

**TWELFTH ANNUAL CONFERENCE**  
*Building new bridges: theory, culture, practice*

**April 25-28, 1996**  
**The Claremont Resort - Spa - Tennis Club**

The Society for the Exploration of Psychotherapy Integration (SEPI) announces its twelfth annual meeting, SEPI XII, to be held at the Claremont Resort-Spa-Tennis Club in Berkeley, CA. SEPI is an organization that arose out of a growing interest among psychotherapists, theoreticians, and researchers, to cross the boundaries that separate traditional schools of psychotherapy, to combine and integrate theoretical ideas, utilize techniques and strategies from different approaches, and identify underlying common factors.

SEPI XII will bring together many of the most active clinicians, educators, and researchers in this field to share their latest thinking. These ideas will be offered in clinical presentations, panels, symposia, small discussion groups and informal conversations. SEPI XII is for mental health professionals of all persuasions who are interested in integrative psychotherapy.

The conference will be held at a beautifully refurbished landmark hotel in the Berkeley hills with a commanding view of the San Francisco Bay, within easy reach of the many attractions of the Bay Area. A welcoming reception & no-host bar will be held at the hotel's pool-side arbor on Thursday from 7 to 9 PM.

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## SEPI, 1996 PROGRAM

**Thursday, April 25:**

### **Pre-convention Workshops**

#### **I. 9:00-1:00 AM - Lanai 2**

***Working With Emotion: Resolving Unfinished Business.***

**Leslie S. Greenberg**

Abstract: A general framework for working with emotion will be presented. We will begin with a discussion of the process diagnostic assessment of different types of emotional expression and a general set of stages of emotionally focused intervention. This will be followed by the discussion, demonstration and practice by participants of a specific manualized intervention, empty chair dialog, for resolving bad feelings towards a significant other.

Biography: Dr. Greenberg is Professor of Psychology at York University and Director of the Psychotherapy Research Center. He is Past President of the Society for Psychotherapy Research. He is in private practice in couple and individual therapy in Toronto and trains therapists in emotionally focused approaches to treatment. He has written a number of books with colleagues on psychotherapy research and emotion in psychotherapy, the most recent of which is "Facilitating Emotional Change" with Laura Rice and Robert Elliott. Books in press include "Working with Emotion" and two edited texts on the Therapeutic Alliance and Emotion in Marriage & Marital Therapy. He has published extensively on research on individual and couples therapy and is on the editorial board of a number of journals. He has recently conducted an NIMH funded research project on the Experiential Change Processes in Depression.

#### **III. 2:00-6:00 PM - Lanai 3**

***The Dialectics of Working with Borderline Personality: A Behavioral Approach.***

**Marsha M. Linehan, Ph.D.**

Abstract: The basic objectives of this presentation are to provide an overview of a systematic cognitive-behavioral approach to working with borderline patients, especially those with chronic or severe patterns of suicidal or other dysfunctional behaviors. The workshop will cover the following topics: 1) a dialectical biosocial theory of borderline personality disorder; 2) basic outline of a cognitive-behavioral treatment developed specifically for this population (Dialectical Behavior Therapy). Lecture format will be used with some viewing of video tapes. Hand-outs will be provided covering information used in overheads or slides.

Biography: Marsha M. Linehan, Ph.D. is Professor of Psychology and of Psychiatry and Behavioral Sciences at the University of Washington, Seattle, Washington. She is also director of the Behavioral Research and Therapy Clinics, federally funded research projects evaluating the efficacy of treatments for suicidal behavior, substance abuse, and borderline personality disorder. She has written two books on treatment of borderline personality disorder, "Cognitive-Behavioral Treatment for Borderline Personality Disorder" (1993), New York: Guilford Press, and "Skills Training Manual for Borderline Personality Disorder" (1993) New York: Guilford Press.

#### **IV. 2:00-6:00 PM - Lanai 2**

***Integrative Case Formulation: Configurational Analysis Method.***

**Mardi J. Horowitz, M.D.**

Abstract: A systematic procedure for formulating cases in psychotherapy will be presented. It begins with a statement of core phenomena that are to be explained. It continues with an examination of the states of mind in which these may or may not be experienced. Then, defensive

control processes that might obscure efforts to understand the reasons for symptom formation are addressed. Finally, beliefs about self and others are organized in terms of role relationship model configurations.

Biography: Mardi J. Horowitz is Professor of Psychiatry at the University of California San Francisco. He has written more than 12 books and 200 articles, and has received 5 major awards for his research on stress, stress and personality, and relationships between dispositional, process, and outcome variables in psychotherapy. He is the author of "Stress Response Syndromes", "States of Mind", "Introduction to Psychodynamics", and "Nuances of Technique in Dynamic Therapy".

4.0 hours/ workshop California MCEP (mandatory continuing education ) credit approved.

**5:00-7:30 PM Registration**

**6:30-8:30 PM Reception (Pool-side Arbor)**

**Friday, April 26:**

**8:00 AM-4:00 PM Registration**

**9:00-10:30 AM - Empire Room**

**Introduction and plenary: *Case formulation: Psychodynamic, cognitive-behavioral, and brief systemic perspectives.***

**Joel Weinberger, Michael Tompkins, & Robert Rosenbaum. Discussant: Stanley Messer.**

Fundamental to the way clinicians operate with patients is the way they define the problem. Case formulation is thus a crucial part of the therapeutic process, and one that varies considerably, depending on theoretical orientation. This plenary describes three approaches to formulation, and considers the way adherents of one approach may want to amend their formulation strategies to accommodate the kind of information that therapists from different persuasions find useful.

**10:30-10:45 AM: break**

**10:45-12:15 PM: Symposia**

**1. Lanai 3 - *Integrative treatment of anxiety and alcoholism.***

***A sobering look at integrative systemic couples therapy for problem drinking.***

**Michael Rohrbaugh, Varda Shoham, Carol Spungen, & Timothy Stickle**

Lessons learned from implementing an integrative systemic couples therapy for a federally-funded research project highlight the practical challenge of combining clinical techniques based on different assumptions about problems and change. Our guidelines for invoking various concepts and techniques were sometimes ambiguous and difficult for therapists to apply.

***Multiphasic treatment of anxiety disorders: Exposure and Gestalt therapy.***

**Willi Butollo**

Following individual exposure therapy, clients with anxiety disorders participated in weekly Gestalt therapy groups. Process and outcome measures showed consistent reduction of anxiety and other variable. A semi-empirical research methodology - non-experimental, following client needs instead of research design - proved to be useful in treating clients' relationship problems.

**2. Lanai 2 - *Integrative existential-humanistic therapies: Two approaches.***

**Kirk Schneider & Arthur Bohart**

This workshop will provide an in-depth discussion of integrative existential-humanistic (EH) approaches to therapy. Kirk Schneider will present his existential-integrative model, developed in conjunction with Rollo May in the recent text, The Psychology of Existence: An Integrative,

Clinical Perspective. Arthur Bohart will discuss how to use techniques from a variety of approaches to facilitate experiential self-discovery. Case applications and demonstrations will be included.

**3. Empire Room - Support in psychotherapy: An exploration of psychodynamic, humanistic, and cognitive-behavioral perspectives.**

**Louis Castonguay (chair), Kathy DeWitt & Robert Wallerstein, Victor Yalom & James Bugental, Brad Alford & Aaron Beck, and Hal Arkowitz (discussant)**

The goal of this symposium is to better understand the nature and impact of therapist support in different types of psychological treatment. Expert therapists from psychodynamic, humanistic, and cognitive-behavioral traditions will present their views on the role that support plays in their practice and in their general orientation.

**10:45-12:30 PM Carriage Room - Workshop:**

***Contemporary psychodynamic theory and technique--for the non-psychodynamic psychotherapist.***

**Drew Westen**

Psychodynamic thinking has changed considerably since 1939 when Freud died, and since many practitioners from other approaches learned about it (often from mentors who were already hostile to it). This workshop presents a view of psychodynamic theory and technique that is more readily integrable with cognitive-behavioral and systemic approaches that considers its evidentiary basis. Participants will have the opportunity to present case material and consider ways that techniques such as directed free-association, designed to map implicit networks of association (which have been demonstrated empirically to influence thought and behavior), can be integrated into other forms of treatment, particularly cognitive-behavioral.

**12:15-3:00 PM:** Lunch, sun, siesta, and experiential programs

**12:30-1:30 PM:** Lunch discussions

**1. Lanai 3 - Treating the successful self-defeating patient.**

**Steven Berglas**

This discussion will examine how patients who suffer disorders designed to protect fragile but inflated self-concepts (e.g. self-handicappers) pose unique problems for a psychotherapist: they reject both behavioral interventions because the efficacy of the treatment arouses performance anxiety, and psychodynamic interventions which usually fail to yield timely 'results'.

**2. Lanai 2 - Brave new affects: Integrating psychodynamic, relational, and experiential techniques.**

**Diana Fosha**

Using videotapes of actual sessions, this symposium will explore the brave new affects which emerge when psychodynamic, relational and experiential elements are integrated with an actively empathic and emotionally engaged therapeutic stance. These clinical phenomena have enormous therapeutic potential because they tap into the psyche's natural healing forces. We will discuss the questions which need to inform the next wave of integrative activity at the theoretical level.

**3. Carriage Room - Directions and priorities of SEPI's education committee.**

**John C. Norcross & Saul D. Raw**

This discussion group will explore the current initiatives and future directions of SEPI's new Education Committee. The committee chairs will first outline two current projects - organizing pre-conference workshops and collecting information on integrative and eclectic training - and will then facilitate a dialogue on future directions for the committee. Bring your ideas and energy to the dialogue.

**2:30-4:30 PM Carriage Room**

**Workshop:**

***Integrative elements in EMDR.***

**Herbert Fensterheim (chair and discussant)**

EMDR is an empirically developed, innovative psychotherapeutic methodology with a rapidly growing body of case studies and controlled-experimental evidence of clinical efficacy in the treatment of trauma and anxiety disorders. This symposium will present perspectives on how established treatment approaches, including behavioral, psychodynamic, and cognitive, are integrated in EMDR.

***EMDR: Accelerated information processing.***

**Francine Shapiro**

EMDR is a standardized approach and method integrating salient aspects of many major modalities. The author will discuss the Accelerated Information Processing model which guides EMDR clinical practice. The paradigm allows for integration of diverse psychotherapeutic concepts and strategies by viewing pathology as information dysfunctionally stored in the nervous system.

***The role of cognitive processes in EMDR and its relation to cognitive therapy.***

**Andrew Leeds**

EMDR shares with cognitive approaches both the identification of inappropriate self-statements associated with dysfunctional emotions and behaviors, and the use of protocols rehearsing more appropriate self-statements. Observations of EMDR treatment suggest that multilevel processing of information occurs in affective sensory and cognitive representations more rapidly and coherently than in conventional cognitive treatment.

***Integration of EMDR with a psychodynamic approach.***

**Philip Manfield**

When combined with psychodynamic psychotherapy, EMDR permits a relatively rapid processing of abreactive material and in many cases accelerates the recognition and integration of relevant historical data. The comparatively active role of the therapist during EMDR requires that the therapist be especially alert to transference acting-out, splitting, and compliance.

***Integration of EMDR with behavior therapy.***

**John Marquis**

Initially EMDR was thought of as a new, powerful form of desensitization within a behavior therapy model, since its protocols include titrated exposure and produce desensitization to aversively conditioned stimuli. Yet EMDR has other emergent qualities and can enhance conditioning paradigms in the treatment of trauma, addiction, and relapse prevention.

**3:00-4:30 PM Symposia**

**1. Empire Room - *True self, multiple selves, or no-self? How views of the self as inherent, constructed, or nonexistent shape therapeutic practices.***

**Linda Galijan, Robert Rosenbaum, Michael Mahoney, Philip Cushman, & Sojun Mel Weitsman**

Views on the basic nature of the self are fundamental in shaping therapeutic practices. This panel will present four constructivist perspectives (narrative-strategic, cognitive-constructive, psychoanalytic-hermeneutic, and Zen Buddhist) on how such views affect both the understanding of the factors underlying human suffering and the choice of practices for alleviating and/or transcending such suffering.

**2. Lanai 2 - *Metaphor in psychotherapy***

***War is swell: What the metaphor of psychological militarism reveals about psychotherapy integration.***

**Frederick Heide, Eric Greenleaf, & Tanya Wilkinson**

It is common in both everyday speech and psychological theory to conceive of the mind as a battleground and therapy as a weapon. This symposium examines this metaphor from three

perspectives (cognitive, Ericksonian, Jungian) in order to demonstrate the potential of metaphor to serve as neutral theoretical bridge between orientations.

***Metaphor therapy: A new theory and method of psychotherapy integration and therapeutic change.***  
**Richard Kopp**

Metaphor Therapy proposes a three-dimensional model of cognition that integrates psychodynamic and cognitive-behavioral approaches to psychotherapy. A video-taped interview demonstrates how exploring and transforming a client's spontaneous, spoken metaphors stimulates therapeutic change.

***3. Lanai 3 - What does hypnosis add to psychotherapy?***  
**Kenneth Bowers and Michael Nash**

This symposium explores the scientific evidence for the validity and utility of hypnosis, and then considers its therapeutic uses in both psychodynamic and cognitive-behavioral therapy. Throughout, the authors integrate theory, clinical examples, and ongoing research.

**4:30-4:45 PM - break**

**4:45-6:00 PM - Empire Room**

**Plenary: *Implications of research on attachment for psychotherapy.***  
**Mary Main, Peter Fonagy, and Karlen Lyons-Ruth (discussant)**

This plenary presents the work of Mary Main, the foremost researcher on adult attachment, and two leading attachment researchers and clinicians, who describe the implications of this research on attachment, particularly adult attachment, for psychotherapy and psychotherapy integration. The concept of internal working models of relationship is one that cuts across both psychodynamic views of object representation and cognitive approaches to relationship schemas. The panel explores this burgeoning area of theory and research into the basis of intimate relationships and the ways internal cognitive and affective processes can go astray.

**6:00-7:30 PM Happy hour(Pool-side Arbor)**

**Saturday, April 27**

**8:00 AM - 1:00 PM Registration**

**8:00 AM - 9:00 AM: Breakfast discussions**

***1. Panorama Room - Religion and anxiety: An integrated approach.***  
**Pamela Marsh & Michael Essex**

This discussion will illustrate the use of spirituality with a religiously-committed client suffering from Panic Disorder. An integrative treatment approach and its application to a biopsychosocial model will be addressed. A case study and video demonstration will assist participants in understanding a technical, eclectic, multidisciplinary approach integrating a spiritual dimension.

***2. Carriage Room - Needy-Self seeks Exciting Object: understanding and applying the Fairbairnian model.***  
**Jonathan E. Bloch**

Ronald Fairbairn brilliantly recast psychoanalysis in the 1940's with a role based model of unconscious dynamics. Discussion of the role-switching which creates a "closed-system," an analogous interpersonal model, and some examples of therapeutic techniques with difficult cases.

8:00 AM - 9:00 AM Breakfast discussions cont.

### **3. Lanai 2**

*Therapist's subjective experience as a route to integration.*

**Maja O'Brien**

The subjective experience of the therapist in a moment-to-moment interaction with the client provides the greatest impetus for learning and facilitates integration of theoretical diversity. Two global aspects of the therapist's subjective experience are differentiated: 1. The therapist's urge to be at one with the client leading to "being with" interaction; 2. The urge to make things happen, leading to "doing to, or with" interaction. These responses are variably emphasized by different models and it is argued that attending to them may bridge the gap between "espoused theory" and "theory in use".

9:15 - 10:30 AM - \***Empire Room**

**Plenary:**

*Conceptualizing and treating personality disorders.*

**William Follette, Mardi Horowitz, & George Lockwood (discussant)**

This plenary reconsiders the nature and treatment of personality disorders from integrative-psychodynamic, behavioral, and cognitive-behavioral perspectives. The panelists will outline the underlying models that distinguish the different approaches, and consider avenues for integration with these very difficult patients.

10:30-10:45 AM: break

10:45 AM - 12:15 PM: Symposia:

#### **1. Panorama Room**

*Common ground and chasms: Psychoanalytic and behavior therapy approaches to clinical supervision.*

**Linda Dimeff & Robert Kohlenberg**

Differences in approaches to clinical supervision between psychoanalysis and behavior therapy will be examined. Following a brief case review and an audiotaped portion of a recent therapy session by the first author, the panelists will then supervise the case for their respective theoretical orientations. Audience participation will be encouraged.

#### **2. Carriage Room**

*Assessing depressed patients and their response to psychotherapy.*

**Enrico Jones (chair)**

Alternative approaches to the assessment of depressed patients and their response to psychotherapy are contrasted with a view toward developing more clinically meaningful assessment strategies. These methods are illustrated through the assessments of patients diagnosed with major depressive disorder who were seen in longer-term intensive psychotherapy.

*The psychological assessment Q-sort.*

**Jennifer Dyer-Friedman**

The Psychological Assessment Q-sort will be introduced. This is an observer-rating measure for clinicians to use in describing adult patients' personality, symptoms, interpersonal functioning, and occupational functioning. The measure's psychometrics will be reported. Empirically derived outpatient groups as well as clinicians' diagnostic prototypes will be presented.

\* Simultaneous Spanish/English interpretation will be provided.

10:45 AM - 12:15 PM - Symposia cont.

*What is therapeutic change? An investigation of structural change in the psychotherapy of depression.*

**William Lamb & Enrico Jones**

The purpose of this paper is to evaluate which theory, Freud's ego-introject theory or Seligman's theory of learned helplessness, best explains the therapeutic change of four depressed patients in a two-year psychodynamic psychotherapy. Overall, the results indicate that as depressive symptoms diminished, patients did not become less submissive, but their ego-introjects did become less self-punitive.

**3.\*EmpireRoom**

*Latin American psychotherapy and contributions to mental health problems of our time .*

**Beatriz Gomez (chair), Hector Fernandez Alvarez (discussant)**

The symposium will present contributions from four different Latin American perspectives focusing on psychotherapy as a practice, the politics of mental health in a changing context, institutional factors connected with psychotherapy and social needs, and the emergence of social pathology. The four proposals arise from diverse integrative models of psychotherapy and from practice with different cultural populations. The goal of these presentations is to explore new models for approaching the mental health problems which arise in conflicted cultures, and to adapt traditional approaches to the treatment of those problems.

*Argentina: Towards integration of psychotherapy and community psychology*

**.Beatriz Gomez & Eduardo Nicenboim**

Although community psychology appears to be connected with mental health, the relationship between developments in community psychology and clinical psychology has been problematic, focusing largely on debates about prevention. This presentation will argue for the importance of community programs in Latin American mental health. A brief proposal based on integrative criteria will be proposed.

*Mexico: What is mental health?*

**Roberto R. Escandon Carrillo**

Our culture has traditionally resisted recognizing the importance of mental health in a productive society. This presentation will define and analyze resistance and emphasize the urgency of persuading the various social, political, and professional entities of the indispensable role of mental health care in their own survival and growth.

*Chile: From the abstract to the concrete: Integrative model, integrative psychotherapy, and social pathology.*

**Roberto Opazo**

Social pathology is a challenge to psychotherapy. After a description of social pathology in Chile, a summary of the main characteristics of the patients who attend the Scientific Center of Psychological Development (CECIDEP) will be presented: gender, symptoms, traits, etc. The usefulness of theory will also be discussed, emphasizing the need for practicality. After a brief description of CECIDEP's Integrative Model, we will consider the connections between integrative psychotherapy and social pathology. Finally, a case involving the application of an integrative model and integrative psychotherapy to social violence will be offered.

*Uruguay: An integrative approach to depressive disorders*

**Raquel Zamora & Airam Martinez**

The depressive disorders have multicausal origins, biological predisposition interactive with learned behavior and experience. To illustrate the integrative approach used in CAPTA, 40 cases, aged 12 to 25, will be presented. All were treated with a combination of pharmacological and cognitive-behavior therapies.

\* Simultaneous Spanish/English interpretation will be provided.



**10:45 AM -12:30 PM Lanai 2**

**Workshop:**

***Cognitive-behavioral treatment of anxiety-for the psychodynamic psychotherapist***  
**Deborah Hulihan**

Recent advances in the treatment of anxiety from a cognitive-behavioral perspective, notably for the treatment of panic and generalized anxiety disorder, challenge psychodynamic therapists to learn methods of helping patients with these disorders when their own methods prove incomplete, inadequate, or slow-acting. This workshop, presented by a psychodynamically-trained psychotherapist who specializes in applying cognitive-behavioral techniques and runs a prominent

\*Simultaneous Spanish/English interpretation will be provided.

behavioral medicine program, describes the empirical data supporting these methods and the use of these techniques, so that they can be integrated into psychodynamic treatment, or so that clinicians can at least know when a referral for adjunctive treatment is appropriate. Participants will be encouraged to present case material and to consider issues such as the transference and counter-transference issues engendered when integrating these techniques into dynamically-oriented psychotherapy.

**12:15-3:00 PM:** Lunch, sun, siesta, or experiential programs

**12:30-1:30 PM:** Lunch discussions

**1. Lanai 2 - *The client as integrative psychotherapist* .**

**Jerold Gold, Karen Tallman, & Arthur Bohart**

A growing body of literature suggests that the client is the single most potent "ingredient" in therapy. In this symposium we explore the processes involved in the active efforts of clients to change themselves, and what therapists can do to help or hinder this process. Implications for the nature of therapeutic change will be discussed.

**2. \*Empire Room - *Winnicott goes to work: An integrated psychotherapy and consultation approach.***

**Robert Grossmark, Paul Wachtel (discussant)**

This presentation will describe the work of a psychologist in the Employee Assistance Program of a corporate bank. The setting and theoretical approach will be presented with clinical and organizational examples. The integrative, active and systemic nature of these interventions will be considered, and applications to psychotherapy practice suggested.

**3. Panorama Room - *Buddhism, meditation, and psychotherapy integration.***

**Carl Norris**

Psychological themes and epistemological assumptions from Mahayana Buddhism are used as tools to contrast and integrate current cognitive-behavioral, psychoanalytically-informed, humanistic, and existential theories. The Buddhist concept of "the two truths", practically implemented in the bodhisattva ideal, is considered as a model for an integration of psychotherapies.

**4. Carriage Room - *Back to the future: The therapist's view of the patient's psychic future.***

**Steven Cooper**

This discussion considers the way therapists' visions of potent psychic states in their patients - visions of who and what they could become - influence the process of therapy. It focuses on therapeutic process, transference, and countertransference issues.

\* Simultaneous Spanish/English interpretation will be provided.

**2:30-4:30 PM Lanai 2 - Workshop:**

**Group therapy: *Innovation and integration.***

**Richard Wessler, Sheenah Hankin, & Jonathan Stern**

Can integrative psychotherapy principles be applied to groups? Of course. The presenters will lead a psychotherapy group for workshop participants, using the 10-session model described in the Comprehensive Handbook of Psychotherapy Integration. Participants can experience a model that applies to personal, parenting, women's and family issues.

**3:00-4:30: Symposia**

**1. Panorama Room**

***Making the implicit explicit: When, if ever, are interpretations helpful?***

**Rebecca Curtis (chair), Marsha Linehan, Kirk Schneider, & Donald Freedheim**

Research on the efficacy of interpretations as a route to change has not demonstrated conclusively their effectiveness. Some vignettes from clinical sessions in both psychoanalytic and cognitive-behavioral therapy will be presented in which interpretations appeared helpful. Discussants from experiential and psychodynamic perspectives will critique the vignettes and generalizations suggested.

**2. Carriage Room**

***Therapeutic alliance, common factors, and specific techniques in psychotherapy.***

***Measuring dose and effect of common and specific techniques in psychodynamic and cognitive-behavioral therapy.***

**J. Stuart Ablon & Enrico E. Jones**

The Psychotherapy Process Q-set was used to develop prototypes of specific psychodynamic and cognitive-behavioral techniques and common therapy techniques. The prototypes measure the relative presence and impact of these techniques in archival psychodynamic and cognitive-behavioral treatment samples. The presentation suggests a new methodology that can be used by psychotherapy researchers and aims to guide clinicians by identifying the active ingredients in the therapy process. This presentation will consist of a brief lecture after which the audience will participate in a discussion of the material.

***Examining therapeutic alliance using the psychotherapy process Q-set.***

**Pauline Price & Enrico E. Jones**

This study investigates what comprises the therapeutic alliance by comparing ratings on the California Psychotherapy Alliance Scale (CALPAS) to ratings on the Psychotherapy Process Q-set, a measure which describes with high specificity the processes occurring in a psychotherapy session. The results, which help paint a more complete picture of the alliance, are discussed.

***Talking in therapy: The neglected common factor.***

**Nnamdi Pole & Enrico E. Jones**

Can we diagnose someone from their language? Is talking about problems helpful? Most clinicians and consumers of psychotherapy would answer yes. This study put these conjectures to the test. Results indicate that: (1) the patient's symptoms were measurable from her therapy talk, and (2) talking about specific problems predicted changes in symptoms.

\* Simultaneous Spanish/English interpretation will be provided.

### 3. \*Empire Room

#### *International trends in conceptualizing integration.*

##### *Portugal: Eclectic trends among Portuguese psychotherapists, revisited.*

**Antonio Branco Vasco**

Following an earlier study, Portuguese members of psychotherapeutic societies with a variety of theoretical orientation were surveyed to evaluate not only the incidence of eclecticism, but also to compare eclectics and noneclectics on a number of variables. Both types of therapists were compared regarding: (1) professional training; (2) professional experience and theoretical development; (3) experienced personal development as therapists; and (4) coping strategies when facing therapeutic difficulties. Current results are compared with those of the previous study. Suggestions are made as how to further psychotherapy integration at the international level.

##### *Paraguay: Scheme for a unitary model of psychotherapy.*

**Ricardo Ruiz**

This model has two axes: 1) structural axis that includes three conditions: general, specific, and conflicting; 2) an evolutionary axis, on which three developmental moments are pointed out as particularly dangerous. A psychotherapeutic device we have used for four years in the treatment of marginal adolescents, based on this model, will be presented.

##### *Mexico: Eclectic-integrative psychoanalytic psychotherapy.*

**Roberto R. Escandon Carrillo**

Eclectic Integrative Psychoanalytic Psychotherapy (E.I.P.P.) is a psychotherapeutic method with a basically psychodynamic focus which also incorporates major perspectives from different psychotherapeutic theories which have been clinically proven. The main technical perspectives accepted by E.I.P.P. come from the following theories: cognitive, behavioral, biological, non-verbal communication (body language), existential, family therapy, group therapy, and hypnosis. E.I.P.P. remains open to all theoretical concepts (integrationism) and clinical methods (eclecticism) which are effective with patients.

##### *Germany: A four-dimensional categorical model of psychotherapy.*

**Harald Walach**

A dimensional model is proposed:

- personal regard, a relationship component
- structure, a planning component
- consciousness, a cognitive component
- process, an individual component

Psychotherapy of every sort blends these general strategies into its own unique recipe.

4:30-4:45 PM break

4:45-6:00 PM - Symposia

### 1. Panorama Room

#### *Personality, psychopathology, and therapeutic technique: Integrating alternative psychoanalytic models.*

**Owen Renik, Steven Cooper, & Drew Westen**

Psychoanalysis is no longer a monolithic theoretical system, with a single vision of personality, psychopathology, or technique. Instead, many dynamically-oriented clinicians are adherents of different models - classical psychoanalytic, object-relational, ego-psychological, self-

\* Simultaneous Spanish/English interpretation will be provided.

psychological, constructivist, etc. - or use different models to understand different patients or different interactions with a single patient. This symposium explores the way different models can be used to understand a case example, and considers issues of integration versus mutual coexistence of competing theoretical systems.

## **2. Carriage Room**

***Cognitive-behavioral and short-term psychodynamic psychotherapy: Theory and research.***

***The structure of therapists' interventions during high impact cognitive-behavioral and psychodynamic interpersonal sessions.***

**Anna Samoilov, Marvin R. Goldfried, John F. Drozd, Adele M. Hayes, Louis G. Castonguay, & David Shapiro**

In this study, we present a fine-grained analysis of therapists' interventions during high-impact cognitive-behavioral and psychodynamic-interpersonal sessions, using a transtheoretical coding scheme - the Coding System for Therapeutic Focus. We will discuss the emerging factor structure of the two interventions and the results of cross-theoretical comparisons.

***Clients' views of high and low impact cognitive-behavioral and psychodynamic-interpersonal sessions.***

**John F. Drozd, Marvin R. Goldfried, & David Shapiro**

Exploring the contributions to the change process of hope, the therapeutic relationship, awareness, and corrective experiencing, this study assess Cognitive-Behavioral and Psychodynamic-Interpersonal clients' reports of the helpful aspects of high- and low-impact sessions. Results suggest differences in the extent to which these processes operate during the significant moments of these therapies.

***Integrating short-term dynamic and cognitive-behavioral therapies: A working model.***

**Stephen J. Holland**

Malan's triangle of defense is used as a guide for case-conceptualization in cognitive therapy. Advantages include distinguishing between primary and secondary (defensive) beliefs and the application of cognitive, behavioral and gestalt techniques to confront defenses, access affect and modify primary schemas. A case of treatment-resistant depression illustrates the model.

## **3. \*Mendocino Room**

***Integrative treatment of anxiety disorders.***

***Multimodal treatment of panic and agoraphobic patients.***

**Daniel Bogiaizian**

This work analyzes the results of five modalities implemented in 195 outpatients affected by panic with agoraphobia. The five groups modalities were: Pharmacotherapy, cognitive-behavioral therapy, pharmacotherapy plus self-help, pharmacotherapy plus behavioral-cognitive therapy, and pharmacotherapy plus cognitive-behavioral therapy plus self-help. The main finding is that the highest percentage of patients improved and the lowest rate of dropouts were in the last group.

***Obsessive-compulsive disorder in adolescence: Study of a clinical case.***

**Airam Martinez & Raquel Zamora Cabral**

The case of a female, 14, with an obsessive-compulsive disorder (Axis I) and some traits of avoidant and dependent personality (Axis II) is analyzed. Treatment included both

\* Simultaneous Spanish/English interpretation will be provided.

pharmacological and cognitive-behavior therapy. A post-treatment evaluation eighteen months later revealed continuing improvement without symptoms of obsessive-compulsive disorder.

***\*Comorbidity of panic and other anxiety disorders: Implications for cognitive-behavioral and pharmacotherapy.***

**Herbert Chappa**

The relationship between Panic Disorder (PD) (with and without agoraphobia) and obsessive thinking is of primary importance in the implementation of cognitive-behavioral treatment of these disorders. In a previous paper, the influence of obsessiveness in the pharmacological treatment of depressive patients was reported (Chappa, 1995). Obsessiveness was measured in all cases using the Padua Inventory (Sanavrio, 1988) and patients were considered High IP when both the total score and the obsessive thinking subscale score were higher than the population mean. High IP influences the treatment of PD or APD patients in several ways: 1) length of treatment, 2) applicability of cognitive and behavioral intervention, and 3) degree of recovery (as measured by the agoraphobia mobility test). The eventual need for additional treatment with selective serotonin reuptake inhibitors (SSRI) is considered.

**4:45-6:00 PM Lanai 1 - Workshop:**

***Prosocial coping therapy for delinquent youth and families.***

**Elaine Blechman & David Hatfield**

Behavioral intervention can engage and motivate delinquent youth and families if therapists consistently rely upon prosocial communication, joining with them in times of stress rather than moving against or away from them. Videotapes from treatment sessions will be used to illustrate the successful integration of client-centered communication with behavioral intervention.

**6:00-7:00: Mendocino Room**

**Meeting of Regional Network Coordinators**

SEPI Encourages the formation of local or regional groups of professionals interested in psychotherapy integration, who meet for symposia, case conferences, panel discussions, etc. There are currently 22 such groups around the world. Current Regional SEPI Network coordinators, as well as anyone interested in forming or being a member of a regional network in their area, are invited to a meeting chaired by Carol Glass and Diane Arnkoff. The purpose of the meeting is to review the status of existing regional groups and to exchange ideas for group organization and programs.

**7:30-9:30 PM Dinner (Banquet tickets available at \$35/person)**

**\* Simultaneous Spanish/English interpretation will be provided.**

**Sunday, April 28**

**9:00-10:30 AM: Symposia**

**1. Mendocino Room**

***Empirically validated treatments: Implications for psychotherapy integration.***

**Diane B. Arnkoff & Carol R. Glass (chairs)**

***The promise (?) of empirically validated psychotherapy integration.***

**Varda Shoham**

***Empirically validated treatments obstruct psychotherapy integration.***

**Herbert Fensterheim & Saul D. Raw**

***Empirically validated treatment, psychotherapy manuals, and psychotherapy integration.***

**George Stricker**

Recent recommendations concerning empirically validated treatments have important implications for psychotherapy integration. Three papers will each examine a different perspective on this issue, including the strengths of this approach, an argument that it obstructs psychotherapy integration, and a discussion of the need for a different model for demonstrating the scientific status of psychotherapy integration. Audience discussion will follow.

**2. Empire Room**

***Emotional change processes in adult experiential therapy.***

**S. Paivio, S. Baskerville, P. Lake, & J. Nieuwenhuis**

This symposium will present the theory, research, and practice of experiential therapy for the effects of childhood abuse. Three core change processes will be discussed: (1) the therapeutic relationship, (2) accessing and restructuring maladaptive emotions and cognitions, and (3) accessing primary anger and associated adaptive resources and needs.

**3. Lanai 3**

***Self and affect regulation.***

***Case studies in the integrative treatment of self pathology.***

**Barry E. Wolfe**

As a sequel to last year's keynote address on *Self Pathology and Psychotherapy Integration*, I will present a detailed description of several case studies illustrating an integrative treatment of different forms of "self pathology" nested within particular DSM-IV anxiety and mood disorders.

***Concepts of self and other in the anxiety disorders: An integrative case formulation approach.***

**Tracy D. Eells**

This presentation will describe a "schema of self and other" approach to conceptualizing anxiety disorders from a cognitive-dynamic, case-formulation perspective. Drawing from recent clinical writings and empirical findings implicating self and other schemas in anxiety, modal psychotherapy case formulations of individuals with DSM-IV anxiety disorders will be proposed.

***Affect regulation: An integrative concept.***

**Matthew Leeds**

Affect regulation is central to many of the problems seen in psychotherapy. This paper critically summarizes the explicit and implicit theories of affect regulation in the behavioral, cognitive and psychodynamic traditions. It then argues that affect regulation can serve as an integrative concept for clinicians with differing views.

**10:30 - 10:45 AM: break**

**10:45 AM - 12:15 PM Empire Room**

**Plenary:**

***Cases that trouble me: Limitations of my own therapeutic approach.***

**George Stricker, Marvin Goldfried, Les Greenberg, & Paul Wachtel (discussant)**

Clinical theorists and adherents of different points of view generally put their best clinical foot forward in publication, describing treatment successes and the virtues of their own brand of treatment. In this plenary, prominent proponents of psychodynamic, cognitive-behavioral, and experiential approaches explore the limitations of their *own* approaches and invite their colleagues from different perspectives into their consulting rooms to examine cases in which their own approach did not lead to enough therapeutic progress.

### **CONTINUING EDUCATION**

Because of a rather complex new law in California it is not possible to offer MCEP credit for the whole conference unless you attend every single session the entire three days. Instead we have obtained MCEP credit for the plenary sessions, and two options are available to conference attendees: #1. Attend all four plenary sessions (Fri 9A & 4:45P, Sat 9:15A, Sun 10:45A) and receive 5.5hrs of MCEP, or #2. Attend individual plenaries and receive separate certificates for the sessions actually attended (1.0-1.5 hrs @). The cost for option #1 is \$20, and for #2, \$10/session, payable at the conference. Please note that you must sign in and out, and complete an evaluation form in order to receive your CE certificate. We welcome the co-sponsorship of the Institute for Psychotherapy Integration, and its director, Jeffrey Martin, Ph.D., in managing the application for MCEP. Approval has been formally granted by the State Psychological Association Accrediting Agency.