighton, Alberto Botto

Aim. The aim of this study is to describe and understand the subjective experience and context of antisocial conducts from the individual's perspective. With this study we wish to look in depth at the different subjective experience modalities that underlie the antisocial conducts of the participants. Methods Using a qualitative methodology, grounded theory is applied to analyze the narratives of the interviewees. Individuals with AB were interviewed using a theoretical sampling. Through the interviews we explored their values and moral characterization, their representations of themselves, the arguments, the impulses and emotions, and the different contexts in which the AB arises. Results From this analysis, we draw as central phenomena: a) a continuum in the dimension control / decontrol as a form of emotional regulation b) a pseudo fragmented ego experience and, c) an observable process that runs in time early a possible integration and repair of the consequences that have antisocial behavior for both the patient and his own immediate environment. Discussion So, we propose a central phenomenon articulated in terms of a fragmented subjectivity that serves to protect aspects of their self-image which are considered "good" from aspects which collude against their idealization. These aspects are kept in another "area" of the subjective experience and relational aspects such as responsibility, guilt, anger, envy, or intimidation.

Abdul-Rahim, Salisu Ango, 129
 Alegria, Margarita, 5
 Altenstein, David E. S., 82
 Altimir, Carolina, 104
 Alvarez, Vanessa, 16
 Alves, Daniela Rodrigues, 50
 Anderson, Timothy, 6, 37, 65, 80
 Andreas, Sylke, 154
 Angus, Lynne, 3, 6, 50, 52, 70
 Armijo, Ivan, 13
 Baenninger-Huber, Eva, 20, 94
 Balbi, Paula, 126
 Barber, Jacques P., 4, 5, 25, 54, 72
 Barbosa, Eunice Dias, 48
 Barrett, Marna S., 2, 3, 28
 Basil, Sevan, 137
 Basseches, Michael, 15, 84, 85
 Basto, Isabel Morais, 49
 Batista, João, 51
 Baumann, Ellen, 64
 Beauchemin, Antoine Thomas, 39
 Bedi, Robinder (Rob) P., 76, 151
 Bedics, Jamie, 17
 Behn, Alex, 5
 Belotserkovsky, Julia, 31
 Belz, Martina, 8, 72
 Bentley, Kate H., 158
 Berger, Thomas, 29, 83
 Berggraf, Lene, 32
 Berk, Elizabeth Allison, 100
 Berkeljon, Arjan, 4
 Bernecker, Samantha L., 34
 Berthelot, Nicolas, 92
 Berthoud, Laurent, 54
 Beutler, Larry E., 56
 Bhatia, Avantika, 10
 Bhola, Poornima, 53
 Blawath, Sabrina, 33
 Bohart, Art, 5
 Bohart, Arthur C., 55, 87
 Bolger, Kelly Wagner, 103
 Bölter, Annette F., 109
 Boritz, Tali, 52
 Bornhaeuser, Annette, 50
 Boswell, James F, 119
 Boswell, James Franklin, 4
 Boswell, James Franklin., 119
 Boutwell, Catherine, 101
 Brandao, Angela, 84
 Brandon, Anna R., 10
 Braun, Malena, 1
 Breger, Louis, 56
 Briggie, Alexis M., 157
 Bryntwick, Emily, 76
 Budge, Stephanie Lynne, 107
 Calderón, Ana, 12
 Cantuarias, Jrisó, 153
 Capps, Kristen, 98
 Carlsson, Jan, 1
 Carpenter, Naomi, 53
 Caspar, Franz, 5, 8, 25, 38, 85
 Castonguay, Louis G., 1, 4, 5, 6, 14, 37, 46, 103
 Cavaliere, Carol, 77
 Chang, Doris F., 60
 Chang, Shih-Hua, 112
 Chaparro, Reynel Alexander, 150
 Chaurand, Adrián, 156
 Chazan, Saralea, 4, 41
 Chessa, Daphne, 30
 Choi, Bryan Hon Yan, 20
 Chui, Harold, 7, 65
 Cia, Mileny, 145
 Clapp, Megan, 16
 Clouthier, Tracy Lynn, 123
 Cohen, Esther, 41
 Comeau, Thea Lauree, 39
 Connolly Gibbons, Mary Beth, 91, 141
 Constantino, Michael J., 4, 5, 17, 34
 Cook, Megan, 125
 Crameri, Aureliano, 33
 Crisostomo, Patrice Siapno, 58
 Critchfield, Kenneth L., 81
 Cruza-Guet, M. Cristina, 149
 Cucu Ciuhan, Geanina, 138
 Cunha, Carla Alexandra Castro, 28
 Curi, Marlene, 147
 Curtis, John T., 3, 117
 Dahl, Hanne-Sofie Johnsen, 86
 Daniel, Sarah I. F., 127
 Dart, Alison, 36
 de Freitas, Adriana Recher, 145
 de Jong, Kim, 1, 43
 de la Cerda Paolinelli, Cecilia Juanita, 148
 de la Parra, Guillermo, 5
 de la Puerta, Sofía, 156
 De Roten, Yves, 115

de San Martin, Maria, 153
 De Simone, Luján, 137
 Debaere, Virginie, 61
 DeBlaere, Cirleen, 102
 Defey, Denise, 4, 5, 8, 18
 DeFife, Jared, 111
 DeGeorge, Joan, 46
 Del Re, AC, 2, 81
 Delvecchio, Elisa, 42
 Demaria, Anthony, 101
 DeRubeis, Robert J., 8, 26
 Desmet, Mattias, 47, 61
 Desrosiers, Alethea, 134
 Dias Neto, David Manuel, 122
 Diener, Marc J., 106
 Dinger, Ulrike, 114
 Dixon-Gordon, Katherine, 17
 Doran, Jennifer Marie, 40
 dos Santos, Adriana Carvalho, 130
 Doucette, Ann, 4
 Drews, Cláudio R., 135
 Duan, Changming, 26
 Edwards, Megan, 110
 Eells, Tracy D., 28, 96
 Effrig, Jessica C., 47
 Ehrenthal, Johannes C., 118
 Ekeblad, Annika, 120
 Elkin, Irene, 3, 4
 Elliott, Robert, 4, 5, 48, 117
 Ellison, William D., 154
 Ensink, Karin, 92
 Erikson, David McConkie, 120, 129
 Espinosa, Henry Daniel, 62
 Etchebarne, Ignacio, 14
 Eubanks-Carter, Catherine, 55, 103
 Falkenström, Fredrik, 91
 Fang, Chia-Chi, 142
 Farber, Barry, 5, 9
 Favorite, Todd, 72
 Feixas, Guillem, 135
 Fernández-Álvarez, Héctor, 65
 Figlioli, Patrick, 86
 Fitzpatrick, Marilyn, 39, 113, 114
 Florenzano, Ramon U., 133
 Fluckiger, Christoph, 82
 Foa, Clare, 67
 Folke, Sofie, 151
 Forand, Nicholas R., 130
 Forrester, Bryan, 56

Fossa, Pablo, 136
 Fraley, Meghan R., 106
 Frankl, My, 59
 Friedlander, Myrna, 6
 Frommer, Joerg, 73, 93
 Frost, Nick, 45
 Fruzzetti, Alan, 17
 Fuchs, Cara, 75
 Fuertes, Jairo, 24, 60, 102
 Gabler, Yehuda Aryeh, 126
 Gálvez Toro, Constanza, 132
 Gandini, Valentina, 128
 Geller, Jesse, 5
 Gelo, Omar Carlo Gioacchino, 78
 Gelso, Charles, 7, 9
 Gelso, Charles J., 9
 Gennaro, Alessandro, 78
 Gerlich, Katharina, 116
 Gibson, Kerry, 121
 Goldberg, Jorge, 124
 Goldberg, Simon B., 11
 Goldman, Rachel, 134
 Goldman, Rhonda, 13, 66
 Goldsmith, Jacob Ze'ev, 80
 Gómez Penedo, Juan Martín, 110
 Gómez, Beatriz, 150
 Gonçalves, Miguel, 50, 133
 Gone, Joseph P., 5, 18
 Gonzalez, Manuel AC., 22
 Grafanaki, Soti, 99
 Graham, Jessica, 67, 68
 Gregory, Robert J., 59, 105
 Grenyer, Brin, 158
 Grosse Holtforth, Martin, 6, 8, 35, 49
 Grumet, Robin L., 40
 Guajardo, Viviana Beatriz, 4
 Guajardo, Viviana Beatriz., 157
 Gullo, Salvatore, 139
 Gupta, Shudarshana, 23
 Haase, Matthias, 94
 Halas, Anna, 49
 Halstead, Jeremy Edward., 13
 Harlem-Siegel, Jessica, 125
 Harpaz-Rotem, Ilan, 69, 74
 Haugen, Peter Tejas, 97
 Hausberg, Maria, 138
 Hayes, Jeffrey, 7
 Hayes-Skelton, Sarah A., 75, 76
 Heatherington, Laurie, 6, 7, 24

Heinonen, Erkki, 99
 Helm, Fonya Lord, 3
 Helms, Janet E., 5, 18
 Henriques, Gregg, 107, 148
 Hess, Shirley A., 23
 Hidalgo, Carmen Gloria, 144
 Hill, Clara E., 3, 4, 5, 6, 7, 23, 64, 90
 Hilsenroth, Mark, 7, 97
 Høglend, Per, 86
 Holmqvist Larsson, Mattias, 91
 Holmqvist, Rolf, 91
 Holt, Tonje, 121
 Honda, Giovanna Corte, 143
 Horowitz, Leonard M., 19
 Horowitz, Mardi Jon, 61
 Hu, Bo, 27
 Huang, Teresa, 64
 Huber, Dorothea, 132
 Huibers, Marcus J.H., 25
 Hummel, Ann, 21
 Hunger, Christina, 49
 Hungr, Clara, 30
 Inslegers, Ruth, 61
 Israel, Sharon Ruth, 157
 Iwakabe, Shigeru, 5, 20, 21, 47
 Jacobsen, Claus Haugaard, 36
 Jacobson, Nicholas Charles, 126
 Janusz, Bernadetta, 124
 Jarvis, Charlotte, 4, 30, 71
 Jock, William, 70, 143
 Johnson, Holly Sarah., 151
 Joyce, Anthony S., 108, 109
 Juan, Santiago, 15
 Kächele, Horst U., 47, 61, 64
 Kahl-Popp, Jutta, 36, 51
 Kanazawa, Yoshinobu, 100
 Katz, Danielle, 77
 Katznelson, Hannah, 105
 Kazez, Ruth, 139
 Keating, Leah, 44
 Kegel, Karen Anne, 102
 Kelbert, Evelin F., 147
 Keller, Sabine, 105
 Kertes, Angela, 15
 Khalsa, Shabad-Ratan, 149
 Khater, Eduardo, 142
 Kimpara, Satoko, 57
 King, Robert John, 107
 Kivlighan, D. Martin, 45

Kivlighan, Dennis M, 45
 Klipsch, Ottilia, 146
 Knobloch-Fedders, Lynne, 4, 80
 Knox, Sarah, 6, 23
 Koerner, Annett, 38
 Kolden, Gregory G., 7
 Konradsson, Per, 59
 Kortz, Laura, 136
 Koss-Chioino, Joan D., 5, 18
 Kramer, Ueli, 54
 Krieger, Tobias, 81
 Kumaria, Shveta, 5, 112
 Ladany, Nicholas, 6
 Lambert, Michael J., 63
 Landa, Alla, 108
 Landa, Yulia, 12
 Lange, Julia, 93
 Lavner, Justin A., 25
 Laws, Holly, 34
 Lei, Yujia, 27
 Leiman, Mikael, 27, 51, 95
 Leroux, Annie, 92
 Lévesque-Belley, Frédérique, 113
 Levy, Kenneth N., 30, 55, 68
 Lin*, Jiun-De, 140
 Link, Leoni, 155
 Lis, Adriana, 4, 29
 Liu, Jingqing, 26
 Llera, Sandra Jean, 14
 Lockard, Allison Jane, 46
 Locke, Benjamin D, 46
 Lopes, Rodrigo, 63
 López-Moreno, Clara María, 133
 Lorentzen, Steinar, 74
 Lorenzo-Luaces, Lorenzo, 145
 Lourenço, Pedro Brandão, 49
 Lutz, Wolfgang, 7, 42, 73
 Luzzi, Ana María, 131
 MacFarlane, Peter, 125
 Machado, Paulo P.P., 7, 106
 Maertens, Michael, 116
 Maldavsky, David, 137
 Mallinckrodt, Brent, 88
 Manring, John, 84
 Manzoni, Gian Mauro, 10, 123
 Markin, Rayna Danielle, 131
 Marmarosh, Cheri, 7
 Martinez Guzman, Claudio, 96, 104
 Maxwell, Hilary, 44

Mayotte-Blum, Jason, 128
 McAleavey, Andrew Athan, 35
 McClintock, Andrew Smith, 11, 65
 McCue, Amy T., 101
 McCullough, Jr., James P., 1, 8, 72
 McMain, Shelley, 54, 55
 Meehan, Kevin B., 68, 152
 Meganck, Reitske, 48, 61
 Mendes, Inês, 95
 Messer, Stanley, 6
 Messina, Irene, 112, 156
 Metzger, Jesse, 5, 38
 Meuldijk, Denise, 135
 Michal, Matthias, 111
 Michelson, Aaron, 56
 Midgley, Nick, 4, 11, 29, 71, 92
 Minami, Takuya, 45
 Mitchell, Alexandra, 136
 Mitchell, Allison, 40
 Molina, María Elisa, 94, 142
 Mondragon, Sasha, 152
 Mooney, Tessa Katherine, 155
 Moras, Karla, 3
 Morgan, Lucas, 75
 Mullin, Anthony S. J., 97
 Muran, Christopher, 7, 30, 100
 Needham, Valerie Ruth, 140
 Nehrig, Nicole, 69
 Nelissen, Claire, 85
 Nelson, Dana L., 35
 Neto, David M D, 78
 Newman, Michelle G., 29, 81
 Nigro, Carly A., 140
 Nissen-Lie, Helene A., 98
 Nodop, Steffi, 89
 Noom, Marc J., 4, 11, 71
 Norcross, John C., 85
 Nordberg, Samuel Schieffelin, 42, 43
 Normandin, Lina, 92, 115
 Norwood, Earta, 126
 Novaes Lipp, Marilda Emmanuel., 147
 Nunes da Silva, Ana, 109
 Nunes, Joana Carolina, 131
 O'Brien, Katie, 14
 Okiishi, John, 141
 Okun, Lia, 60
 Olivera, Julieta, 69
 Opaas, Marianne, 73
 Orlinsky, David E., 1, 4, 5, 18
 Ormhaug, Silje M., 121
 Owen, Jesse, 98
 Pagnini, Francesco, 10
 Paivio, Sandra Clare, 52, 114
 Palma, Beatriz, 7, 9
 Pandiyan, Kasthuri, 129
 Patterson, Candace, 65
 Peixoto, Evandro Morais, 130
 Pereira da Cruz Benetti, Silvia, 125
 Pereira López, Ximena, 24
 Perez Rojas, Andres Eduardo, 141
 Perry, John Christopher, 38, 86
 Perry, John Christopher., 39
 Peterson, Emma Lee, 58
 Petrowski, Katja, 89
 Philips, Björn, 59
 Pinsof, William M., 4, 79
 Pinto, Dulce, 88
 Pinto-Coelho, Kristen G., 150
 Pires, Nuno Campos, 88
 Pos, Alberta Eveline, 3, 20, 66
 Poulsen, Stig, 82, 83
 Pudasaini, Sakar, 64
 Puschner, Bernd, 122
 Rabung, Sven, 154
 Rafman, Sandra, 41, 42
 Ramires, Vera Regina Röhnelt, 122
 Ramseyer, Fabian, 19, 20
 Ravitz, Paula, 1, 5, 18
 Reading, Romy Alexandra, 103
 Regev, Dafna, 112, 113
 Regner, Evangelina, 57
 Reyes, John Paul M., 58
 Reyes, Lory, 60
 Ribeiro, António P., 27, 87
 Ribeiro, Eugenia, 87, 96
 Rihacek, Tomas, 134
 Rocha, Glaucia Mitsuko Ataka, 127
 Roemer, Lizabeth, 67, 76
 Rohde, Kristina Barbara., 21
 Rønnestad, M. Helge, 98
 Ronning, Gerald, 11
 Roussos, Andres, 4, 69, 108
 Rubel, Julian, 43
 Ryum, Truls, 32
 Sadicario, Jaclyn Sara, 124
 Safran, Jeremy, 5, 40, 69, 90, 100
 Salerno, Laura, 132
 Salgado, João, 48

Salvatore, Sergio, 78
 Santos, Anita, 95, 96
 Santos, Beatriz, 87
 Sauer, Eric Martin, 7, 119
 Schat, Anke, 74
 Schattner, Emanuel, 66
 Schauenburg, Henning, 20
 Scheel, Michael, 26
 Schendel, Christina, 22
 Scherb, Elena Diana, 120
 Schielke, Hugo Josef, 28
 Schneider, Sven, 1
 Schofield, Margot J., 36, 53, 99
 Schramm, Elisabeth, 8, 72
 Schroder, Thomas Albert, 53, 54
 Schweitzer, Jochen, 49
 Semer, Norma Lottenberg, 123
 Serralta, Fernanda Barcellos., 110
 Seybert, Carolina, 47, 151
 Shaffer, Katharine Suzanne, 37
 Shaker, Alexandra G., 146
 Sharpless, Brian Andrew, 138
 Shih, Shing-Li, 134
 Shimokawa, Kenichi, 79
 Siddiqui, Jamila, 45
 Siefert, Caleb, 119
 Siegel, Deborah, 144
 Silberschatz, George, 4, 35, 55, 85, 86
 Silva, Ricardo Azevedo da, 63
 Sim, Wonjin, 149
 Sisti, Dominic A., 2
 Sloan, Rosa, 156
 Smidt, Katharine, 16
 Smith Benjamin, Lorna, 3
 Smith, Scott William, 158
 Snir, Sharon, 155
 Snyder, John David, 117
 Solyom, Antal Endre, 111
 Song, Xiaoxia, 9
 Sorenson, Shannon, 143
 Souza, Luciano Dias de Mattos, 63
 Spangler, Patricia T., 7, 21, 22
 Spigelman, Ashley Jessica, 66
 Stahl, Jessica V., 107
 Stewart, Sandra Elisabeth, 84
 Stiles, William B., 4, 5, 27, 40, 96
 Strauman, Timothy J., 6, 7
 Strauss, Bernhard, 1, 4, 44, 88
 Strømme, Hanne, 52
 Subic-Wrana, Claudia, 89
 Sutherland, Olga, 14, 124
 Synard, Jacqueline, 116, 117, 148
 Szkodny, Lauren Elizabeth, 152
 Talia, Alessandro, 83
 Tapia, Luis, 94, 95
 Tasca, Giorgio, 44
 Taylor, Jackson, 102
 Teixeira, Ana Sofia., 131
 Temes, Christina M., 82
 Tessier, Veronik, 93
 Thomas, Alison, 15
 Thomas, Monica, 61
 Thompson, Barbara Jean, 7
 Thorén, Agneta, 29
 Thurin, Jean-Michel, 127
 Thurin, Monique, 128
 Tilden, Terje, 79, 95
 Timulak, Ladislav, 13
 Tishby, Orya, 4, 90
 Título, Carlos, 139
 Tomicic, Alemka, 104
 Törnblom, Annelie Werbart, 108
 Tschacher, Wolfgang, 19, 93, 104
 Tschuschke, Volker, 33
 Tsuman-Caspi, Liat, 116
 Tucker, Samantha, 144
 Tufekcioglu, Sumru, 31
 Ulberg, Randi, 87
 Ulvenes, Pål Gunnar, 31, 32
 Undurraga Tschischow, María Catalina, 158
 Valdés Sánchez, Nelson, 113
 Valen, Jakob, 31
 Vargas, Luis A, 5
 Verdeli, Helen, 5, 19
 Viklund, Erika, 70
 Vivino, Barbara, 7
 Volkert, Jana, 153
 von Wyl, Agnes, 33, 57
 Waizmann, Vanina, 41
 Waldron, Sherwood, 3
 Walter, Steffen, 93
 Wampold, Bruce E., 31, 45, 98
 Watson, Jeanne C., 6, 8, 31
 Watson, Neill, 6, 118
 Watson-Gaze, James E., 76, 77
 Weerasekera, Priyanthy, 83
 Weitkamp, Katharina, 71
 Wendt, Dennis Charles, 8

Werbart, Andrzej, 73
West, Lindsey Michelle, 67
Westerman, Michael, 6, 96, 97
Westra, Henny, 5, 80
Wilberg, Theresa, 75
Willemsen, Jochem, 47
Willutzki, Ulrike, 99
Wiltink, Joerg, 115
Wiseman, Hadas, 3, 4, 52, 90
Wolfe, Barry E., 55
Wong, Karen, 67

Woodhouse, Susan S., 62
Workman, Gloria M., 100
Yaseen, Zimri, 118
Ybrandt, Helene, 150
Youn, Soo Jeong, 12
Yusef, Dori Fatma., 146
Zack, Sanno Elena, 36
Zajac, Tadeusz A., 130
Zentner, Nadja, 154
Znoj, Hansjörg, 81