

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

## Book of Abstracts

42<sup>nd</sup> International Meeting  
June 29 – July 2, 2011  
Bern, Switzerland

Official Carrier



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## Preface

Dear colleagues,

On behalf of the Local Committee and the Program Council, it is a great pleasure to welcome you to beautiful Bern, to celebrate the 42nd International Meeting of the Society for Psychotherapy Research.

With over 680 presentations and the participation of 38 countries worldwide, represented by 148 authors from North America, 48 from South America, 415 from Europe, including 10 from Eastern Europe, 43 from Asia, 20 from Oceania, and two from Africa, there is no doubt that the Bern SPR International Conference will truly be an Encounter between Cultures!

The presentations are distributed across 120 panels, 27 brief paper sessions, 18 structured discussions, 8 workshops and 2 poster sessions with 69 posters each. Such a large number of presentations creates not only a unique opportunity to share scientific knowledge from different origins, to share experience and learn from each other, but also represents an organizational challenge. To facilitate this enthusiastic participation, twelve 90-minute parallel sessions, for panels and open discussions, or 60-minute sessions, mostly for brief papers, are scheduled for presentation over the three days of the conference.

For your convenience, the plenary activities (Opening Ceremony, Presidential Address and Closing Talk) will be broadcast through a close-circuit Television system to a second room.

The conference program will begin on Wednesday Morning (June 29th, 2011) with one workshop lasting the whole day and seven workshops beginning in the afternoon. In the evening, the opening ceremony will be followed by Lynne Angus' presidential address, ending with the welcoming reception. Like last year, we selected those contributions related to the theme of the conference, "Encounters between Cultures in Psychotherapy Research" and organized them along two parallel "Conference Theme Tracks" (rooms 120 and 205) which will last over the three days of the meeting.

On Thursday and Friday evening (7:30 PM), after the panel, brief paper and structured discussion sessions, the poster session will begin with an "ultra short" presentation of early career members that are participating in the second Lester Luborsky Student Poster Award competition.

The program concludes on Saturday evening with a closing plenary; Mary Target will give the talk: "Mentalization, a common factor across psychotherapies?" Later, we will have the opportunity to share the banquet together. This will take place in a magnificent building, the Kultur Casino, right in the heart of the Old Town of Bern. Its terrace offers a splendid view of the city. A live band will entertain you from 10 PM, in a separate room, (so that those of you, who prefer to talk, will not be disturbed by the music).

The program chair wants to express his gratitude to the Program Council, to the Local Team represented by the Local Host Franz Caspar and Robert Richardson; thank you for the perfect communication and coordination. I want to express my gratitude also to the whole Executive Committee, especially to Louis Castonguay, Tracy Eells and Lynne Angus, for her patience, to Sven Schneider for his "cybernetic" support, to my Chilean colleagues Laura Moncada and Claudio Martinez. I especially appreciate the great help and support of PhDC, Paula Dagnino, who was my right hand in this endeavor.

We expect that this will be one of the most attended SPR meetings ever. This attendance and the vast diversity of countries and cultures represented, are a step forward in the internationalization and development of our organization. We greatly appreciate your interest and enthusiasm.

The Conference Program Council and the local team worked hard to make this a wonderful experience for you.

Guillermo de la Parra  
Program Chair

Franz Caspar  
Local Host

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## Note

Panels are ordered alphabetically according to the names of the moderators. All other presentations are ordered alphabetically according to the first authors' names.

**Pre-  
Conference  
Workshop**  
Alliance

**Combining Verbal and Nonverbal Perspectives to Examine Social Alignments  
between Therapists and Clients**

*Eva Bänninger-Huber - University of Innsbruck, Austria, Peter Muntigg*

The point of departure for this workshop is the premise that verbal and nonverbal resources play a central part in how people experience and regulate their emotions and construct interpersonal relationships. The aim of this workshop is to provide a more in-depth understanding of how the methods of conversation analysis (CA) and the microanalysis of processes of affective regulation (e.g., Bänninger-Huber, 1999) allow us to gain a better understanding of how clients and therapists align or disalign with each other on a turn-by-turn and moment-by-moment basis. The workshop is divided into two parts. In the first part, we introduce our model of 'social alignment' and outline the various verbal and nonverbal levels in which therapists and clients display affiliation or disaffiliation with each other. We then provide brief overviews of CA methodology and microanalysis of processes of affective regulation, demonstrating how these approaches may be used in a combinatory fashion to illuminate unique features of alignment or disalignment. In the second part, a more hands-on approach is taken, which will involve applying our combined approach to video-recorded psychotherapy sessions. Participants will be given transcripts of selected sequences of psychotherapy interactions and, while watching the video, be asked to identify verbal and nonverbal realizations of alignment and disalignment. Depending on the participants' interests, general topics of discussion will include the role of verbal and nonverbal behavior in constructing social (dis)alignments and how our model of social alignment compares with other models such as the therapeutic alliance. Duration: 2 1/2 hours.

**Pre-  
Conference  
Workshop**  
Interpersonal

**Interpersonal Reconstructive Therapy (IRT) and a natural science of  
psychopathology**

*Lorna Smith Benjamin - University of Utah, Salt Lake City, Utah, USA*

IRT is based on "natural biology" that links interpersonal patterns (personality) to symptoms of anger, anxiety, depression and mania. Personality derives largely via 3 copy processes in relation to attachment figures (identification, recapitulation, introjection). These interactive patterns, supported by mirror neurons, are accompanied naturally by specific response dispositions (i.e. affects of anger, anxiety, depression, mania) that are adaptive in the original context. If secure conditions are offered, affects are activated via normal gene expression. If not, the associated behaviors and affects are decontextualized and comprise symptoms of mental disorders. For example, in child abuse, the child learns to seek safety in a dangerous place, which naturally releases cortisol frequently and results in secondary brain changes characteristic of these mental disorders. Dysregulated affects and marrying or becoming an abuser are likely to follow. Such maladaptive patterns are supported by loyalty to attachment figures (Gifts of Love). Treatment for these forms of self sabotage involves letting go of the fantasy that such loyalty will fulfill the yearning for rapprochement, and then grieving the associated losses. 6 hour Program: 1. Natural science of psychopathology. 2. Video of an IRT case formulation interview (break). 3. Video continued. Noon. 4. Case formulation demonstration: role play with volunteer therapist "acting out" his/her most problematic case (break). 5. IRT treatment model and tests of effectiveness. 6. Structural Analysis of Social Behavior (SASB) assesses internalized representations of attachment figures. Sequential analyses of SASB codes capture pathological patterns in critical contexts.

**Pre-  
Conference  
Workshop**  
Assessment

**Statistical analysis with R: Short introduction with the example of Item Response  
Models**

*Jan R. Böhne - University of Trier, Germany*

R is an environment for statistical analyses. Two of its most prominent advantages compared to other software are the broad range of implemented statistical models and the fact, that R is free. This three hour workshop will be split in two parts: the first half will deal with a general introduction on how to use R and get started with it. Web resources and books will be described. The second part will deal with Item Response Models to demonstrate the use of R syntax and resources in greater detail. Item Response Models are a family of statistical models that explain responses of a person to a test by the associations of the test's items with one (or more) latent dimensions, often called "latent trait". In recent years they have

increasingly been used instead of traditional factor analytic methods and analyze test data and to construct measurement instruments. The workshop will focus on the use of the Rasch model as a special case of Item Response Models.

**Pre-  
Conference  
Workshop**  
Psychodynamic

**Adequate, Psychoanalytically Understood Support**

*Frans de Jonghe - Private Practice, Amsterdam, Netherlands, Rien Van, Annemieke Noteboom, Jack Dekker*

In this workshop we discuss support as an interaction between patient and therapist. In our views, psychoanalytically understood support counters regression and furthers growth in the patient by the proper gratification by the therapist of the patient's unmet developmental needs as they appear in their archaic mode in the primary aspects of the therapeutic relationship. Lending support is a non-interpretive intervention. Its intangible nature is most likely due to the fact that at its deepest level it is not reflexive, explicit, verbal, symbolic, declarative nor repressed. At that "procedural knowledge level" it is unconscious but not dynamically unconscious. In the classical psychoanalytic views support is considered ancillary at best and "suggestion", "influence" or "gratification of an illusion" at worst. In the post-classical views analysts argue that the experience of support may be a major agent of change in psychoanalysis and, more generally, in psychotherapy. They question whether interpretation is a necessary condition in all cases. Duration 2-3 hours.

**Pre-  
Conference  
Workshop**  
Other

**Meta-analysis for psychotherapy researchers: A practical application of basic and advanced meta-analytic procedures.**

*AC Del Re - University of Wisconsin-Madison & VA Long Beach Health Care System, USA, Christoph Flückiger*

Gene V. Glass (1976) introduced the term meta-analysis to refer to "the statistical analysis of a large collection of analysis results from individual studies for the purpose of integrating the findings" (p. 3). This set of statistical techniques has grown in popularity, and meta-analysis is now the standard tool for providing transparent, objective, and replicable summaries of research findings in the social sciences, medicine, education, and other fields (Hunt, 1997). The purpose of this workshop is to (1) introduce participants to methods of quantitative research synthesis (meta-analysis) in the social sciences and to (2) learn basic and advanced meta-analytic procedures for conducting their own meta-analysis project. We will begin with a brief overview of the meta-analytic process (i.e., problem formulation, data collection, code studies and computing effect sizes, analysis and interpretation, and presentation of results). Participants will then have a guided hands-on learning experience with conducting a meta-analysis using data from a recent meta-analytic study. Basic and advanced meta-analytic procedures will be taught and practiced using the 'MAd' meta-analysis package in R and the HLM statistical software program. All script/syntax files for conducting analyses will be made freely available to all participants.

**Pre-  
Conference  
Workshop**  
Integration

**A Multi-Layered Developmental Approach to Couples' Counseling that Uses the Brain's Neuroplasticity to Achieve Fast, Permanent Results**

*Stefan Deutsch - The Human Dev. Co., Melville, USA*

Abstract: Workshop is based on findings of an 18 month long study, administering a Likert Scale at the start and conclusion to a sample of 56 clients, 19 couples near divorce and 18 individuals who indicated strong resentment towards their spouse. The population consisted of 32-57 year olds – 85% B.A.'s. to Ph.D.'s and M.D.'s. Time line - January 2007 to July 2008. Volunteers will be asked to assist demonstrating various experiential exercises. The attendees are also invited to work in pairs. Volunteers and participants face each other during the demonstrations, one of the keys to this modality's effectiveness. They learn a series of experiential exercises that teach how couples can: develop their awareness by observing each other during sessions; write a new, positive vision for the relationship; learn to use this vision as a set of directions and destination points, learn effective communication by 'mirroring' (listening) to each, acquire a new understanding of the nature of loving energy that enhances their ability to give and receive love unconditionally. Educational objectives: 1) Understanding the necessity of having a positive vision for the relationship. 2) Utilizing the tools of awareness and communication to move towards that vision. 3) Learning how to behave in more unconditional ways that will support the healing journey. True/False Questions: 1) Understanding the reason conditional behavior causes another pain helps people behave more

unconditionally toward each other. 2) Understanding a couple's relationship history is more important than having them create a positive vision for their relationship.

**Pre-  
Conference  
Workshop**  
Therapist

**Why are some therapists better than others? A workshop presenting the 'expertise paradigm' as a conceptual and research framework for investigating the differential effectiveness of family and individual psychotherapist.**

*Sophia Holmes - Swinburne University, Melbourne , Australia*

The challenges of clinical work with families includes contextual stressors, complex and ambiguous communication patterns, family emotional dynamics involving anger, sadness, despair, disappointment and many other intense emotions. The psychiatric and psychological complexities of family presentations, which family therapists deal with in the real world, make it very difficult for psychotherapy research to identify what are the core factors that are responsible for the differential effectiveness of these therapists. This workshop will provide a useful and well established conceptual framework, knowledge elicitation and data analysis techniques used by naturalistic decision-making researchers investigating expertise and differential effectiveness of practitioners in other complex domains of practice. The workshop will include a demonstration of how the expertise research paradigm has been used by the presenter in 10 year investigation into expertise in family therapy. The workshop offers a practical framework for investigating the differential effectiveness of therapists, and an opportunity for interested researchers to team-up in conducting such research across a number of different psychotherapy modalities

**Pre-  
Conference  
Workshop**  
Instruments

**Questioning Measurement Precision: Applications of Item Response Theory in Psychotherapy Research**

*Abraham Wolf - Case Western Reserve University, Cleveland, USA, Ann Doucette, The George Washington University Medical Center/The Evaluators' Institute,*

Self-report instruments that assess symptom severity and problems in functioning provide the evidence base for measuring psychotherapy outcome and effectiveness. However, little attention is given to the quality of those scales beyond a review of their basic psychometric properties. This workshop is an overview of Item Response Theory (IRT) and its applications to psychotherapy outcome research. Latent trait theory and item response models are contrasted to Classical Test Theory (CTT). The advantages and disadvantages of one-parameter (1PL) and multi-parameter models (2PL, 3PL, and 4PL) are described. The topic of unidimensionality and multidimensionality of using selected client self-report psychotherapy process and outcome measures will be covered in detail. Topics covered include: an examination of the differential contribution of items in assessing client status; item salience and measurement sensitivity in assessing progress over time across the continuum of impairment; and, the effect of mistakenly assuming that a scale is test is unidimensional when it is multidimensional. Furthermore, the bias and imprecision of ordinal data derived from tests developed using CTT analysis of Likert-scaled measures are reviewed. The use of bifactor models will be emphasized as one method to test for unidimensionality and to illustrate points of convergence between IRT and factor analytic methods. Discussion of the implication of measurement for psychotherapy research as well as a brief description of IRT software packages is provided.

**Structured Discussion**  
Other

**Moderator**  
Jürgen Barth -  
Institute of Social  
and Preventive  
Medicine, Barth,  
Switzerland

**Reporting meta-analyses of psychotherapeutic effectiveness**

*Discussants: Bernhard Strauss - University Hospital Jena, Germany and Bruce Wampold - University of Wisconsin, Madison, USA, Alessandro Liberati Modena, Italy*

Meta-analyses on the efficacy of psychotherapeutic and other health care interventions have the potential of substantially influencing debates in and outside the scientific field. Therefore meta-analyses should be carried out as objective and transparent as possible. To improve the transparency of the methodology used in meta-analyses, the PRISMA statement has been developed by a group of leading international experts from the medical field ([www.prisma-statement.org](http://www.prisma-statement.org)). PRISMA is a guideline that provides a list of relevant items to be reported in meta-analyses and – similarly to the CONSORT statement for randomized trials – might become a standard tool for the reviewing procedure of meta-analyses. To explore the suitability of the PRISMA statement to psychotherapy research, a working group on PRISMA has been established in 2010 at the SPR conference in Asilomar. Since then, the group has identified subject areas which should be extended in order to maximize the applicability of PRISMA to the field of psychotherapy research. The suggestions by the working group, together with the general issue of standardizing research reporting, will be presented and put forward for discussion between international experts and the audience.

**Structured Discussion**  
Practice

**Moderator**  
Sheila Butler - UK  
Council for  
Psychotherapy  
(UKCP), London

**Translating Research into Practice: Themes, trajectories, reflections and ways forward**

*Discussants: Peter Stratton - University of Leeds - Institute of Health Sciences, and Liz McDonnell - UK Council for Psychotherapy, Marilyn Fitzpatrick*

Taking the preceding discussion a step further, this panel will continue to open a dialogue and debate about 'Translating Research into Practice' and focus on the key themes, and explore the complexities of developing new models of research. In a politically charged and rapidly changing field, key points will be illustrated by brief presentations from selected discussants about how they have tackled the issues. For example, the UKCP Research Faculty Project to develop a different and much more inclusive model of research. Secondly how UKCP has developed research capacity amongst all contributors and beneficiaries of psychotherapy research through Newsletter, Journal and Web communications. The importance of two-way communication strategies that link research to practice and vice versa will be explored with examples from creative projects and active collaboration between practitioners and researchers (i.e. Practitioner Research Networks and 'Spotlight on Research' survey) and also from different perspectives (i.e. gatekeeper, synthesizer, trainer, trying to engage practitioners or other). The Discussion will be of interest to researchers, trainers and everyone committed to developing psychotherapy as a more research-informed profession. You are invited to join us to share successes and learn from each other about how to increase the involvement of practitioners in research and how to engage researchers in understanding the various aspects of the different cultures that frame the roles of all involved. What are the possible ways forward? When, and how, does a difference make a difference?

**Structured Discussion**  
Other

**Moderator**  
Franz Caspar -  
University of Bern,  
Switzerland

**Dissemination of Psychotherapy in under supplied countries**

*Discussants: Limas Sutanto - Airlangga University, Surabaya, Indonesia and Jue Chen - Shanghai mental Health Center, China, Jianyin Qiu, Shanghai, China; Giedre Bulotiene, Vilnius, Lithuania; China, Geanina Cucu-Ciuhan, Pitesti, Shigeru Iwakabe, Tokyo, Japan, Veronika Karpenko, Lviv, Ukraine*

Psychotherapy is by far not spread evenly over the world. For example, until recently China, a country with a multi-million population undergoing rapid change with much tension also for the individual, had only 200 certified psychotherapists, in spite of a long history of contact with psychotherapy. What kind of psychotherapy would be needed as a solid basis for building up psychotherapy delivery in such countries, what kind of research can be done by established psychotherapy researchers from other countries, what kind of research can be done by psychotherapists working in these countries? This is, apart from practical and methodological questions, of course also a question of culture. In this structured discussion, colleagues organized in the International Federation for Psychotherapy IFP, of which Franz Caspar is the president, will stimulate a Structured Discussion by brief statements from their perspective.



**Structured Discussion**  
Cognitive

**Moderator**  
Franz Caspar -  
University of Bern,  
Switzerland

**The position of CBT in psychotherapy research**

*Discussants: Martin Hautzinger - University of Tübingen, Germany and Thomas Fydrich - Humboldt University, Berlin, Germany, Gerhard Andersson*

Although SPR is equally home to cognitive-behaviorally as to humanistically and psychodynamically oriented researchers, the volume of CBT related research is little reflected in the presence of CBT oriented researchers in the SPR and the societies meetings. Does CBT research actually correspond to stereotypes non CBT-colleagues in the SPR may have? What do they consider to be the essence of their work? What the most exciting questions they do research on? What are possible reasons for CBT researchers to engage less in SPR than in other organizations? These and other questions will be briefly introduced by prominent CBT oriented researchers referring to examples of their own work, and then the discussion from the floor will be opened.

**Structured Discussion**  
Culture

**Moderator**  
Louis Castonguay -  
Penn State  
University,  
University Park,  
USA

**Hallmarks of Psychotherapy Research, take 3: Encounters and Challenges between Generations and Cultures.**

*Discussant: Guillermo de la Parra - Pontificia Universidad Católica de Chile, Santiago, Lifei Wang, Bernhard Strauss, Brin Grenyer, Fernanda Serralta, Andrew McAleavey, Shigeru Iwakabe, Kale Dyer, Shuchu Chao*

This will be the third of a series of discussions at SPR meetings (with the previous two having taken place in Santiago and Asilomar, respectively) aimed at facilitating exchanges between generations of psychotherapy scholars on the influence of research in our understanding and practice of psychotherapy. The participants will be asked to identify some of the past or current studies that, in their opinion, have not received sufficient attention in the field. Regrouping senior and early career scholars from different regions of the world, one of the goals of this discussion will be to suggest ways to facilitate the recognition and dissemination of research across cultural boundaries.

**Structured Discussion**  
Practice

**Moderator**  
Kim de Jong -  
Erasmus  
University Medical  
Center / GGZ  
Noord-Holland  
Noord, Rotterdam  
/ Heiloo, The  
Netherlands

**The challenges of handling data from large naturalistic samples**

*Discussants: Wolfgang Lutz - Universität Trier, Germany and Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA, Jan Boehnke, Sam Nordberg, Takuya Minami, Kim de Jong*

The introduction of patient-focused research, the increased use of methods like hierarchical linear modeling and a need for results that are generalizable to the patients that are seen in everyday clinical practice, have resulted in an increase of articles based on naturalistic data sets. Using naturalistic data is not without problems however. Frequently encountered problems are: missing data on both predictor and outcome variables, messy data, selection bias, etc. In this structured discussion, we will discuss how to deal with these problems, what the advantages and disadvantages are of using naturalistic data compared to clinical trials and what is the influence of the discussed challenges on the inferences that can be drawn from naturalistic data. Topics that will be discussed are sampling, (multiple) imputation, data cleaning, modelling issues and implementation.

**Structured Discussion**  
Narrative  
Culture

**Moderator**  
Daniel Fishman -  
Rutgers University,  
Piscataway, USA

**Case Study Research Around the World: A Progress Report**

*Discussants: Shigeru Iwakabe - Ochanomizu University, Tokyo, Japan and David Edwards - Rhodes University, Grahamstown, South Africa, Elena Scherb, John McLeod, Ladislav Timulak, Thomas Mackrill, Daniel Fishman*

Traditionally, the case study method in psychotherapy research has taken a back seat to group-based research. However, in recent years three developments have raised the profile and role of case study research: (a) the consolidation and expansion of rigorous methods for conducting case studies; (b) the "mixed methods" movement, in which case-based qualitative and group-based quantitative methods are viewed as complementary; and (c) the creation of scholarly journals like Fishman's "Pragmatic Case Studies in Psychotherapy." In the context of the above and in line with this year's conference theme of "cultural encounters," this Structured Discussion will feature a dialogue among case study researchers in psychotherapy who represent different countries and continents, including Scotland (John McLeod), Ireland (Ladislav Timulak), Denmark (Thomas Mackrill), Japan (Shigeru Iwakabe), Argentina (Elena Scherb), South Africa (John Edwards), and the USA (Daniel Fishman). Moreover, the participants represent different theoretical orientations (e.g., cognitive-behavioral vs. person-centered vs. humanistic vs. existential/

phenomenological approaches), and different types of case studies (e.g., those designed to systematically document routine therapy practice vs. to build theories vs. to conduct "adjudicated" case studies vs. to capture the narrative meaning of a client's therapy experience). The Structured Discussion will be organized around three questions: (i) what is the level of interest and activity in your country in therapy research case studies? (ii) how in your country is case study research coordinated with group research in therapy? and (iii) how can researchers in different countries work collaboratively to advance the movement for case study research in therapy?

**Structured Discussion Practice**

**Moderator**

Marilyn Fitzpatrick - McGill University, Montreal, Canada

**Translating Research into Practice: The Role of the Psychotherapy Researcher**

*Discussants: George Silberschatz - University of California, San Francisco, USA and Chris Evans - Nottinghamshire Healthcare NHS Trust, UK, Leonard Bickman, Gerhard Zarbock, Wilma Bucci, Anastassios Stalikas, Imre Szecsödy, Mariane Krause, Soti Grafanaki, Ceceilia Clemental, Sheila Butler, Peter Stratton*

Translating research into practice is the juncture where the work of psychotherapy research can be derailed. This discussion group will focus on how psychotherapy researchers can make our work relevant to practitioners. Discussants with varied, international clinical and research experiences will briefly present their ideas for, and approaches, to research translation. The discussion will focus on strategies that move practitioners toward an active utilization of evidence-based intervention practices as well as consideration of how involvement in the research process can enrich and strengthen practice. Experiences and challenges related to working closely with clinicians to use evidence-based interventions, to participation in practice-research networks, and to collect evidence in the consulting room will be described. If you are interested in the translation issue from the perspective of a gatekeeper (e.g., journal editor or reviewer, grant reviewer), from the perspective of a synthesizer (e.g., author of metaanalytic or integrative reviews), from the perspective of a trainer (e.g., training program director), from the perspective of trying to engage practitioners (e.g., PRN, outcome ratings system) or if you want to make your findings more practitioner-relevant, this discussion group will interest you.

**Structured Discussion Training**

**Moderator**

Omar Gelo - Sigmund Freud University, Vienna, Austria

**Toward a Generic Model of Psychotherapy Training**

*Discussants: David Orlinsky - University of Chicago, USA and Robert Elliott - Strathclyde University, Glasgow, UK, Ansis Stabingis, Denise Defey, Imre Szecsödy, Sotiria Grafanaki, Claus Haugaard Jacobsen, Jan Nielsen, Jeffrey Binder*

Research on psychotherapy training has not gained the deserved attention within the scientific literature. Although an increasing amount of publications has been made available in the last two decades, there is still a lack of empirical investigation of psychotherapy training. One of the main reasons which is usually adduced for this has to do with methodological and research-methods related problems. Although we do not disagree with this, we anyway do believe that even a major problem is represented by the fact the too little efforts have been made to conceptually define the object of investigation, i.e., psychotherapy training. In other words: the main problem lies at a conceptual level. In fact, the lack of a clear representation (model) of "what" we intend to investigate may represents a considerable impediment to its empirical inquiry. For this reason, we propose a Generic Model of Psychotherapy Training (GMPT). Developed in analogy with Orlinsky and Howard's Generic Model of Psychotherapy, the GMPT (1) consists of a single idealized representation (model) of what psychotherapy training is in terms of input (i.e., determinants), process (i.e., constituents) and output (i.e., consequences) variables, (2) within which the different conceptualizations of training in different psychotherapy schools may be systematically described and eventually compared. Aim of the present structured discussion is to briefly outline the main dimensions of the GMPT and to open a space for a critical exchange.

## **Structured Discussion**

Instruments

### **Moderator**

Omar Gelo -  
Sigmund Freud  
University,  
Vienna, Austria

## **Qualitative data analysis procedures in psychotherapy research: An organizational framework**

*Discussants: Kathrin Mörtl - York University, Toronto, Canada and John McLeod - University of Abertay Dundee, UK, Clara Hill, Bill Stiles, Denise Defey*

The label 'qualitative data analysis' is eclectically used in our research field, leading to a babel of applied methods of analysis. The range of qualitative data-analytic procedures is often reduced to keywords such as small sample size, exploratory, in-depth analysis, data-driven, or hermeneutic. Whilst this is true for some applications, there is also a large field of qualitative research that is theory-driven, includes a large sample size, and statistical calculations such as interrater-reliability. Our own understanding is to conceptualize qualitative data analysis as a continuum which results from the intersection of two related dimensions: (1) theory-driven vs data-driven approaches, and (2) content-oriented vs structure-oriented approaches. We think that such an approach would allow to organize different methods of qualitative analysis. The aim of the present structured discussion is to briefly outline this dimensional approach to the categorization of qualitative data-analytic procedures and to open a space for a critical exchange. For this, various representatives of different procedures of qualitative data-analysis – which can be differently “located” with respect of the two above described dimensions have been invited.

## **Structured Discussion**

Alliance

### **Moderator**

Laurie  
Heatherington -  
Williams College,  
Williamstown,  
MA, USA

## **“Cultures” of group psychotherapies: Implications for alliance concept and measures**

*Discussant: Dennis Kivlighan - University of Maryland, College Park, USA*

In keeping with the conference theme of bridging cultures, this structured discussion begins with the assumption that there are different “cultures” of group psychotherapies linked to the nature, goals, and design of the group treatment itself. Just a few examples of the diversity of group treatments illustrates the point: Insight-oriented process groups, CBT exposure-based group treatment for anxiety disorders (e.g., Barlow & Craske, 2000), manualized group treatment for combined trauma and substance abuse (e.g., “Seeking Safety,” Najavits, 2003, 2009), and psychoeducational family group treatment for major mental disorders. Yet there are a limited number and type of measures of group alliance, and they reflect particular assumptions about the nature of the group treatment, raising several questions. How well do the most widely used group alliance measures (e.g., WAI-G, CALPAS-G, Penn Helping Alliance Scale, GTAS) work for the range of groups, including more structured, manualized, or psychoeducational groups? Do they adequately measure the goals, tasks, and bonds elements of the alliance in all kinds of groups? How well do they capture the alliance between group members, as well as the alliance of group members with the therapist? How do group climate or group cohesion constructs and measures map onto the conceptualization and measurement of the group alliance? Led by the presenters, participants will discuss these and related questions, with a focus on actual research and clinical implications of the answers.

## **Structured Discussion**

Experiential

### **Moderator**

Uwe Hentschel -  
Leiden University,  
The Netherlands

## **Creativity and Psychotherapy Research**

*Discussant: Dan Pokorny - Ulm University, Germany*

The Structured Discussion will have creativity as the main subject. It was Alexander, who said that an Imago of the parents requires some creativity to be adapted. The subject of creativity has however never reached the psychotherapy routine. The Structured Discussion could serve as an input to change this. It is for sure not easy to get an idea of how creative someone is, but there are some creativity tests that could be of some help. Even testing the patients has not been tried in psychotherapy. Some examples shall be given of how to accomplish the task. It is necessary to administer a test first in order to see how a patient performs in psychotherapy.

## **Structured Discussion**

Interpersonal

### **Moderator**

Leonard Horowitz -  
Stanford  
University,  
Stanford, CA, USA

## **What Produces a Therapeutic Connection, and How Does It Manifest Itself Objectively?**

*Discussants: J. Christopher Muran - Adelphi University, Garden City, NY, USA and Wolfgang Tschacher - University Hospital of Psychiatry, Bern, Switzerland, Chris Evans, Adam Horvath, David Orlinsky, Bernhard Strauss, Hadas Wiseman*

According to interpersonal theorists, connection (communion) is one of the two fundamental interpersonal dimensions. This construct has an obvious importance to psychotherapy researchers, but it needs much greater specificity and clarification. Research articles often refer to communal processes in many forms - e.g., intimacy, attachments, working alliance, closeness and warmth, sense of belonging, feeling understood, relaxing boundaries. But we do not have good ways to operationalize the constructs, and we have not identified clear, objective markers that indicate the formation of a communal bond. Still, objective indicators are being reported in research by social psychologists, and those indicators could add depth to our own research efforts on the therapeutic process. This Structured Discussion will begin with brief comments by senior SPR researchers, relating communal processes to their own particular research focus. Their brief presentations will allude to a variety of issues that promote or impede communal bonds. Examples might include: (1) objective indicators of a communal bond; (2) the most effective ingredients for providing social support; (3) effect on communion of different types of interpretations (valid or invalid, acceptable to the patient or not); (4) effect on communion of helping someone reduce guilt or other negative affect; (5) alliance vs. cohesion in group therapy; (6) affective procedures (e.g., empathizing) vs. cognitive procedures (e.g., understanding) as ways to produce communal bonds; (7) the role of trust in producing communion. After comments from the discussants have been presented, the audience will participate in an Structured Discussion of communal processes and their manifestations.

## **Structured Discussion**

Other

### **Moderator**

Weiss Mario -  
GAIA, Hamburg,  
Germany

## **Managing Psychotherapy**

*Discussants: Franz Caspar - University of Bern, Switzerland and Lambert Michael - Brigham Young University, Provo, USA, Wolfgang Lutz, Bill Pinosof, Jeremy Halstead, Takuya Minami, Chris Evans, Katharina Janus*

This structured discussion session will deal with a completely different culture than the culture of traditional psychotherapy. It will reflect on what kind of research is needed as a basis for a reasonable management of psychotherapies (in the sense of dissemination, managed care, health insurances, etc.), and what kind of research would be needed to evaluate the consequences of management on the quality of psychotherapies. Management Science has influenced the provision of health care services and research substantially for more than two decades. The influence on research is driven by the demand of health management experts and decision-makers for evidence on optimal and cost-efficient treatment processes. But research is also supply oriented: The increased focus on therapeutic effects can also be seen as a reflection of the psychotherapeutic research community on the economic paradigms of effectiveness, efficiency and "performance". The majority of researchers have incorporated economic thinking and acting in their daily life to an extent that even management experts are sometimes surprised. It might therefore be of interest for psychotherapy research to understand their current behavior and future trends in healthcare management. In this "Structured Discussion" we will bring together some of the most prominent thinkers in psychotherapy research and health care management. Future trends in management like "managing knowledge intensive work", "collective intentionally" and "post-modernity" will be presented in brief statements by management experts. Psychotherapy experts will comment on these trends and their future implications. Psychotherapy experts will bring up current "cutting-edge" research trends. These trends will be commented on from a management perspective. The overall aim of this session is to reflect on the influence of management on psychotherapy and vice versa.

## **Structured Discussion**

Change

### **Moderator**

João Salgado -  
ISMAI, Maia,  
Portugal

## **Decentering as common factor in therapeutic change?**

*Discussants: Giancarlo Dimaggio - Centro di Psicoterapia Cognitiva, Rome, Italy and Mikael Leiman - University of Joensuu, Finland, Miguel Gonçalves, William B. Stiles*

According to different lines of research, the development of meta-awareness or metacognitive forms of experiencing allows people to decenter from their negative self-states. This has been advocated by different trends of psychotherapy as an important variable for understanding how therapy works, and it is our argument that it is a common theme for psychodynamic, experiential, narrative, and for the new

generation of cognitive therapies. At the same time, clinical research also supports decentering as a probable mediating variable of good outcome and relapse prevention, especially in the case of depression. This panel of discussion will explore different theoretical perspectives around this process that has been covered by different labels and theoretical orientations, with the purpose of building a common bridge around this issue. After a brief presentation about the concept of decentering, different but related concepts will be introduced namely the notion of “metacognition” (GD), the notion of “observer position” (ML), and the notion of “re-conceptualization” (MG). These concepts will be finally briefly discussed under a different angle, namely, under the assimilation model (WS).

### **Structured Discussion**

Training Culture

#### **Moderator**

Bernhard Strauss -  
FSU Jena,  
Germany

### **Coordinating training research in Europe (and elsewhere) – Central questions and research problems**

*Discussants: Anton Rupert Laireiter - University of Salzburg, Austria and Thomas Schroeder - University of Nottingham, UK, Thomas Rihacek, Michal Mielimaka, Eugenius Laurinaitis, Steffi Nodop*

Different countries currently have a wide variety of different psychotherapy systems, and these, in turn, have a huge impact on the organisation of training and the training standards. The discussion will focus on the central questions of training research from an international point of view (e.g.: Roots and conflicts of psychotherapy training, Trainee development, Quality management, Structural/legal situation of training in different countries, the definition of competencies and their assessment etc.) and on possible forms of organising collaborative research. The participants of the discussion will comment on the selected research questions and make some proposals of how training research could be conceptualized and organised across the borders of different countries within and beyond the European Union.

### **Structured Discussion**

Alliance

#### **Moderator**

Orya Tishby -  
Hebrew  
University,  
Jerusalem, Israel

### **How is the relationship therapeutic ? client and therapist perspectives**

*Discussants: Louis Castonguay - Penn State University, University Park, PA, USA and Clara Hill - University of Maryland, College Park, USA, Adam Horvath, Chris Muran, Gaby Shefler, Hadas Wiseman*

In the last three decades much of the research agenda on the therapy relationship was driven by the argument that the therapy relationship was one of the important shared common factors uniting the different methods of treatment (Horvath, 2010). One of the most robust findings in the psychotherapy literature is the positive association between the therapeutic alliance and outcome (Horvath, 2006). However, we need to know much more about how the therapeutic relationship is developed and maintained over time (Hill, 2010), and how it facilitates or hinders change (Barber, 2009; Castonguay et al., 2006; Safran & Muran, 2006). This structured discussion will focus on the following questions, using clinical vignettes: What are the factors in the therapeutic relationship that facilitate change ? How can these processes be studied in a way that is rigorous and methodically sound, but also relevant to clinicians ? what other kinds of questions should future researchers try to investigate ? We invite interested researchers and practitioners to engage actively in this Structured Discussion in order to explore together what we have learned about therapeutic relationship, what we still need to learn and what are the implications for training and supervision.

### **Structured Discussion**

Migration

#### **Moderator**

Michael Wieser -  
Department of  
Psychology,  
Klagenfurt, Austria

### **Psychodrama Research in the Field of Women Victims of Violence**

*Discussants: Ines Testoni - Department of Applied Psychology, Padua, Italy and Maria Silvia Guglielmin - Associazione Italiana Psicodrammatisti Moreniani, Milano, Italy, Gianandrea Salvestrin, Galabina Tarashoeva, Chris Evans, Joe-anne Carlyle,*

One aim of our study is to find out if psychodrama is helpful with this population. With an EU Daphne grant against violence we provide in the experimental group counseling with an integrated-ecological approach and a psychodrama intervention group. The control group gets counseling. 20 women in each country like Albania, Austria, Bulgaria, Italy, Portugal, and Rumania receive intervention which we evaluate with CORE-OM (Clinical Outcome in Routine Evaluation) and Spontaneity Assessment Inventory (SAI-R) translated into appropriate languages. We want to discuss how to overcome the problems with different languages and (sub-)cultures in (group-)therapy. As well there are underlining questions like female subordination, (sexual) abuse, mafia's power, and how is the transmission in a intergenerational perspective from mother to daughter.

## Panel

Interpersonal

### Moderator

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

## Real-time Assessment of Interpersonal Processes in Psychotherapy Sessions

The interpersonal process unfolding between patient and therapist is mostly viewed as an important facilitator and/or agent of change in psychotherapy. Whereas previous research found a robust positive association of a collaborative working alliance with outcome, relatively few studies have examined the fine-grained processes that are at work in this particular relationship. Bridging this gap will enable to make valid recommendations for the improvement of psychotherapy. Inspired by contemporary interpersonal theory, the pantheoretical Interpersonal Circumplex Model (IPC, Wiggins, 1982) has been used to describe how two central dimensions of relationship between humans, i.e. dominance and affiliation, are continually negotiated between patient and therapist in psychotherapy. While previous research has focused on whole sessions or speaking turns as unit of analysis, Sadler et al's (2009) joystick methodology allows for the synchronous real-time assessment of the interpersonal verbal and nonverbal behavior of several interaction partners and gives new opportunities to test differentiated hypotheses about the interactional patterns in psychotherapy, especially interpersonal complementarity (Kiesler, 1983). The aims of our panel are (1) to present this new methodology that originates in basic psychological science (Sadler), (2) to demonstrate how the joystick method can be used to analyse complementarity in different therapeutic approaches based on the well-known "Gloria films" (Thomas), and (3 & 4) to present data on the application of the joystick method to session recordings of a psychotherapy trial for depressed outpatients (Altenstein & Casper).

Interaction under the microscope: New methods for capturing patterns of dyadic interdependence

*Pamela Sadler - Wilfrid Laurier University, Waterloo, Canada, Erik Woody, Ivana Lizdek, & Renee Hunt*

When two people interact with each other, a process of complementarity unfolds, which involves mutual adaptations in the interpersonal behavior of both people. Specifically, partners' affiliation levels tend to become more similar and their dominance levels tend to become more opposite (Kiesler, 1996). Our methodological approach proposes that a major form of interpersonal complementarity is the presence of shared cyclical patterns of behavior that occur during an interaction. We used a computer joystick apparatus that allowed raters to continuously assess a target's behavior over the course of a videotaped interaction. This data collection resulted in affiliation and dominance ratings for each participant at each time point throughout their interpersonal interaction. Thus, one dominance time series and one affiliation time series was produced per participant. Applying time series and cross-spectral analyses to 50 mixed-gender dyads revealed a novel form of interpersonal complementarity that involves the presence of entrained cyclical patterns of behavior. These entrained patterns of behavior are empirically distinguishable from other previously investigated forms of complementarity, such as mutual adjustment in overall levels of affiliation and dominance. We also discuss the promise that these new techniques have for studying important, subtle differences between dyads - for example, by characterizing interpersonal psychopathology in terms of atypical patterns of entrainment. Finally, we advance some ideas about how the graphical representation of entrained moment-to-moment patterns, as revealed by this technique, could be used to study psychotherapy processes and to aid in clinical supervision.

Assessing Momentary Interpersonal Processes in Psychotherapy: An Analysis of the Gloria Films  
*Katherine M. Thomas - Michigan State University, East Lansing, USA, Nicole Ethier, Christopher Hopwood*

Recently, there has been increased interest in employing techniques to assess dynamic processes in psychotherapy. Relatively few empirical studies, however, have quantitatively evaluated dynamic aspects of momentary psychotherapy process. A recently developed methodology, in which raters use a computer joystick to make real-time assessments of social behavior in dyads, provides a method for measuring interpersonal processes that are relevant to psychotherapy. The present study demonstrates how this method provides incremental information to global session ratings for studying therapy processes in interactions between a client, Gloria, and Albert Ellis, Frederick Perls, and Carl Rogers in the film *Three Approaches to Psychotherapy* (Shostrom, 1966). These familiar psychotherapy interactions readily provide a lens for studying ways in which therapists' interpersonal styles may differ across varying theoretical orientations and treatment approaches. Time-series spectral analyses augmented analyses based on global session ratings and revealed that the degree to which Gloria's therapy interactions conformed to theoretically-based predictions of interpersonal process differed across therapists. These findings demonstrate how fine-grained evaluations of psychotherapy process can be obtained by applying spectral

analysis to continuous time-series data. This presentation will highlight implications and potentials of momentary assessment and spectral analysis to the study of interpersonal processes in psychotherapy.

### Interpersonal processes facilitate cognitive-emotional processing in a psychotherapy for depression

*David E. S. Altenstein - University of Zurich, Switzerland, Christoph Casper, Martin Grosse Holtforth*

Two psychotherapy process variables, i.e., cognitive-emotional processing and the working alliance, have been repeatedly shown to be associated with treatment success. The aims of this talk are to present (a) our assessment strategy at a session evaluation as well as a micro-process level, and (b) present preliminary data on how these variables are interrelated and predict outcome. A specific focus will be on the applicability of Sadler et al's (2009) joystick method to assess interpersonal micro-processes that facilitate cognitive-emotional processing. The 21 patients and 13 therapists had participated in an uncontrolled pilot study on Exposure-Based Cognitive Therapy (EBCT-R; Grosse Holtforth et al., in revision; Hayes et al., 2005, 2007). Because we have previously shown that peak levels of cognitive-emotional processing in the middle phase of treatment were significantly associated with change, we selected from each therapy the peak processing sessions for further video rating. Four trained master's students used the joystick method and the Checklist of Psychotherapy Transactions (CLOPT; Kiesler, 1984) to analyze interpersonal processes. Data regarding rater training, rater reliability (ICC's), and convergent validity will be presented with regard to the joystick and CLOPT ratings. Benefits and methodological challenges of adopting the joystick method to psychotherapy sessions will be discussed. In the following talk Casper will present analyses of specific complementarity hypotheses in our trial.

### Circular complementarity in action – A micro-process analysis of patient-therapist interaction in depression therapy

*Christoph Casper - University of Jena, Germany, David E. S. Altenstein, Martin Grosse Holtforth*

Complementarity is conceptualized as a central descriptive dimension of interpersonal interactions and has impacts on therapeutic relationship, therapy progress and outcome. In this study we examined the associations between moment-to-moment complementarity in psychotherapy sessions and outcome in psychotherapy for depression. Best outcomes in psychotherapy sessions were found when anticomplementarity used by the therapist to change the maladjusted behavior of the patient was preceded by resource activating complementarity in the beginning (Gassmann, 2006). Consistent with these results we assumed high complementarity at the beginning of the session with increasing anti-complementarity over the course of the session. However in line with the Interpersonal Stage Model of the Therapeutic Process (Tracey, 1993), over the session as a whole relatively low complementarity was expected. The patients and therapists had participated in a pilot study on Exposure-Based Cognitive Therapy (EBCT-R; Grosse Holtforth et al., in revision; Hayes et al, 2005, 2007). Patient-therapist interactions were rated in single sessions using a computer joystick-technique. In this technique independent observers produce a continuous stream of ratings of interpersonal behaviors within the interpersonal circle (dimensions of agency and communion) of patient and therapist. Each selected session (see Altenstein's presentation) was analyzed additionally with the Checklist of Psychotherapy Transactions (CLOPT; Kiesler, 1984). For each dyad the joystick ratings were submitted to time-series analyses for a comprehensive complementarity analysis. Our results will be discussed with regard to theoretical and practical implications, as well as avenues for future research.

### Panel

Narrative

#### Moderator

Lynne Angus -  
York University,  
Toronto, Canada

### Narrative in psychotherapy: Three narrative perspectives on the case of Sarah (part I)

*Discussant: Antonio Pascual-Leone - University of Windsor, Canada*

Client narratives in psychotherapy are a rich source for explicating therapy process and outcome, and many methods have been developed for assessing narratives in psychotherapy. The goal of this panel is to critically compare and contrast three different approaches to narrative analysis in the context of an intensive single case investigation of one recovered EFT psychotherapy client – Sarah – drawn from the York I Depression Study. In keeping with the conference theme, this panel will bring together narrative researchers from three different countries, and will also explore distinct cultures within narrative research and practice. The first paper by Boritz, Bryntwick, Moertl, Angus, and Greenberg will examine the case of

Sarah from the perspective of the Narrative and Emotion Process Coding System, which is an observer coding system that identifies narrative and emotion process markers in therapy videos. The second paper by Mendes, Cunha, Gonçalves, and Greenberg will identify indices of narrative change in therapy transcripts using the Innovative Moments Coding System. Finally, the third paper by Moertl and Angus will analyze process shifts in therapy transcripts, occurring over the course of psychotherapy sessions.

#### Application of the narrative and emotion process coding system to the case of Sarah

*Tali Boritz - York University, Toronto, Canada, Emily Bryntwick, Kathrin Moertl, Lynne Angus, and Leslie Greenberg*

**Aim:** Preliminary research addressing the interrelationship of emotion and narrative processes has led to the identification of specific narrative-emotion processes in the context of brief therapies of depression, in the form of the Narrative and Emotion Processes Coding System (NEPCS; Boritz, Bryntwick, Angus, & Greenberg, 2010). An important step in understanding the change process in client storytelling is exploring how narrative and emotion process markers in psychotherapy shift over the course of psychotherapy. The purpose of this intensive case analysis is to track narrative and emotion process markers in a good outcome Emotion-focused therapy (EFT) case. **Method:** To investigate the phenomenon, an intensive case analysis will be conducted using the case of Sarah from the York I Depression. The NEPCS will be applied to one early, one middle, and one late stage therapy session. The NEPCS allows for the identification of eight different types of narrative-emotion markers: Same Old Story, Empty Story, Unstoried Emotion, Abstract Story, Fragmented Story, Competing Plotlines Story, Integrated Story, and Unique Outcome Story. **Results:** Preliminary results demonstrated different patterns of client storytelling at early, middle, and late stages of therapy. **Discussion:** Implications for case conceptualization, further psychotherapy process research, and psychotherapist training will be discussed.

#### An intensive analysis of innovative moments in the case of Sarah

*Ines Mendes - University of Minho, Braga, Portugal, Carla Cunha, Miguel Gonçalves, Lynne Angus, and Leslie Greenberg*

**Aim:** The aim of this paper is to present an intensive analysis of a good outcome case of emotion-focused therapy drawn from the York I Depression Study – the case of Sarah. **Method:** All the therapeutic sessions were thoroughly analyzed using the Innovative Moments Coding System (IMCS) which allows the tracking of narrative novelties or, as we prefer, innovative moments (IMs) along the therapeutic process. This system was inspired by the narrative therapy conceptualization of change as the elaboration of novelties outside the influence of problematic self-narratives. The IMCS allows the identification of five different types of IMs: action, reflection, protest, re-conceptualization and performing change. The research aim is to describe the development of meaning novelties (IMs) throughout psychotherapy. **Results:** The overall analysis revealed an increasing tendency of IMs across the course of therapy. The first part of therapy is mainly characterized by reflection and protest IMs. Reconceptualization IMs emerge during the intermediate phase and become from then on the most dominant IM in the client's innovative narrative elaboration till the end of therapy. **Discussion:** This case shows similar results found in previous studies, evidencing the centrality of reconceptualization IMs in good outcome cases. We will also elaborate on the role of this specific type of IM in the construction of sustained change and new self-narrative.

#### Qualitative investigation on Sarah's shift events: narrative topics, conflict themes and narrative positionings

*Kathrin Moertl - York University, Toronto, Canada, Lynne Angus*

**Aim:** As part of the ongoing multi-method aeose project ('all eyes on shift events') the goal of this qualitative study was to identify and conceptualize shift events in Sarah's process. **Method:** We focused on how Sarah narrated specific situations, both in her life outside of therapy as well as in ongoing therapeutic interactions. First, these narrative episodes were assigned to specific topics (using the topic codings from the Narrative Process Coding System) and general themes (using the conflict themes of the Operationalized Psychodynamic Diagnostics II). As a second step, we zoomed in to these episodes and created a new data-driven category system: the emerging categories captured how Sarah positioned herself and others in the narrated situations (content) and also how she positioned herself and the therapist in the ongoing therapeutic interaction (conversational analysis). **Results:** We collected a list of narrative positionings (e.g.



Controlling/hindering husband, Submissive/serving wife) that were linked to specific topics (e.g.: Fight with husband about his gambling) according to general conflict themes (e.g. Need for care). Whenever we observed a significant shift in the qualitatively derived positionings by careful empirically grounded interpretation we marked it. We were then able to analyze which specific topics and general conflict themes were involved in the marked shift events and which were not. By this, we empirically tracked shift events in the therapeutic process. Discussion: The further application to a bigger sample of good and poor outcome cases will help us to typify specific change processes in clients with depression in EFT.

## **Panel**

Interpersonal

### **Moderator**

Jacques Barber -  
University of  
Pennsylvania,  
Philadelphia, USA

## **Outcome Specificity and Mechanisms of Changes in Psychodynamic Therapy and CBT**

*Discussant: Shelley McMain - University of Toronto, Canada*

One of the goals of psychotherapy research is to help us understand what are the mechanisms of change involved in different forms of psychotherapy. The three paper in this panel will address different aspects of this question using large scale treatment studies for depression or borderline personality disorder. Gunther Klug and colleagues explored changes in symptoms, interpersonal problems and individual goal attainment in psychoanalysis, psychodynamic therapy and cognitive-behavior therapy for depression. They also investigated whether therapeutic alliance and positive and negative introjects are mediators of change in symptoms, interpersonal problems, individual goal attainment and personality functioning. Ken Levy and colleagues examined findings from neurocognitive and neural studies that bear on theory for the treatment of borderline personality disorders. They focused on the role of reflective function and narrative coherence on outcome as well as their relation to therapeutic alliance and psychotherapy process. Kevin McCarthy and colleague explored the role of change in interpersonal patterns over time in dynamic therapy and pharmacotherapy for major depressive disorder. He will focus on change in the Inventory of Interpersonal Problems (IIP) and the Central Relationship Questionnaire (CRQ), and change in the structure of those interpersonal patterns (elevation on the IIP, consistency on the CRQ) and how change in those measures is associated with change in symptoms.

### Trajectories and Mediators of Change in Psychoanalytic, Psychodynamic and Cognitive-Behavior Therapy

*Guenther Klug - Technische Universität, München, Germany, G. Henrich, B. Filipiak, D. Huber*

**Aim:** The first aim is to explore trajectories of change in terms of symptoms, interpersonal problems and individual goal attainment across treatment, and across treatment and 1-year follow-up. The second aim is to investigate, whether therapeutic alliance and positive and negative introjects can be identified as mediators of change, and if so, whether they predict course within treatment as well as 1-year follow-up of symptoms, interpersonal problems, individual goal attainment and personality functioning. **Methods:** Data come from the Munich Psychotherapy Study (MPS), a prospective, comparative process-outcome study that evaluates the effectiveness and the processes of psychoanalytic (PA), psychodynamic (PD) and cognitive-behavior therapy (CBT) in the treatment of depressed patients. Multimodal and multidimensional outcome measures included Symptom Check-List (SCL-90-R), Inventory of Interpersonal Problems (IIP), Goal Attainment Scaling (GAS) and a measure of personality functioning, the Scales of Psychological Capacities (SPC). Process was measured semi-annually (PA, PD) and quarterly (CBT) on a symptomatic (SCL-90-R), an interpersonal (IIP), an individual treatment goal attainment and an intrapsychic (INTREX) level. Patients and therapists evaluated the therapeutic alliance by means of the Helping Alliance Questionnaire (HAQ-P and HAQ-T). Data of process and outcome measurements as longitudinal data were statistically analyzed by multilevel models (MLM), comparing intra-individual variance with inter-individual variance. Data of the process measurements and their courses over time will be co-variate in the models of the outcome measurements. **Results:** will be presented **Discussion:** will be presented

## Mechanisms of Change in the Psychodynamic Treatment of Borderline Personality Disorder: Findings from Experimental Psychopathology and Psychotherapy Process and Outcome.

*Kenneth Levy - Penn State University, State College, USA, Kevin B. Meehan, Joseph E. Beeney, Rachel H. Wasserman, John F. Clarkin*

Data on putative mechanisms of change in the psychodynamic treatment of borderline personality disorder will be examined from studies of both experimental psychopathology and a recently completed randomized controlled trial. After articulating putative mechanisms from theory, we examine findings from neurocognitive and neural studies that bear on theory. We then present findings examining both theory congruent and specific changes in reflective function and narrative coherence as well as their relation to therapeutic alliance and psychotherapy process. We also examined change in these proposed mechanism and outcome. We propose that these changes are related to symptom change in psychodynamic treatment but not in cognitive behavioral or supportive treatments. The implications of these findings are discussed in terms of theory, practice, and research.

## Outcome Specificity in Psychodynamic vs. Medication Therapies for Depression: Changes in Interpersonal Patterns

*Kevin McCarthy - University of Pennsylvania, Philadelphia, USA, Jacques P. Barber*

Interpersonal patterns, as well as symptoms, are targeted for change in psychodynamic psychotherapy. In fact, change in relationship patterns is theorized to be the mechanism by which symptom change occurs in dynamic therapy. Medication therapies, which do not specifically intervene on interpersonal patterns, would not necessarily show improvement in interpersonal patterns over treatment that is associated with symptom improvement. In a randomized controlled trial of supportive-expressive psychodynamic psychotherapy vs. antidepressant medication vs. pill-placebo for Major Depressive Disorder, we examined change in interpersonal patterns over treatment, as measured by the Inventory of Interpersonal Problems (IIP) and the Central Relationship Questionnaire (CRQ), and change in the structure of those interpersonal patterns (elevation on the IIP, consistency on the CRQ). We also correlated change in interpersonal patterns with change in symptoms over treatment. We hypothesized that (a) patients in psychodynamic therapy will show greater changes in interpersonal patterns compared to patients receiving medication or placebo and (b) changes in interpersonal patterns will be correlated with changes in symptoms in patients receiving psychodynamic therapy but not in patients receiving medication or placebo. Results will be presented and discussed.

## Panel

Interpersonal

### Moderator

Chris Barker -  
University College  
of London, UK

## Peer support and other forms of quasi-therapeutic interactions: What light do they throw on fundamental psychotherapy processes?

*Discussant: Art Bohart - Saybrook University, San Francisco, USA*

This panel will examine what can be learned about fundamental helping processes by studying quasi-therapeutic interactions, that is, forms of helping that resemble therapy but take place outside of the formal client therapist relationship. Some examples are peer support, online support, befriending/mentoring, and social support interactions in everyday life. Following Barker and Pistrang (2002), it is proposed that similar processes operate across the spectrum of helping relationships ranging from everyday social support to psychological therapy, and that those ingredients that are effective in the psychological therapies are also effective, in diluted form, in other types of helping relationships. This panel comprises four papers from three countries looking at various aspects of this phenomenon. In the first paper, Harold Chui presents a qualitative study of peer support amongst graduate psychotherapy trainees. In the second paper, Chris Barker examines the nature of the interactions that take place in online support groups for anxiety and depression. In the third paper, Nancy Pistrang reports on a qualitative study of a peer support intervention for women diagnosed with gynecological cancer. In the final paper, Anton Laireiter reports on a general population survey comparing the help received from lay helpers and from psychotherapists. The discussant, Bill Stiles, will address, inter alia, the extent to which the "common factors" position can be extended beyond formal psychotherapeutic relationships.

## Peer Relationships in Graduate Psychotherapy Trainees

*Harold Chui - University of Maryland at College Park, USA, Kathryn L. Schaefer, Beatriz Palma, Clara E. Hill*

**Aim:** The study of graduate students' training environment has focused primarily on the formal relationships established between trainees and their clinical supervisors and research advisors. Psychotherapy trainees are also often encouraged to seek personal therapy from professionals to receive support and promote self-understanding. Little is known, however, about the informal support that graduate students receive from peers. The present study was conducted to qualitatively examine peer relationships in graduate training in psychotherapy. **Method:** Twelve doctoral students from eight graduate programs in counseling psychology in the United States participated in a two-part semi-structured phone interview. Participants were asked to describe their current peer relationships, work-related and social interactions, critical incidents with peers, similarities and differences between peers and research advisors, clinical supervisors, or friends outside of program, values and beliefs about peer relationships, and expectations for peer relationships in the future. Interviews were transcribed verbatim and analyzed using Consensual Qualitative Research (CQR). **Results:** Preliminary analysis reveals that participants are typically more open, honest, and relaxed when interacting with peers compared to clinical supervisors and research advisors, who in turn provide more experienced guidance and specific advice than peers. Participants typically find both peers and clinical supervisors to be supportive, accepting, and encouraging. **Discussion:** Informal interactions with peers among psychotherapy trainees appear to offer a unique kind of support that differs from what trainees get from formal interactions with supervisors. Further research is warranted to examine how peer relationships may influence trainees' satisfaction with training programs and development as psychotherapists.

## Online support groups for anxiety and depression: Process and outcome

*Chris Barker - University College London, UK, Jeremy Dean*

**Aim:** Online peer-led support groups for psychological problems are ubiquitous on the internet. For psychotherapy researchers, they provide a valuable insight into how untrained people go about giving psychological help to each other. Given the high participation rates in online support groups, surprisingly little systematic research has been conducted on their process and outcome. This paper reports on a prospective longitudinal study of online support for anxiety and depression. **Methods:** As part of a larger randomized trial, UK and US volunteers were recruited via the internet and given instructions on how to join a popular, existing online support group for anxiety or depression. Their activity was monitored over a three month period, and they also completed pre and post measures of psychological symptoms and general well being. 137 participants (94 women and 43 men) completed both pre and post measures. **Results:** Results are currently being analyzed. The paper will report the findings on general activity level (how often participants logged into and post on the online groups), process (what kinds of helping behaviors they used) and psychological outcome. **Discussion:** Correlations between process and outcome variables in the online support group and participants' patterns of helping responses will be compared to that which previous research has shown to be typical of face-to-face mutual support groups and of formal psychological therapies. The pros and cons of online support groups for anxiety and depression, and the role of online support groups in mental health services, will be addressed.

## Processes and outcomes of one-to-one peer support for women with gynecological cancers

*Nancy Pistrang - University College London, UK, Sue Gessler*

**Aim:** Cancer patients value peer support from former patients, which can complement counseling/therapy. This study examines processes and outcomes of a telephone-delivered one-to-one peer support program for women with gynecological cancers. It focuses on subjective experiences of receiving and providing support, and how the helping process is similar and different to that of professionally-delivered help. **Methods:** The study used a qualitative design. In-depth interviews (n=48) were conducted with 25 patient – peer supporter pairs following 3 months of peer support. Transcripts were analyzed using Framework Analysis to systematically identify themes. **Results:** Six key processes of peer support were identified: establishing an emotional bond, empathy, talking openly, reciprocity, information and guidance, and humor. Peer supporters faced several challenges in developing an effective supportive relationship (e.g. finding a balance between emotional involvement and detachment, supporting women with high levels of negative emotion). Patients described a number of benefits (e.g. decreased isolation, increased hope, making sense of one's experience); however, about one-third reported no benefits. Peer supporters reported substantial positive

outcomes for themselves (e.g. gaining a new perspective, coming to terms with emotionally painful issues). Discussion: Some central features of successful peer support showed strong parallels with those of person-centered therapeutic approaches: a "therapeutic relationship" was a sine qua non of effective support. However, reciprocity, experiential knowledge, and humor distinguished it from interactions with professionals. The benefits described by patients relate to the adaptive tasks of recovery faced by cancer survivors. The benefits reported by peer supporters are consistent with the "helper-therapy" principle.

#### Social support and psychotherapy – equivalent functions and outcomes

*Anton-Rupert Laireiter - University of Salzburg, Austria, Monika Roeder*

Aim: People suffering from mental health problems initially look for help within their personal social networks. This general population survey aimed to compare the help obtained from both social support and from psychological therapy. It was hypothesized that lay helpers would use similar strategies to psychological therapists in treating their "patients". Method: Two hundred Austrian participants (140 women, 60 men) were studied, 82 from the general population and 118 psychotherapy clients. Participants from the general population responded to a quantitative questionnaire covering supportive behaviors and helping interventions that they had received in at least five contacts with a close supporter. Psychotherapy clients completed this questionnaire as it related to their therapy. In addition the questionnaire addressed perceived change and perceived satisfaction with social support or psychotherapy. Results: Both groups received supportive behaviors in a comparable amount (motivating, emotional, self-esteem, advice, problem-solving support etc.). Therapists realized specific therapeutic behaviors more often than supporters, and they were perceived as more effective. However, perceived satisfaction did not differ between the two groups and both groups evaluated the quality of the helping relationship as similar. Support was correlated with perceived outcome in both groups, more closely in the therapy group. In the lay group, outcome was correlated with cognitive and problem-solving support and motivating for active coping. Discussion: Supporters and therapists share common helping behaviors which could be responsible for at least part of the outcome of both helping-systems. Future studies could focus on similarities in the intensity and quality of the helping relationship.

## Panel

Quality

### Moderator

Jürgen Barth -  
Institute of Social  
and Preventive  
Medicine, Bern,  
Switzerland

## Meta-analysis in psychotherapy outcome research: Going beyond the "does it work?" question

This panel presents four papers on meta-analysis in psychotherapy outcome research. The first study compares the relevance of researcher allegiance in comparative and controlled outcome studies. In the second paper the impact of masking on study quality assessment will be explored. In the third presentation the results of clustering therapeutic techniques beyond established treatment classifications will be presented. The fourth paper reports results on differences in treatment outcome estimates due to the application of intent to treat analysis versus completer analysis. This panel aims to contribute to our understanding of methodological issues and the classification of intervention strategies in meta-analyses of psychotherapy outcome research.

### Allegiance-outcome association in psychotherapy research: Dose-response-relationship, confounding by treatment approach and role of study design

*Thomas Munder - University of Bern, Switzerland, Heike Gerger, Jürgen Barth*

Background: The association of researcher allegiance (RA) and outcome is a consistent finding in psychotherapy research. This study aims to contribute to two unresolved issues in RA research. First, most past research on the RA has nearly exclusively focused on comparative studies (comparison of two treatments), providing limited information on RA in controlled studies (comparison of one treatment to a control group). In an attempt to fill this gap, we investigate RA in both study designs. Secondly, it is still unclear whether the RA-outcome association is due to a causal effect of RA on outcome and attempts to address this issue empirically are rare. Therefore, this study investigates two criteria for causal relationships: Dose-response relationship and the role of potential confounders. Method: Meta-analysis based on 43 comparative and 31 controlled studies of individual psychotherapy for PTSD. A multi-item rating score was developed for assessing absolute RA for each treatment. Treatment outcome is measured with pre-post effect sizes. The degree of RA for treatments will be compared for controlled and comparative studies. The degree of RA for each treatment will be used to predict pre-post effects using meta-regression. Confounding of the

RA-outcome association by treatment approach will be investigated by averaging RA-outcome associations for particular treatments. Results: The results, which will be presented at the conference, will be discussed in terms of implications for using controlled studies in meta-analyses and in terms of the risk of bias associated with RA.

How valid are coding decisions in data extraction? The impact of masking on study quality assessment in meta-analysis

*Jenny Rosendahl - University of Jena, Germany, Susan Tefikow, Andreas Beelmann, and Bernhard Strauss*

Aim: It has been suggested that the methodological quality of primary studies should be assessed after masking key information related to publication status (e.g., authors, publication type, publication source, and funding source) to limit the risk of bias and to increase validity of coding decisions in the process of data extraction. However, the impact of masking on the assessment of methodological quality has not been consistent over studies (Moher, et al., 1998; Berlin, 1997; Jadad et al., 1996). Renewing this discussion, our study aims to investigate the impact of masking on coding decisions regarding study quality. In addition, the influence of moderating variables is being examined to enhance the general understanding of the underlying mechanisms. We hypothesize an impact of masking on quality assessment and a moderating effect of the coders' publication policy expertise. Methods: We randomly selected primary studies from a meta-analysis on the effects of psychological interventions in perioperative care. Firstly, key information related to publication status of the primary studies were masked. Secondly, the methodological quality of masked vs. unmasked versions of each primary study was assessed by four previously trained independent raters, with an incomplete randomized Latin square design (cf. Moher et al. 1998) based on the Cochrane Risk of Bias tool (Higgins et al., 2008). Results: Data analyses are still in progress. Final results will be presented at the conference.

Do different therapeutic approaches use the same techniques to treat depression?

*Nadja Michlig - University of Bern, Switzerland, Thomas Munder, Heike Gerger, Pim Cuijpers, Jürgen Barth*

Background: In real-world practice techniques from different therapeutic approaches are often used jointly by therapists. Recent randomized trials have also seen the evaluation of treatments that incorporate elements from other therapeutic approaches (Constantino et al., 2008; Maina et al., 2005). So far there is no empirical investigation on whether there is a general trend for a conceptual broadening of treatment approaches within the randomized trial literature. Research questions: a) Does empirical clustering of techniques correspond with the classical treatment approaches cognitive behavioral therapy (CBT) and psychodynamic therapy (PDT)? b) What are shared and unique techniques in treatments labeled as CBT and PDT? And finally c) Do the techniques used change over time? Method: The included studies (N = 46) were drawn from a database of depression trials from Cuijpers et al. (2010). The inclusion criteria are: randomized trial of CBT or PDT, adult population, depression, face-to-face therapy and individual therapy. A rating system with 28 techniques was developed with the support of external experts. Results: Data will be extracted in the forthcoming month and the results will be presented at the conference. The adequacy of treatment labels to reflect the techniques used in randomized trials will be discussed.

Exploring the impact of missing data imputation strategies on meta-analysis results

*Jürgen Barth - University of Bern, Switzerland, Thomas Munder, Heike Gerger*

Background: Intention to treat analysis (ITT) is regularly applied in psychotherapy outcome studies to estimate the net effect of an intervention (effectiveness). Different missing data imputation (MDI) procedures are applied to come to complete data sets and to preserve randomization (e.g. last observation carried forward or likelihood based methods). A systematic effect of applying MDI procedures on the results of meta-analyses has yet to be investigated. Aim: This study compares the treatment effects of completer and ITT analysis. In addition the impact of different MDI procedures in primary studies and their impact on the results of meta-analysis will be explored. Methods: A set of trials from our database of psychotherapy outcome studies for PTSD and Depression will be selected, provided that both completer analyses and intention to treat analyses were reported. Effect size differences between completer analysis and ITT will be calculated. Meta-analysis on these relative effects will be stratified according to the kind of MDI procedure used and the amount of missing data in primary studies will be investigated as a moderator. Results: The results inform about consequences of combining completer and ITT analysis in meta-analysis.

The validity of ITT results over completer results will be discussed. More detailed results will be presented at the conference.

## **Panel**

Emotion

### **Moderator**

Michael  
Basseches -  
Suffolk University,  
Boston, USA

## **The Emotion Transformation Process Common to All Forms of Psychotherapy**

*Discussant: Michael Mascolo - Merrimack College, North Andover, USA*

The emotion transformation process has raised growing interest both in psychotherapy researchers and in practitioner communities. Various therapeutic interventions to foster emotional change have been proposed and discussed. But the majority of the research that has been done on psychotherapy has been based on randomized control trials and has used nomothetic instruments for measuring therapy outcome results. The richness of the transformation process itself is often lost in these quantitative approaches. The Developmental Analysis of Psychotherapy Process (DAPP) method (Basseches and Mascolo, 2010) has been successfully applied to psychotherapy cases representing various theoretical approaches. This approach to qualitative case analysis of psychotherapy videotapes and audiotapes focuses on directly visible movement from thesis, to antithesis, to holding a conflict in attention, to creating a higher level novel synthesis which adaptively reorganizes the conflict. DAPP also tracks interweaving of three types of dialectical movement related to different kinds of resources that therapists contribute to the process. Considering psychotherapy cases from several countries, this set of studies uses DAPP as a foundation onto which quantitative analyses and analyses based on attachment theory are built, to as fully as possible elucidate in moment-to-moment fashion the process of emotion transformation in psychotherapy. Discussion: The discussion of the three papers will focus on the aspects of the process of emotion transformation that are elucidated by the findings, taken together, as well as what important aspects may be left out. Implications for future research, for psychotherapy practice, and for psychotherapy training also will be discussed.

### **Developmental Analysis of Emotion Transformation: A Systematic Case-Based Research Method**

*Michael Basseches - Suffolk University, Boston, USA, Angela Brandao*

**Aim:** The Developmental Analysis of Psychotherapy Process (DAPP) method has been successfully applied to North American psychotherapy cases representing the theoretical approaches of Dialectical Behavior Therapy, Emotion-Focused Therapy, Short-Term Affect-Regulating Dynamic Therapy, Dialectical Constructivist Psychotherapy, and Mindfulness Training. In this study, the method will be extended to a Portuguese case of Integrative Psychotherapy. The main goal will be to use DAPP to clarify, on a moment to moment basis, how emotion-transformation occurs in all forms of psychotherapy. **Methods:** Videotapes and audiotapes from the above cases will be used for all analyses. DAPP provides a moment to moment qualitative analysis of movement from thesis, to antithesis, to holding a conflict in attention, to creating a higher level novel synthesis which reorganizes the conflict. DAPP also tracks interweaving of three types of dialectical movement that depend on the resources therapists contribute to the process. When therapists offer various forms of "Attentional Support", conflicts and syntheses emerge from within clients' own repertoires of activity-cum-experience. When therapists offer "Interpretations" (broadly construed as constructions based on their own organizations of meaning), the conflict of meaning-for-client (thesis) juxtaposed with meaning-for-therapist (antithesis) may lead to co-constructed novel syntheses. When the therapist offers "Enactment" opportunities in which novel activity/experience (thesis) may be added to the clients' repertoire and reflected upon, novel syntheses which integrate the new experience with the prior repertoire (antithesis) may be co-constructed. **Results:** DAPP analyses of selected instances of emotion transformation in Portuguese, Canadian and USA cases will be presented. **Discussion:** See panel abstract

### **The Emotion Transformation Process: A Comparative Analysis**

*Angela Brandao - Hospital Cuf Infante Santo, Lisboa, Portugal, Michael Basseches*

**Aim:** The emotion transformation process has raised a growing interest both in psychotherapy researchers and clinical therapeutic communities. Several therapeutic interventions have been proposed and discussed to foster emotional change. But the majority of the research that has been done on psychotherapy has been based on clinical research trials and has used nomothetic instruments for measuring therapy outcome results. The richness of the transformation process itself is often lost in these quantitative approaches. What clinicians learn from such research is which manualized approaches correlate with which outcome results. They often don't master or use the manuals; they may find manualized approaches inappropriate for their patients; and the outcome results may seem too vague and general to inform their practice with

particular clients. Although some efforts have been made to clarify the emotion transformation process itself, much remains to be understood. The aim of this study is to provide a clearer understanding of the emotion transformation process regardless of the intervention used, with the expectation that this information could provide both useful guidance for psychotherapists and interesting further questions for researchers. Method: In the present research, a quantitative method, using the data described for presentation 1, will be used to shed light on patterns of the emotion transformation process. Commonalities and differences identified through the quantitative analysis will be interpreted using the more detailed qualitative analysis to compare cases. Results: The findings will describe a general pattern of the emotion transformation processes and the exceptions will be analyzed in deeper way. Discussion: See panel abstract

### Emotion Transformation Process: An Attachment Perspective

*Fernanda Salvaterra - ULHT/ISS, Lisboa, Portugal, Fernando Silva*

Aim: John Bowlby, a clinician, formulated his attachment theory for the diagnosis and treatment of emotionally disturbed patients and families. However, until recent years, this theory has had limited impact on clinical work and practice. On the other hand, it has been the source of much research in developmental psychology and, as Bowlby recognized, this research has extended our knowledge of personality development and our understanding of psychopathology. Therapeutic work takes place within a therapeutic relationship that will be affected by the attachment history and the attachment organization of the patients, particularly by their emotions evoked by the therapy relationship and their conscious and unconscious expectations about the therapist. Also, the attachment dynamics will influence the therapists' feelings about and responses to the patient, although these effects are, ideally, more subtle and more acknowledged. From an attachment theory point of view, emotion transformation in therapy is based on patients' capacity to use the therapy as a safe context and the therapist as a secure base for re-experiencing their life history and the painful events within it. Emotion transformation depends on the emotionally availability of a sensitive other who allows patients to create new meaning and reshape their senses of self and relationships. Method: The qualitative and quantitative data described above will be analyzed in the light of attachment theory to clarify its relevance to emotion transformation in the contexts of clinical practice and research. Results: Attachment analyses of selected instances of emotion transformation in Portuguese and North American cases will be presented.

### Panel

Computer

### Moderator

Stephanie Bauer -  
University Hospital  
Heidelberg,  
Germany

### Technology-enhanced service delivery: Opportunities to improve mental healthcare

For most psychological and psychosomatic disorders effective treatments exist. However, the situation is far from satisfactory. Evidence-based treatments reach only a small proportion of individuals in need. The reasons for this inadequate access to specialized care are multi-factorial. They include limited availability (e.g. lack of treatment facilities, geographic distance between patient and provider) as well as stigmatization around mental illness. In addition, not all patients benefit from the treatment they receive and those who do benefit have a substantial risk for relapse and multiple illness episodes- facts that have not sufficiently been taken into account in traditional mental healthcare services. Facing these challenges, interventions based on information and communication technologies (ICT) play an increasing role in the discussion around the optimization of service delivery. Over the last decade numerous ICT-based interventions have been developed and successfully evaluated for counseling, prevention, self-help, treatment, and aftercare of mental disorders. Even though the potential of these interventions has been documented convincingly in the research literature, they have hardly found their way into routine care in most countries. In this panel examples of successful ICT-based interventions developed in Sweden and Germany will be introduced. Taking into account service research considerations, it will specifically be discussed how such interventions may optimize current mental healthcare, e.g. by filling gaps in the service system, reaching underserved populations, facilitating access to care, and enhancing the sustainability of treatment effects in routine care.

## Dissemination of iCBT in Sweden

*Gerhard Andersson - Linköping University, Sweden*

The evidence base for Internet-delivered cognitive behaviour therapy (iCBT) has increased rapidly and there are now numerous controlled trials which suggest that guided iCBT is effective for anxiety, mood disorders, and some health conditions like tinnitus. In addition, a handful of studies have directly compared iCBT with face-to-face therapies and in most cases found equal effects. However, dissemination into regular health care has not been as fast, but in Sweden iCBT has been incorporated in regular tax-funded health care in a few places, and iCBT is now recommended as a treatment option for depression and anxiety. Between January 2008 and December 2010, 567 patients diagnosed with depression have been included in iCBT at the internet psychiatry unit and 463 (82%) have provided post-treatment data. The mean pre-treatment score on MADRS-S is 21.0 (SD=7.0) and the post-treatment score is 12.6 (SD=8.1), yielding a within group effect size of 1.12. During the same time 371 patients diagnosed with panic disorder have been included and 298 have provided post-treatment data (80%). The pre-treatment score on PDSS-SR is 10.0 (SD=4.7) and the post-treatment score is 5.3 (SD=4.9), yielding an effect size of 0.98. Overall, these findings show that Internet treatment can be implemented in regular psychiatric care.

## Sustainability of treatment gains in eating disorders

*Stephanie Bauer - University Hospital Heidelberg, Germany, Markus Moessner*

The risk for relapse in eating disorders is particularly elevated in the first months following treatment termination. Once a status of remission has persisted for a couple of months its stability increases. Therefore, second-level interventions have been recommended to stabilize treatment gains and to prevent relapse. A maintenance intervention based on text messaging was developed and successfully evaluated in an RCT. The intervention proved efficacious in increasing the remission rate at follow-up (59% in the intervention versus 44% in the control group) in patients with bulimia nervosa (BN) and EDNOS. This presentation focuses on the course of eating disorder symptoms in the intervention versus the control group using data from the Longitudinal Follow-up Evaluation (LIFE) assessed in 140 patients with BN or EDNOS eight months after discharge from treatment. In addition, the weekly symptom reports that the intervention group submitted via text messaging were used to study whether patients at risk for a negative outcome can be identified early. The results show differential patterns of post-treatment symptom changes between the intervention and control group. Furthermore we found that patients who reported substantial impairment in terms of binge eating and/or compensatory behaviors over two consecutive weeks during the 16-weeks intervention had a decreased chance of being in remission at 8-months follow-up (26%) compared to patients who did not meet this alarm criteria during the first 16 weeks (71%). Implications of the findings for the understanding of recovery and relapse processes in eating disorders and for service optimization will be discussed.

## Efficacy of an online pre-treatment counseling program: A randomized controlled trial

*Benjamin Zimmer - University Hospital Heidelberg, Germany, Christian Dogs, Hans Kordy*

Background: The Internet opens new avenues for seamless mental healthcare. Encouraged through promising results of online aftercare programs, the Center of Psychotherapy Research initiated in cooperation with the Panorama-Fachkliniken Scheidegg an Internet-delivered pre-treatment counseling program to fill the gap between referral and actual admission to inpatient treatment. Aim: It is expected that participation in the pre-treatment program will strengthen the change motivation and self-efficacy and thus, lead to increased speed of recovery during inpatient treatment. Design & Methods: The online intervention includes a) information, b) supportive monitoring, c) therapeutic writing, d) a forum for peer group support and e) a weekly moderated information chat. A comprehensive cohort study is being conducted with speed of change during the first two weeks of inpatient treatment as the primary endpoint. Growth curve models were estimated to examine differences in the symptom course of the intervention and control group. Results: Half of the invited patients participated in the program and two third of them agreed to the randomization. Based on the 350 randomized patients significant differences in the speed of symptom changes were found in the preliminary data analysis. Frequent user of the program benefited more. Discussion: Long waiting periods for inpatient treatment inline with high psychosocial stress can be bridged through the internet-delivered pre-treatment counseling program. The program proved attractive for at least half of the patients and effective - at low cost. The various patterns of program utilization support the idea of tailoring



treatment and patient-centered care models.

Internet-based aftercare following multidisciplinary treatment of unspecific chronic back pain  
*Markus Moessner - University Hospital Heidelberg, Germany, Hans Kordy*

Sustainable improvements are a major challenge in mental health care. However, although evidence based treatments usually demonstrate significant effects, these are often not stable in the long-term. Taking into account the high costs of comprehensive treatments there is an obvious demand for long-term strategies to improve sustainability. We will present an Internet-delivered aftercare program as a promising strategy. It aims at enhancing the patients' self-management skills. The intervention consists of an individualized self-monitoring and weekly online chat sessions moderated by a therapist. Patients participate in the program for 12-15 weeks. Based on the promising results of a pilot study (RCT; N=75), a multicenter RCT (N=377) including six German specialized hospitals is currently conducted. Treatment-as-usual (TAU, no aftercare), an online self-help group (NEUT), and the aftercare intervention (CHAT) are compared. Recruitment was completed 08/2010, follow-up assessments take place at 3, 6, 9, and 12 months. Results from the 3 and 6 months follow-up assessments will be presented. Preliminary analyses confirm the positive experiences of the pilot study: The program could easily be implemented into the daily routine of the participating hospitals. The program was well accepted by the participants and proved to be an adequate and beneficial manner to provide aftercare to patients with chronic pain. Patients in the NEUT group did not manage to structure their interactions which indicates that therapeutic guidance is needed. Results will be discussed with special emphasis on cost-effectiveness and feasibility of maintenance programs.

## **Panel**

Trauma

### **Moderator**

Susanne Bauer -  
Universität der  
Künste Berlin,  
Germany

## **Psychological aspects and mental health treatment of trauma across culture**

*Discussant: Manfred Cierpka - University of Heidelberg, Germany*

This panel deals with psychological aspects of severely traumatized people from two different cultural samples and the consequences for mental health treatment and outcome: The German-speaking community "Colonia Dignidad" in Chile offers the unique opportunity to analyse narrative identity and cognitive/ emotional self regulation of people traumatized in a totalitarian sect. Over 40 years 300 Germans lived in a cultural microcosm among totalitarian-religious conditions and fundamental manipulation of their psychosocial development. Since 5 years a timid process of opening to the surrounding world has happened within the community, so that psychological research and psychotherapeutic interventions are possible now. The second sample consists of traumatized refugees in Norway. This prospective study shows the relation between their pre-treatment personality and mental-health treatment during the first year.

Narrative Identity of people born or raised in the totalitarian-religious community "Colonia Dignidad". Research data and conclusions for clinical practice

*Henning Freund - Heidelberg University, Germany*

This qualitative study aims to analyse aspects of narrative identity of those members, who were either born or raised in the cultural microcosm of "Colonia Dignidad". Meanwhile 24 biographic interviews have been conducted in two fieldwork sessions in Chile and with ex-members. The analysis of data follows the procedure of "reconstructing narrative identity" (Lucius-Hoene & Deppermann, 2004), which means a hermeneutic and narrative-related approach to the transcripts in order to elaborate individual and group-specific autobiographic self-presentations and construction of identity. Data analysis is guided by the hypothesis, that socio-cultural group-identity makes a major contribution to the narrative identity of the individuals. Furthermore in the context of clinical practice it is suggested, that knowledge of the narrative identity can serve as a key-element for psychotherapeutic intervention to the complex traumatised (ex-)members of the sect. Data on these issues are presented and discussed.

## Music as a resource for emotional and cognitive self regulation in case of extreme life situations: Colonia Dignidad

*Susanne Bauer - Heidelberg University, Germany*

Singing and playing music was part of the daily routine in the German sect Colonia Dignidad in Chile. Beside other repressive measures, Paul Schäfer, the leader of the group, utilized the choir and the orchestra to manipulate, control, hassle, incapacitates and force dependent relationship. The results of a qualitative study based on a semi structured questionnaire applied to ex-members of Colonia Dignidad, put into evidence that, in spite of the malicious intentions and the musical abuse, music itself had a positive effect on the people. In contrast to the negative group experiences, in particular, the solitary daily practicing on an instrument helped to meet with private thoughts and feelings. While studying and playing individually, processes of self regulation were stimulated. The internal dialogue which took place while playing and listening to oneself facilitated moments of a) self determination, b) self control, c) self efficiency and d) emotional experience like emotional awareness and emotional clarification. The relevance of music as a medium for self regulation in traumatized people is discussed.

## Pre-Treatment Personality Assessment in Relation to First Year Treatment Career: A Prospective Study of Traumatized Refugees in Mental Health Treatment

*Marianne Opaas - Norwegian Centre on Violence and Traumatic Stress Studies, Oslo, Norway, Sverre Varvin, Ellen Hartmann*

**Aim:** There are few studies on the treatment of traumatized refugees in general, and a lack of in-depth studies that could guide treatment planning for sub-groups with different treatment needs. Loss of caretakers and repeated traumatic experiences through developing years are likely to impact on the personality in fundamental ways. Aim of the study is to gain a better understanding of the personality functioning of highly traumatized refugee patients, and its relation to therapeutic alliance, treatment needs and challenges. **Method:** A prospective study of 51 traumatized refugee patients in psychotherapy in public mental health specialist services in Norway. Pre-treatment data from Rorschach, AAI, measures of traumatic events and PTSD (HTQ), anxiety and depression (HSCL-25), and quality of life (WHOQOL-bref) are analyzed in relation to process data from interviews with patient and therapist, 1 year follow-up measures, and therapy data. All pre-treatment data and follow-up data from first year of treatment are collected and being analyzed. **Results:** An explorative factor analysis of 7 trauma relevant Rorschach variables gave two clear bi-directional factors, both clinically meaningful; one related to traumatic flooding or constriction, the other to reality testing. Cases typical of different patterns of personality functioning will be presented. **Discussion:** Findings will be discussed with respect to their implications for research and clinic.

## Panel

Spirituality

### Moderator

Martina Belz -  
University of Bern,  
Switzerland

## Exceptional Experiences' & Spirituality in Clients

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

The term Exceptional Experiences (ExE) serves as an umbrella for experiences, which - from the point of view of those affected by these experiences – are incompatible with explanations held by themselves and/or their environment of reality as far as quality, process and origin of these experiences is concerned. People who experience ExE therefore circumscribe them as „psychic“, „paranormal“, „spiritual“, „mystical“ etc. Even though these experiences are historically and culturally widely distributed some individuals even can feel irritated and are seeking advice because they find it difficult to integrate such experiences into their concept of reality (Belz, 2009). The goal of this panel is to present findings from 4 studies that address the topic of ExE from the clients perspective. The first paper reports data from over 2000 clients seeking help and advice because of own ExE and shows that the phenomenology of these experiences can be classified in different patterns that are connected to certain types of psychological functioning. The second paper takes a closer look at people reporting ExE by presenting a case study using Plan Analysis as a method for case conceptualization including psychological variables as well as the "language" of the phenomena. The third paper analysed data from semi-structured interviews with clients to elucidate qualitative accounts of helpful/ unhelpful events in therapy when discussing religion and/or spirituality. Finally, the fourth paper looks at some contemporary Native American ethnographic examples of healing and discusses based on empirical data the benefits of traditional spiritual approaches for healing compared to modern Western psychotherapies.

## Mental Representation and Psychological Functioning in Cases of Exceptional Experiences (ExE) *Wolfgang Fach - Institut für Grenzgebiete der Psychologie und Psychohygiene e.V., Freiburg, Germany*

**Aim:** Individuals reporting exceptional experiences (ExE) seek help and advice because they find it difficult to integrate these phenomena into their concept of reality (Bauer et al., in press). However, quite often the traditional medical and psycho-social health-care system fails to offer competent help, because the available scientific knowledge about ExE is very limited (Belz, 2009). The goal of this study is to classify and describe patterns of ExE and to examine their role in psychological and interpersonal functioning. **Methods:** ExE can be understood as the occurrence of anomalies in the reality model of the people concerned and/or their social environment. The theory of mental representation as developed by Metzinger (2003) postulates that the human mental system consists of a reality model with a self model and a world model as its fundamental subcomponents. These categories of anomalous phenomena were linked and compared with empirical data from individuals reporting ExE and seeking advice. **Results:** ExE can be classified as internal anomalies in the self model or external anomalies in the world model. Two additional types of ExE concern the relation of self and world: psychophysical dissociation with a separation of normally well integrated representations of the self and the world and coincidence phenomena with unusual links experienced between them (Belz & Fach, in press). Results are based on more than 2000 well documented cases of individuals with ExE. A principal component analysis provides four corresponding patterns of ExE. Each pattern shows significant correlations with social and clinical variables. **Discussion:** These findings stimulate the development of new strategies and more appropriate interventions in the field of counseling and therapy for people with ExE.

## Psychological functioning of clients with Exceptional Experiences (ExE) - a case study *Ruth Fangmeier - Institut für Grenzgebiete der Psychologie und Psychohygiene e.V., Freiburg, Germany*

**Aim:** Based on two preceding studies (Tölle, 2003; Spitz, 2005) where we found prototypical Plan structures (frequent and typical plans) for people reporting ExE the goal of this case study was to find out if there are meaningful relations between the phenomenology of the ExE and the psychological functioning of the client. **Methods:** In order to elaborate a better understanding of the dynamics involved in the psychological functioning of people claiming ExE Plan Analysis (Caspar, 1995) was used. Plan Analysis is a method which serves to analyse and describe conscious and unconscious instrumental strategies starting from the level of concrete behaviour of a person up to superordinate general needs. For the first time not only the behaviour of the person but also the "behaviour" of the reported phenomena was included in the Plan Analysis. Additional questionnaire data [FAMOS (Grosse Holtforth, M. & Grawe, K., 2002), INK (Grosse Holtforth, M., Grawe, K. & Tamcan, Ö., 2004) and PSSI (Kuhl, J., Kazén M., 2009)] were integrated. **Results:** Preliminary results suggest that for each phenomenological pattern there exists a corresponding pattern of psychological functioning of the person and thus indicates which tasks and issues in therapy should be addressed. **Discussion:** Applying a systematic method of case conceptualization to better understand the psychological functioning of people reporting ExE including the language of the phenomena is comparatively new. Numbers are small and underlying theoretical concepts are just being developed. Our findings will be discussed with respect to possible implications for further research and clinical interventions.

## Client experience of helpful and unhelpful events when dealing with issues of a religious or spiritual nature in psychotherapy.

*Anne Davis - Trinity College, Dublin, Ireland, Ladislav Timulak*

**Aim:** Despite major developments in the understanding of the contribution of religious/spiritual beliefs to the mental health of individuals, in practice the beliefs of clients are routinely treated as having only minor implications for psychotherapy. It is common for therapists to either ignore client's beliefs or explore them on a superficial level, rather focusing on issues which have traditionally fallen within the psychotherapeutic remit. Even if client's beliefs are made explicit, therapists may consider them as part of a symptomatology rather than topics that warrant exploration in their own right. Previous research suggests that some client's want their religious/spiritual beliefs to be part of the therapeutic dialogue. **Methods:** Semi structured interviews with 10 therapy clients were conducted and analysed to elucidate qualitative accounts of helpful/unhelpful events in therapy when discussing religion and/or spirituality. **Results:** Results suggest that when clients perceive their beliefs to be problematic for an area of functioning in their lives they become hyper aware of the beliefs their therapists may hold. Concerns are raised in terms of ruptures to the

relationship if they bring these issues into therapy. The attitude of the therapist is the key to the how helpful or unhelpful the clients experience is of raising these issues. Discussion: Results suggest that clients consider their religious/spiritual beliefs to be sensitive topics in therapy. Their perception of therapists openness and responsiveness to these beliefs can be influential on how helpful/unhelpful these discussions will be.

**Why spiritual worlds persist: A need for paradigmatic modifications in psychotherapy research**  
*David Smith - St. Bernard's Hospital & Adler School of Professional Psychology, Chicago, USA*

**Aim:** Spiritual and religious worldviews likely persist in modern therapeutic contexts because they still provide an explanatory function that is lacking in a scientific paradigm. Research suggests that the majority of psychotherapists and medical professionals maintain some type of spiritual or religious values (Curlin, 2005; Smith & Orlinsky, 2004) Furthermore, traditional spiritual approaches often offer more welcomed and perhaps more effective therapeutic interventions than modern medicine does. (Duran & Duran, 1995; Gone, 2004) This paper examines why traditional/spiritual approaches to healing maintain a hold in the modern world. **Method:** This paper looks at some contemporary Native American ethnographic examples of healing. Ethnographic data has been collected when I became involved in participant observation in healing rituals. Participant observation and interviews will be examined to articulate the structure and process of healing from a native point of view. **Results:** This paper argues that a traditional view offers an explanatory system that is more congruent with individuals "spiritual" experience.. Due to their reliance on a materialist/ rationalist perspective, modern Western therapies often dismiss traditional views that emphasize an experiential and intuitive understanding (Brophy, 1999; Deloria, 2006; Kason, 2000; Mayer, 2007) Also, approaches in psychotherapy that are based on traditional perspectives are ignored or delegitimized due to paradigmatic bias. "Energy psychology" will be used as an example of this problem. In spite of measured effectiveness and congruence with previous ethnographic views, "energy psychology" is still dismissed by many as an illegitimate topic of research (Feinstein, 2008, 2009).

## **Panel**

Computer

### **Moderator**

Thomas Berger -  
University of Bern,  
Switzerland

## **New Developments in Computer/ Internet based Treatments for Anxiety and Depression**

Internet-based psychological interventions have been used and evaluated for over a decade now. Results of more than a hundred controlled studies show promising outcomes for various conditions. In this panel, new developments in computer/ internet based treatments for anxiety and depression will be presented and discussed by four different research groups. In the first presentation, Böttcher et al. present the results of a RCT on the efficacy of an internet-based attentional training in social anxiety. The second presentation deals with the high levels of comorbidity and heterogeneity in depression. Johansson and Andersson present results of a RCT comparing tailored vs. regular internet-based cognitive behaviour therapy for depression. In the third presentation, Preschl et al. introduce a new computer-supplemented treatment approach for depression in old age. Finally, Berger et al. deal with the question of how much therapeutic contact is necessary in online interventions by presenting the results of a RCT on an Internet-based treatment for depression.

**Internet-based Attentional Training in Social Anxiety: A Randomized Controlled Trial**  
*Johanna Böttcher - Freie Universitaet Berlin, Germany, Thomas Berger, Babette Renneberg*

Several studies suggest that computer-based attention modification programmes that aim to adjust the degree to which individuals attend to threat cues can be a promising new approach for the treatment of various anxiety disorders, including social anxiety disorder (SAD). The aim of the present study was to investigate the efficacy of an internet-delivered version of an attentional training for SAD in a randomized controlled double blind study. Sixty-eight individuals diagnosed with SAD were randomized to an attention modification condition or an attention control condition (placebo). The internet-based programme consisted of a probe detection task in which pictures of faces with either a disgust or a neutral expression cued different locations on the computer screen. In the attention modification condition, participants responded to a probe that always followed neutral faces when paired with a threatening face, thereby directing attention away from threat. In the attention control condition, the probe appeared with equal frequency in the position of the disgust and neutral face. During the 8-week intervention period, participants were instructed to use the program at least twice a week. At post assessment, participants in both groups showed significant

symptom reductions with medium to large within-groups effect sizes on primary social anxiety measures (attention training: Cohen's  $d=.47-.80$ ; placebo condition:  $d=.56-.63$ ), and on secondary outcome measures such as depression (attention training:  $d=.57$ ; placebo condition:  $d=.71$ ) and general psychopathology (attention training:  $d=.75$ ; placebo condition:  $d=.95$ ). However, no substantial and significant between-groups effects were found on any of the outcome measures ( $d=.11-.37$ ). These findings will be discussed along with the results of a 4-month follow-up assessment.

#### Tailored iCBT for Depression

*Robert Johansson - Linköping University, Sweden, Gerhard Andersson*

Major depression is a common condition characterized by high levels of comorbidity and heterogeneity when it comes to symptom profile. In our research group we have developed a tailored approach to iCBT and in this study we tested tailored vs. regular iCBT for depression. A total of 121 participants with diagnosed major depression were randomly assigned to a) tailored iCBT, b) standard iCBT for depression, and c) a control group who participated in a moderated discussion group. Treatment lasted for 10 weeks, and was guided by psychology students in their last term of a five year psychologist programme. Results showed that both active treatments were effective, but that the tailored iCBT was more effective than the control group ( $d = 0.78$  on the Beck Depression Inventory). The standard iCBT was also more effective than the control group ( $d = 0.56$ ). We will also present 6 months follow-up data. We conclude that it is possible to tailor iCBT and that this approach is at least as effective as regular iCBT for depression and potentially more effective for reducing comorbid symptoms.

#### A new Treatment Approach for Depression in old Age – Life-Review-Intervention with Computer Supplements

*Barbara Preschl - University of Zurich, Switzerland, Birgit Wagner, Simon Forstmeier, Andreas Maercker*

E-mental health interventions targeting older adults seem to be a promising approach for a variety of domains including depression. However, research in this area is still at an early stage. We are currently using the depression modules of a computer system as supplements to a face-to-face setting in an intervention study with older adults aged 65 years or above who show mild to moderate depression. The treatment is based on recent advances in the context of life review interventions and computerized mood induction in old age. Both parts of the intervention focus on inducing positive memories and positive mood. Results from a pilot study ( $N = 3$ ) show a decline in depressive symptoms (BDI-II), an increase in quality of life (WHO-5), as well as good participant acceptance of the computer modules (exploratory data). Further, the participants reported improvements in meaning of life (LAP-R) and reminiscence strategies (RQ). We are currently conducting an RCT study (waiting list control condition, planned  $N= 50$ ) focusing on these outcome variables. First results from the RCT study will be presented.

#### Internet-based treatment for depression: A randomized controlled trial comparing guided with unguided self-help

*Thomas Berger - University of Bern, Switzerland, Katja Hämmerli, Mario Weiss & Franz Caspar*

Internet-based treatments for depression have been investigated in several trials. Results from meta-analysis suggest that automated computerized programmes without therapist support are less effective than "guided self-help" or "minimal-contact" treatments, in which a therapist is actively involved, though to a lesser degree than in traditional therapy (Spek et al., 2007). However, to our knowledge, there is no direct experimental comparison between a guided and an unguided internet-based treatment for depression. In this ongoing randomized controlled trial, which will be finished in January 2011, we examine whether an empirically validated Internet-based self-help intervention for depression (Meyer et al., 2009) is more effective with therapist support than the same intervention without support in terms of clinical outcomes and drop-out rates. Seventy-eight individuals diagnosed with major depression or dysthymia were randomized to a guided self-help condition, an unguided self-help condition, or to a waiting-list control group. Participants in the guided self-help group received the Internet-based self-help program plus scheduled email contact with a therapist. Once a week, therapists wrote a feedback to the participants on their behavior and progress in the self-help guide. In addition, participants were able to contact therapists via email whenever they wanted to. Participants in the unguided self-group only received access to the Internet-based self-help program. Final results of this randomized controlled trial will be presented and discussed.

## Panel

Child

### Moderator

Leonard Bickman -  
Vanderbilt  
University,  
Nashville, USA

## Using feedback to clinicians to improve mental health outcomes for youth

There is growing evidence that providing clinicians with feedback concerning client progress enhances client outcomes. So far, most studies have been with feedback to therapists of adult clients using the OQ suite of measures. This panel will report on findings from a multi-site trial of feedback to therapists of adolescents based on the Peabody suite of measures. The panel will report on preliminary findings concerning the impact of feedback and will examine the relationship between the feedback measures and processes used in this study and those previously reported for the OQ measures. Preliminary findings suggest that feedback has an impact on clinician behaviour and on client outcomes. Similarities and differences between processes and findings from this study and processes and findings from the OQ studies are discussed.

### The effects of feedback on symptoms and functioning

*Leonard Bickman - Vanderbilt University, Nashville, USA, Ana Regina de Andrade, Susan Douglas Kelley, Carolyn Breda & Manuel Riemer*

**Aim:** The aim was to determine if feedback to clinicians concurrent with treatment on outcomes and processes of psychotherapy would improve outcomes for youth **Methods:** A randomized trial was conducted with 28 sites throughout the U.S. Sites were randomly assigned to receive feedback every week or feedback every three months (control condition). Clinical data were collected on 356 youths and 167 clinicians. On average, youth were 50% male and 15 years of age. The major outcome was a measure of symptom severity and functioning reported by the clinician, caregiver and youth. **Results:** The results of the intention to treat HLM model showed caregivers', youths' and clinicians' reports all showed a significant feedback effect with effect sizes ranging from .15 to .27. **Discussion:** Feedback to the clinician was effective in reducing symptoms and improving functioning as reported by the clinician and caregiver and the youth. After the study the measurement and feedback system was substantially revised and a new clinical trial is in progress.

### Predicting clinician behavior based on feedback from the client and caregiver

*Susan Kelley - Vanderbilt University, Nashville, USA, M. Michele Athay, Ryan Hargraves, Ana Regina Vides de Andrade, Tommaso Tempesti, and Leonard Bickman*

**Aim:** Despite growing evidence that feedback to clinicians improves mental health treatment outcomes, little is known about the mechanisms by which feedback influences clinician behavior. The purpose of this study was to explore how content addressed in treatment sessions was predicted by clinician viewing of feedback reports on client symptoms and functioning problems as reported by the youth and/or caregiver. **Methods:** Participants were 138 youth aged 11 to 18 years new to home-based community mental health treatment (N = 1,591 total sessions) whose clinicians (N = 69) received weekly feedback based on a battery of instruments completed by multiple respondents. Clinicians reported weekly on content domains (e.g., emotional, behavioral problems) addressed in sessions. Clients and their caregivers reported biweekly on youth symptoms and functioning: specific items where a problem was indicated were highlighted as 'alerts' in the corresponding feedback reports. Multivariate hierarchical linear regression models were conducted for those clients with the presence of at least one item alert reported by youth and/or caregiver within each of seven content domains. **Results:** For all content domains, clinician viewing of more feedback reports with item alerts was significantly associated with the number of subsequent sessions during which that content was addressed. There were no significant correlations between frequency of sessions with item alerts and sessions with corresponding content domains addressed. **Discussion:** Viewing of weekly feedback reports containing important information on youth symptoms and functioning difficulties appears to influence clinician behavior by increasing the number of sessions they address these problems in treatment.

### Comparing impact and outcome from different feedback systems

*Robert King - Queensland Institute of Technology, Brisbane, Australia, Leonard Bickman*

**Aim:** There is now a growing literature on the use and impact of feedback derived from Lambert's OQ-45 and associated measures and reasonably robust findings that indicate clients of clinicians in receipt of feedback from these measures achieve superior outcome compared with clients of clinicians who do not receive feedback. More recently Bickman et al. have trialed a different feedback system (CFS) in a multi-site study with a substantial sample. It is likely that other feedback systems using different measures and

different approaches to feedback will be developed in the future, raising questions as to the extent to which findings from different feedback systems can be meaningfully compared. Methods: The OQ and CFS feedback systems were systematically compared having reference to equivalence of measures, feedback schedule, form of feedback, client characteristics, therapy characteristics and feedback effect size. Results: The OQ and CFS feedback systems are substantially different with respect to some but not all variables investigated. Discussion: The findings of this study provide a basis for preliminary conclusions about variables that are more and less important in feedback to therapists. They also highlight challenges and difficulties associated with comparing findings from different feedback systems. Further research is required to better delineate those components of feedback that are central to client outcome.

## **Panel**

Assessment

### **Moderator**

Jan R. Böhnke -  
University of Trier,  
Germany

## **Using Item Response Theory and bifactor strategies to improve measurement quality in routine assessment**

*Discussant: Ann Doucette - George Washington University, USA*

Fields of psychotherapy research like patient focused research, quality assurance, and the related field of patient reported outcome (PRO), heavily depend on high measurement quality. Item Response Models (IRT) are a family of statistical models that help to achieve this goal and that inform scale development. Additionally, the process of change in psychotherapy is often seen as multi-dimensional. However, a common finding is that instruments correlate across dimensions. Traditional factor-analytic techniques often identify one dominant factor that explains most of the variance. One of the central questions is therefore whether instruments assess different dimensions or one general (distress) factor. Bifactor models have the promising feature that they are able to address both: the common variation of several instruments as well as their unique variation due to multi-dimensionality. The presentations in this panel are applications of IRT/bifactor models: 1) Outcome Questionnaire-45 data from a counseling center in the US are used to explore latent dimensionality and psychometric properties of the instrument; 2) data obtained in outpatient settings in Germany as well as a managed care company in the US will be modeled according to the perspective of the Phase Model of Psychotherapy Outcome; 3) non-clinical adolescent data from the UK is used to explore the relationship between anxiety and depression; 4) and data from sixteen European countries Quality of Life as a PRO in patients with psychosis is analyzed in terms of its relationship with other PROs, cognitive deficits, and symptoms.

### **A Bifactor Graded Response Model study of the Outcome-Questionnaire-45**

*Arjan Berkeljon - Brigham Young University, Provo, UT, USA, Scott A. Baldwin*

The Outcome Questionnaire-45 (OQ; Lambert et al., 1996, 2004) is a 45-item, self-report questionnaire that measures patients' progress during the course of psychotherapy. Its psychometric properties have been studied extensively using classical test theory methods as well as more recently, using item response theory (IRT). This presentation focuses on the unique possibilities of a bifactor IRT implementation to address the complexities involved in studying a multidimensional Likert-scale instrument such as the OQ. Method: A bifactor version of the Graded Response Model (GRM; Samejima, 1969, 1996) will be fit to university counseling center psychotherapy data. Item characteristics, differential item functioning, and adequacy of response scale categories will be reported. In addition, differential item functioning for gender will be reported. Results: Response model analysis indicates the presence of substantially distinct item properties that have bearing on the functioning of the instrument as a whole. Analysis of the adequacy of response scale categories may suggest potential modifications to improve quality of measurement. Analysis of differential item functioning will shed light on the assumption of equality of measurement across males and females. Discussion: The proposed method allows for potential modifications to existing measures that not only increase measurement precision but may also decrease measurement burden. The proposed method does so while taking into account the unique scale properties of the OQ instrument and clinical instruments like it.

### **Re-evaluating the fit of inherently multi-dimensional measures: A new look on the phase model of psychotherapy outcome.**

*Jan Böhnke - University of Trier, Germany, Wolfgang Lutz*

Background: In psychotherapy (research) there is a debate whether change in psychotherapy is a multi-dimensional issue. Many instruments include scales for different dimensions of potentially relevant

outcome/process indicators. One theoretical perspective to look at multi-dimensional outcome is provided by Phase Model of Psychotherapy Outcome (Howard et al., 1993). According to this perspective well-being, symptoms, and life-functioning are relevant dimensions. Method: IRT/bifactor models are used to assess the dimensionality of instruments designed with reference to the Phase Model. Data on a German instrument from clinical (outpatient) and non-clinical samples from Germany will be used (N = 1,200). The same strategies will also be applied to archival data obtained by a managed care company in the US (N = 3,000). Results: Factor analytic as well as IRT/bifactor results will be presented. Bifactor models identify variation in the data that is due to separate dimensions of the phase model. The results provide information for further development of the instruments: which items should be reformulated? For what level of distress are items needed? Discussion: The results suggest on the one hand considerable overlap between the dimensions of the phase model, which might be interpreted as a general distress factor. This is clinically relevant information since one goal of psychotherapy is to alleviate general distress. But on the other hand it seems fruitful to assess sub-domains of psychological recovery which can inform more targeted interventions.

#### Application of a bifactor model and IRT informed analyses to investigate comorbidity in depression and anxiety

*Brodbeck Jeannette - University of Cambridge, UK, Rosemary Abbot, Ian Goodyer, Tim Croudace*

Background: Depressive and anxiety symptoms often co-occur resulting in a debate about common and distinct features of depression and anxiety disorders. Method: A bifactor model was applied to an adolescent community sample (N=1159, age 14 years) from Cambridgeshire, UK. In the model it was tried to separate a general distress factor, which accounts for the communality of depression and anxiety items, from factors that measure more specific psychopathological constructs related to these disorders. Responses were obtained with the Mood and Feelings Questionnaire and the Revised Children's Anxiety Scale. Results: A general underlying distress factor explained a large proportion of the variance to all items from the depression and anxiety rating scales. Distinct information was also recovered by specific independent factors in hopelessness - suicidality and restlessness - fatigue domains. These factors account for the unique influence of distinct features of depression and anxiety over and above the general factor and thus provide unique information completely separate from the general distress factor. Item Response Theory (IRT) informed analyses were performed to investigate the severity of symptoms along the general latent distress continuum. Discussion: The general distress factor provides the most reliable target for epidemiological analysis but specific factors may help to refine phenotype dimensions, and assist in prognostic modeling of future psychiatric episodes.

#### Improving the measurement of patient reported outcomes in patients with psychosis.

*Ulrich Reininghaus - Queen Mary University, London, UK, Rosemarie McCabe, Tom Burns, Tim Croudace, Stefan Priebe*

Background: Patient-reported outcomes (PROs) are widely used in the evaluation of bio-psychological treatments for psychosis. However, there are a number of shortcomings in the measurement of PROs. Previous studies for example reported a considerable overlap across measures designed to assess different outcomes. In addition, the use of PRO measures in the presence of psychiatric symptoms and cognitive deficits has been questioned. We aimed to investigate the extent to which PROs provide distinct information independent from: a) overlap with other PROs; and b) the influence of cognitive deficits and psychiatric symptoms. Method: Analyses based on item response modeling were performed on measures of subjective quality of life items, needs for care, treatment satisfaction and the therapeutic relationship in two large samples of patients with psychosis. Results: In both samples, a bifactor model matched the data best, suggesting sufficiently strong concept factors to allow for four distinct PRO scales. These were independent from overlap with other PROs. However, the overlap partially impaired the discriminative ability of items. While we found evidence of differential item functioning attributable to cognitive deficits and psychiatric symptoms for a small number of items, the magnitude of effects was unlikely to be of clinical significance. Discussion: Our findings suggest that PROs can provide distinct information independent from overlap across measures. The validity appears to be compromised by cognitive deficits and psychiatric symptoms only to a limited extent. Item response modeling may be useful in addressing shortcomings in the measurement of PROs in research and routine care.



## **Panel**

Person Centered

### **Moderator**

Wilma Bucci -  
Adelphi University,  
Garden City, NY,  
USA

## **Diverse Clinical and Research Perspectives on the Trajectory of Change in a Client-Centered Treatment: Roger's Case of Miss Vib**

The panel will examine the therapeutic process in a fully recorded 9 session treatment conducted by Carl Rogers, the case of Miss Vib. The overall goal of the panel is to explore the interface among different types of psychotherapy research measures and diverse clinical perspectives in the context of relevant fields of basic science research. The treatment was considered highly successful by therapist and patient, and as evaluated by research measures administered by the Rogers group throughout the treatment and at follow-up. Computerized linguistic measures based on Bucci's theory of the referential process have been applied to all sessions. The nature of the process in the entire treatment has been closely examined by psychoanalytic clinicians representing classical, interpersonal and self-psychology perspectives. A striking shift in process is identified at the treatment midpoint from all perspectives but interpreted differently by each. The first paper, by a client-centered therapist, will describe the case and present results of progress and outcome measures. The second paper will present results of computerized linguistic measures and a new measure of session quality rated by the participating clinicians. The third paper will analyze the trajectory of the treatment and its outcome from diverse psychodynamic perspectives. The final paper will discuss the comparison of all measures and evaluations, with focus on the differential interpretations of the turning points identified from all perspectives; and will examine the significance of the results with respect to the contrasting goals of short and long term treatments.

### **Outcome and Progress Results in a Client-Centered Treatment: Carl Rogers and the Case of Miss Vib.**

*Giuseppe Crisafulli - Istituto dell'Approccio Centrato sulla Persona, Messina, Italy*

**Aim:** More than a half century ago, Rogers and colleagues began to examine the transcripts of complete therapies, comparing them with clinical data, psychodiagnostic tests and variables associated with the client-centred model. One of the more interesting clinical cases was that of Miss Vib (1946), conducted by Rogers. In this paper, the principles of client-centered therapy will be introduced, the case of Miss Vib will be described, and the results of the progress and outcome measures will be presented. **Methods:** Miss Vib (age 28) had nine sessions of client-centered therapy and two follow-up interviews. Rorschach and TAT measures were administered before and after treatment; pre-treatment testing indicated a diagnosis of "psychotic episode". The following variables were measured for every session by Rogers and colleagues: Self attitudes, Self acceptance, Understanding and Insight, Behavior, Defensiveness, Locus of evaluation. **Results:** The results confirmed improvement measured through the Rorschach re-test, the therapist rating and follow-up interviews. The analysis of the process showed a trend of improvement in all the six scales used by Rogers and colleagues. **Discussion:** The case of Miss Vib was considered highly successful by therapist and patient and as evaluated by research results at the time. Currently, it seems useful to analyze the case with process measures, based on new techniques and therapeutic approaches, and to compare these results with the original findings.

### **Comparing Computer Generated Measures with Clinical Judgments**

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

**Aim:** This paper applies computerized linguistic process measures and a new session process quality measure rated by clinicians to a 9 session client centered treatment that was conducted by Carl Rogers and rated as highly successful by the Rogers research group. **Methods:** Transcripts of the nine sessions were read by five experienced clinicians, representing different psychodynamic perspectives. The Session Process Quality Measure (SPQM) designed to describe core aspects of clinical process, including 14 therapist items, 14 patient items, and 7 treatment items, was rated independently by the 5 clinicians for each session and hierarchical cluster analysis was applied. The transcripts were analyzed by the DAAP software for changes in the referential process measures of Referential Activity (RA), Reflection, Disfluency, and different affect and sensory categories. **Results:** Interjudge reliability for the SPQM was .7 or better, computed as Cronbach alpha, for each of the 9 sessions. Three clusters were identified, labeled as: 1) Active Patient/Responsive Therapist; 2) Implicit Exploration; 3) Struggle/Enactment. Cluster 1 received an average ranking of 5.3 (out of 7) for the 9 sessions; Cluster 3 averaged 2.8; both increased moderately over the course of treatment. Cluster 2 averaged 3.7, and decreased sharply in the last three sessions. Linguistic indicators of the referential process, representing immersion and exploration, decreased significantly over

time for both patient and therapist. Discussion: The rankings of the SPQM clusters characterized the treatment. The decrease in the referential process measures and the changes in the SPQM clusters are understood differently in the context of the client centered and psychodynamic approaches.

### Impressions and Evaluations by Psychoanalytic Clinicians of a Short-term Client Centered Treatment

*Susan Kolod - William Alanson White Institute, New York, NY, USA, Anton Hart, Philip Herschenfeld, Leon Hoffman, Joseph Newirth*

**Aim:** This paper will compare clinical impressions representing several different psychodynamic approaches applied to a 9 session client centered treatment conducted by Carl Rogers and viewed as successful by the Rogers group; and will relate variations in treatment approach to differences in treatment goals. **Methods:** Five clinicians, representing ego psychology, relational and Kleinian approaches, who were not informed as to previous evaluations of the case, examined the sessions independently, rated them according to the Session Process Quality Measure described in paper 2 of this panel, and identified turning points within sessions and within the treatment. The clinicians met monthly with the researchers to discuss and compare their impressions with one another and with the computerized linguistic data and other research measures. **Results and Discussion:** All clinicians identified points where they saw the material as calling for interventions, such as follow-up questions or interpretations, and emphasized Rogers' consistency in adhering to his technique of remaining with the patient's associations. They agreed in identifying sessions 4 and 5 as pivotal, and saw Rogers' interventions in those sessions as communicating the intent to close up and not let deeper issues emerge. Some saw this as an effective model for a short term treatment, endorsing the patient's move toward autonomy; some as representing a foreclosing of exploration, with potentially constricting effects on personality growth.

### Convergence and Divergence of Multiple Perspectives on a Client Centered Treatment

*Wilma Bucci - Adelphi University, Garden City, NY, USA, Giuseppe Crisafulli*

**Aim:** According to Rogers and his colleagues, the 9 session client-centered therapy of Miss Vib resulted in substantial personality change as indicated by research measures and as observed by therapist and reported by patient. This paper compares these findings with the impressions of psychoanalytic clinicians representing different treatment approaches, and computerized process analysis. **Methods:** Personality and behavior measures applied to each session by the Rogers research group were compared to the clusters derived from the SPQM, computerized measures of the referential process and impressions of the sessions by psychoanalytic clinicians. **Results:** The high ratings of SPQM cluster 1 items validated adherence to the client centered approach. All process measures converged in identifying Session 5 as a turning point in the treatment. The Rogerian measures characterized this as a shift from a process characterized by disorganization and analysis to a phase involving decrease in exploration and restructuring of personality. The SPQM cluster 3, representing potential exploration and uncovering, and the computerized referential process measures showed similar patterns, declining sharply following Session 5. The computerized measures of the referential process are strongly negatively correlated with the Rogerian personality variables and show moderate to strong correlations with cluster 3. **Discussion:** All measures agree in marking a decrease in exploration at the turning point in the treatment around session 5. The psychoanalytic clinicians recognize lost opportunities for self-exploration inherent in this process; they differ among themselves regarding the nature of the clear therapeutic improvement shown in this case.

## Panel

Neuroscience

### Moderator

Anna Buchheim -  
University of  
Innsbruck, Austria

## Psychotherapy and functional neuroimaging

Neuroimaging approaches have been used to investigate neurobiological changes in patients with several disorders in studies that address remission after psychotherapy. The majority of these studies focused on the effect of treatment on brain metabolism or perfusion at rest. A more recent series of functional neuroimaging (fMRI) studies has turned to the use of experimental tasks to examine processes that may be more directly involved in emotional appraisal and control processes relevant for the psychotherapeutic process. Most studies examining the functional neuroanatomy of psychotherapy have applied interpersonal therapy or cognitive behavioural therapy. The panel includes neural effects of psychodynamic psychotherapy and cognitive behavioral psychotherapy. The first fMRI study demonstrates that multimodal psychodynamic psychotherapy induces normalization of reward related activity in somatoform disorder. The

second fMRI study examined neural correlates of attachment in chronically depressed patients at the beginning and after 15 months of psychodynamic psychotherapy. The third fMRI study on cognitive behavioral psychotherapy reports how self-related ventromedial prefrontal cortex activity of pathological gamblers predicts and reflects psychotherapeutic success. The last paper in this panel demonstrates an innovative process model examining neural correlates of therapeutic phase-transitions by using repeated fMRI during the inpatient treatment of OCD.

Multimodal psychodynamic psychotherapy induces normalization of reward related activity in somatoform disorder

*Lisa Scheidt - Medizinische Fakultät der Otto-von-Guericke-Universität, Magdeburg, Germany, Annette Bölter, Moritz de Greck, Jörg Frommer, Cornelia Ulrich, Eva Stockum, Björn Enzi, Claus Tempelmann, Thilo Hoffmann, Georg Northoff*

Aim: Somatoform disorder patients demonstrate a disturbance in the balance between internal and external information processing, with a decreased focus on external stimulus processing. We investigated brain activity of somatoform disorder patients during the processing of rewarding external events, paying particular attention to the effects of inpatient multimodal psychodynamic psychotherapy. Methods: Using fMRI, we applied a reward task that required fast reactions to a target stimulus in order to obtain monetary rewards; a control condition contained responses without the opportunity to gain rewards. 20 acute somatoform disorder patients were compared with 20 age-matched healthy controls. In addition, 15 patients underwent a second scanning session after participation in multimodal psychodynamic psychotherapy. Results: Acute patients showed diminished hemodynamic differentiation between rewarding and non rewarding events in four regions including the left postcentral gyrus and the right ventroposterior thalamus. After multimodal psychodynamic psychotherapy, both regions showed a significant normalization of neuronal differentiation. Conclusion: Our results suggest that diminished responsiveness of brain regions involved in the processing of external stimuli underlies the disturbed balance of internal and external processing of somatoform disorder patients. By providing new approaches to cope with distressing events, multimodal psychodynamic psychotherapy led to decreased symptoms and normalization of neuronal activity.

Neural correlates of attachment in chronically depressed patients during psychodynamic psychotherapy

*Anna Buchheim - University of Innsbruck, Austria, Roberto Viviani, Henrik Kessler, Horst Kächele, Manfred Cierpka, Gerhard Roth, Svenja Taubner*

Neuroimaging studies of depression have demonstrated treatment-specific changes involving the limbic system and regulatory regions in the prefrontal cortex. While these studies have examined the effect of short-term, interpersonal or cognitive-behavioral psychotherapy, the effect of long-term, psychodynamic intervention on neural substrates has never been assessed (Roffman et al. 2005). The objective of this study (Hanse-Neuro-Psychoanalysis-Study; Buchheim et al. 2008) was to examine for the first time specific regional changes in recurrent depression before and after 15 months of psychodynamic psychotherapy. In the study one partial project examines neural correlates of attachment in chronically depressed patients during psychodynamic treatment using fMRI. This study included 16 patients and 17 controls matched by age and education. Patients were recruited from the outpatient departments of two psychoanalytic institutes in Bremen, Germany, and diagnosed by two trained clinicians using the Structured Clinical Interview for DMS-IV Diagnosis (SCID, German version). Patients were treated with long-term psychodynamic psychotherapy, with 2 to 4 sessions weekly. All patients were free of medication throughout the entire 15 months of the study. All subjects were administered the Adult Attachment Projective Picture System (George & West 2001; in press) and several clinical scales, like the BDI and SCL-90. Narratives were transcribed verbatim and coded by two independent certified judges. For each subject individually tailored sentences from their own narratives were extracted. Participants were scanned at two time points, during which presentations of visual attachment-related scenes from the AAP with textual material containing personal core sentences were alternated with neutral descriptions of the same scenes. Our hypothesis are: 1) depressed patients show more unresolved attachment trauma at the beginning of treatment compared to healthy controls, 2) we assume activation elicited by self-referential textual descriptions, relative to the control condition to normalize after 15 months of treatment in prefrontal areas

such as the ventral anterior cingulate (vACC, Siegle et al. 2006), in the dorsal prefrontal cortex, as reported by Fu et al. (2008), as a possible marker of the effect of psychodynamic psychotherapy. Data are about to be analyzed and submitted and results of change will be presented.

### Self-related ventromedial prefrontal cortex activity of pathological gamblers predicts and reflects psychotherapeutic success

*Moritz de Greck - Peking University, Beijing, China, Björn Enzi, Ulrike Prösch, Claus Tempelmann, Georg Northoff*

**Aim:** The evaluation of self-related stimuli induces activity in core regions of the reward system (namely the ventral striatum, the ventromedial prefrontal cortex, and the ventral tegmental area) in healthy subjects. Acute pathological gamblers, in contrast, do not show this activation. This study aimed to explore whether the diminished responsiveness of these regions in pathological gamblers is modulated by inpatient cognitive behavioral psychotherapy. In addition, the study was interested in examining if hemodynamic responses in any of these regions could predict later psychotherapeutic outcome. **Methods:** Using fMRI, 12 pathological gamblers were assessed before and after inpatient cognitive behavioral psychotherapy. In addition, 12 matched healthy control subjects were scanned. A self-relatedness paradigm was implemented, which included the evaluation of food, gambling and alcohol stimuli with regard to subjects' self-relatedness. **Results:** Hemodynamic responses of the ventromedial prefrontal cortex during the evaluation of food and gambling stimuli were modulated by cognitive behavioral psychotherapy. In addition, hemodynamic responses of acute pathological gamblers' ventromedial prefrontal cortex predicted their later success in psychotherapy. **Conclusion:** Though preliminary, these results underline a crucial role of the ventromedial prefrontal cortex in pathological gambling. In the future, hemodynamic responses of the VMPFC could also serve as an indicator for a patient's future outcome in multimodal cognitive behavioral psychotherapy. A procedure like this could lead to additional measures to improve the psychotherapeutic outcome of patients who would otherwise have a high risk to have low benefits from cognitive behavioral psychotherapy.

### The neural correlates of therapeutic phase-transitions: repeated fMRI during the inpatient treatment of OCD

*Günter Schiepek - Paracelsus Medical University, Salzburg, Austria, Stephan Heinzel, Martin Aigner, Igor Tominschek, Susanne Karch*

**Aim:** Several studies identified phase-transition like phenomena during psychotherapeutic processes, using a variety of empirical methods at different time scales. These transitions seem to be accompanied by periods of increased dynamic complexity, indicating critical instabilities of the process. Results like these support the conceptualization of psychotherapy as a self-organizing process. Since not only the nonlinear interaction of specific and unspecific factors follows the principles of self-organization, but also the dynamics of the brain, the question arises if therapeutic self-organization has its correlates at the level of brain functioning. **Methods:** In this study, 9 medication-free patients with obsessive-compulsive disorder (OCD, subtype washing/contamination fear) and 9 matched healthy controls underwent repeated (3-4) fMRI scans. Patients were treated by inpatient psychotherapy integrating CBT and systemic therapy. During their hospital stay (mean: 66 days) they reported on therapy-related emotions and cognitions using the Therapy Process Questionnaire (TPQ) once per day and on symptom intensity (Y-BOCS) once per week, using the internet-based Synergetic Navigation System (SNS). The fMRI stimulation paradigm combined individualized visual symptom provocation and disgust-provoking as well as neutral pictures from the IAPS. **Results:** The time-series data resulting from the daily self-reports replicate findings of critical instabilities and phase-transitions during therapy. In most of the cases they were correlated to the most substantial changes of neural activation patterns. The involved structures correspond to the neural substrates of enlarged OCD-models. **Conclusion:** Our findings offer a first insight into the neural substrates of therapeutic self-organization. Further studies should include larger samples of patients and controls, connectivity modeling of neuroanatomical patterns, and markers of gene-expression. The paradigm of repeated fMRI with individualized stimulation related to highly resolved psychological time-series data (daily ratings) has proven to be useful.

**Panel**  
Change

**Moderator**

Franz Caspar -  
University of Bern,  
Switzerland

**The safe basis for going about change: Motive Oriented Therapeutic Relationship**

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

This panel includes several contributions related to a descriptive and prescriptive approach to the psychotherapy relationship: Motive Oriented Therapeutic Relationship (Caspar/Grawe). It is based on thorough case conceptualizations and includes ideas of how to custom-tailor the relationship to provide a safe basis for each individual patient. The basic idea is striking: To satisfy the unproblematic motives which drive problematic patient behavior in the relationship, this making the latter superfluous and freeing resources for the therapeutic work. The panel is composed of two papers out of the original Bernese research group, studying patients with a variety of diagnoses, and a paper from the Lausanne group studying patients with borderline personality disorder.

**Relation between Complementary Therapeutic Relationship and Outcome**

*Isabelle Schmutz Held - University of Bern, Switzerland, Thomas Berger, Franz Caspar*

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

**Balancing giving comfort and challenging**

*Franz Caspar - University of Bern, Switzerland, Isabelle Schmutz Held, Thomas Berger*

There is plenty of evidence showing that a good therapeutic relationship is related to positive outcome. The resulting correlations or effect sizes are limited, though. As wrong as those are who put all their eggs in the basket of therapeutic techniques, are those who say that a good therapy relationship is all that counts. If it were so – notwithstanding all methodological difficulties – the correlations would be higher. Sure we all know therapies for which the therapeutic relationship has been absolutely pivotal. Could it be that there are also therapies for which the relationship does not matter that much? There are indeed indications that the importance is to some extent dependent on the diagnosis (Beutler et al., 2004). We have also found that there are gender differences: the correlations between relationship quality and outcome are higher for female therapists. Male and female therapists seem to bring about success in somewhat different ways. All this levels out effects that can be found to some extent. We suspect, however, that another main factor is the right mix or balance between giving comfort by a good, smooth relationship, and challenge. Challenge may reduce the assessed complementarity in the relationship, yet be necessary, if not for good, then certainly for best results. Indicators pointing in this direction will be presented and discussed, and methodological issues related to differentiating between smart challenge and clumsy stepping on the patient's toes will be discussed.

## Effects of Motive-Oriented Therapeutic Relationship in Early-Phase Treatment of Borderline Personality Disorder : A Pilot Study of a Randomized Trial

*Ueli Kramer - University of Lausanne, Switzerland, Thomas Berger, Stéphane Kolly, Pierre Marquet, Martin Preisig, Yves de Roten, Jean-Nicolas Despland, & Franz Caspar*

Motive-Oriented Therapeutic Relationship (MOTR, also called Complementary Therapeutic Relationship) is postulated to be a particularly helpful therapeutic ingredient in the early-phase treatment of patients with Personality Disorders, in particular Borderline Personality Disorder (BPD). The present pilot study of randomized controlled trial using an add-on design aims to investigate the effects of MOTR in early-phase treatment (up to session 10) with BPD patients on therapeutic alliance, session impact and outcome. In total, N = 25 patients participated in the study. BPD patients were randomly allocated to a manual-based investigation process in ten sessions or to the same investigation process infused with MOTR. Adherence ratings were performed and yielded satisfactory results. The results suggested a specific effectiveness of MOTR on the interpersonal problem area, on the quality of the therapeutic alliance and the quality of the therapeutic relationship, as rated by the patient. These results may have important clinical implications for the early-phase treatment of patients presenting with BPD.

### Panel

Quality

#### Moderator

Louis Castonguay -  
Penn State  
University,  
University Park,  
USA

### Corrective experiences: Disconfirmations and transformations across theoretical approaches

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

Although corrective experiences (CE) have been widely viewed as common variables in psychotherapy, limited attention has been given (by scholars and researchers alike) to the delineation of their nature, facilitative factors, and therapeutic consequences. The present panel addresses this gap of knowledge by providing conceptual and empirical descriptions of CE, as they manifest themselves in different approaches of psychotherapy. The papers included in this panel are based on work generated by a series of conferences on the process of change that have been held at Penn State University. Representing a Rogerian's perspective, the first paper (Bohart, Farber, & Stiles) will describe the role of client in creating CE in and outside therapy. Review of research and case examples will be presented to support this position. The next two papers (Nelson et al.; Castonguay, et al.) will present qualitative analyses conducted on two treatments (cognitive-behavioral and interpersonal/experiential) that were part of an integrative protocol for generalized anxiety disorders. Involving the same client and therapist, these analyses reveal both similarities and differences in CE across therapeutic approaches. Based on a collaboration of multiple research sites, the fourth paper (Friedlander et al.) will present the results of content analyses of client's description of what change in therapy (i.e., nature of CE) and how change takes place (i.e., mechanisms involved in CE). Conducted on post-session questionnaires fill-out by 56 clients who have received psychodynamic, cognitive-behavioral, or integrative psychotherapy, these content analyses provide extensive knowledge about common and unique issues related to CE across orientations.

### Carl Rogers, Corrective Experience and The Client As Active Self-Healer

*Arthur Bohart - Saybrook University, San Francisco, USA, Barry Farber and William Stiles*

**Aim:** The aim will be to lay out research issues associated with the role of the client as active self-healer in the creation of corrective experience events. A brief discussion of the general Rogerian position on corrective experiences will be given, focusing on the hypothesis that it is clients who generatively make therapy work. The bulk of the presentation will focus on clients' active roles in interpreting therapy events in ways that make them corrective experiences and in generating their own corrective experiences both in and outside of therapy. **Method and Results:** The hypothesis that it is clients who substantially contribute to making therapy work has received empirical support. We will review research which supports the role of client interpretation in contributing to change. This research suggests that what is a corrective experience for the client may have as much to do with how clients perceive therapy events as it does with what therapists are actually doing. We will consider the possible role of how experiences in therapy prepare clients to recognize and have corrective experiences outside of therapy. The research review will be followed with two illustrative case examples. **Discussion:** We will map out what is not known about the active constructive efforts of the client and research directions for the future.

## Corrective experiences in Interpersonal/emotion deepening therapy

*Louis Castonguay - Penn State University, University Park, USA, Dana Nelson, James Boswell, Sam Nordberg, Andrew Mcalavey, Michelle Newman, and Thomas Borkovec.*

**Aim:** The goal of this study was to describe how corrective experiences (CE) take place in a treatment focused on interpersonal issues and emotional deepening (I/EP) for generalized anxiety disorder (GAD).

**Method:** As part of an integrative treatment protocol, a client diagnosed with GAD received 14 sessions of I/EP (in addition to 14 sessions of CBT, which are the focus of another paper in this panel). Using Elliott's Comprehensive Process Analysis, videotapes of the sessions were first observed by four coders. The coders then analyzed two significant episodes of CE, as well as their effects and the context within which these episodes took place. **Results:** The analyses showed disconfirmation of client's fear (being rejected) and change of maladaptive behaviors (controlling relationship) as a result of therapist's exploration of client's way of relating with (and its impact on) her during session. Analyses also demonstrated client generalization of therapeutic learning (and of new CE) in a relationship outside session.

**"What's therapy got to do with it?" Clients' explanations of corrective change.**

*Myrna Friedlander - S.U.N.Y. at Albany, USA, Laurie Heatherington, Michael Constantino, Stanley Messer, Laura Kortz, and Katharine Shaffer*

The notion of a corrective experience (CE) has persisted across psychotherapeutic orientations since its introduction in the psychoanalytic literature by Alexander and French (1946). Despite considerable theorizing about CEs, or about positive therapeutic change in general, little is known about clients' perceptions of how corrective change comes about in therapy. In four clinical settings (two university training clinics, one community mental health center, and one hospital-based outpatient practice), we administered post-session questionnaires after every fourth session to outpatient clients, who received psychodynamic or cognitive-behavioral psychotherapy. The themes that emerged from our content analysis of these clients' narratives captured both the "what" (the nature of the CE) and the "how" (the mechanism of change). In continuing to analyze the rich data from this discovery-oriented study, we are examining the link between each client's description of the CE ("what changed") with his or her explanation of "how it changed." The six major "what changed" categories include stronger sense of self, new experiential awareness, new cognitive perspective, acquisition of new skills, recognition of hope, and behavioral change. The change mechanism categories include clients' perceptions of their therapists' behavior (8 categories, e.g., "encouraged client to own/express feelings"), their own behavior (15 categories, e.g., "self-realization or insight"), collaboration between therapist and client (6 categories, e.g., "role playing"), and something external (4 categories, e.g., "changes in daily routine"). Results will be compared within and across the two theoretical orientations for common and theory-specific mechanisms of change.

## Panel

Group

### Moderator

Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA

## The Process of Group Drug Counseling for Cocaine Dependence

*Discussant: Gary Burlingame - Brigham Young University, Provo, USA*

Some version of group drug counseling is offered by 93% of the drug treatment programs in the United States (SAMHSA, 2010). As part of a package together with individual drug counseling, group drug counseling has been shown to be an effective treatment for cocaine dependence (Crits-Christoph et al., 1999). Despite the widespread use of this treatment, and the efficacy data supporting it, there have been few empirical efforts designed to study the process of group drug counseling. The goal of this panel is to present the results of a large-scale investigation of the process of group drug counseling. Using ratings made on sessions from 417 patients who participated in a multicenter study of treatments for cocaine dependence, the first paper presents the findings of a generalizability theory analysis of process ratings, including ratings of alliance, feedback, participation, and group cohesion, designed to assess interjudge reliability and patient-level dependability of process ratings. The second paper examines the process ratings as predictors of treatment outcome. The third paper will examine gender effects on process ratings and gender as moderator of the relation between process ratings and treatment outcome.

## A Generalizability Theory Analysis of Group Process Ratings in the Treatment of Cocaine Dependence

*Paul Crits-Christoph - University of Pennsylvania, Philadelphia, USA, Jennifer Johnson, Robert Gallop, Mary Beth Connolly Gibbons, Jessica Hamilton, Sarah Ring-Kurtz*

**Aims.** Using sessions from a previous investigation in which patients received group drug counseling for cocaine dependence, the goal of the current study was to conduct a generalizability theory analysis of group process variables that have been found to predict outcome for group treatments across a range of patient populations. **Methods.** Videotaped group counseling sessions were rated for therapeutic alliance, degree of group member self-disclosure, amount of positive and negative feedback from group members and the counselor to each member, group cohesion scales, and degree of participation of each group member (n=417 patients). **Results.** Interrater reliability assessed through intraclass correlation coefficients calculated from models incorporating patient, counselor, session, and rater variability were good to excellent for most measures. Generalizability coefficients based on statistical models that included terms for Patient, Counselor, Session, Group, and Rater (plus interactions), revealed that some measures (positive learning statements received from counselor or other patients; non-positive learning statements received from other patients; self-disclosures in the here-and-now; group cohesion scales) had inadequate dependability at the patient level if only two raters and two sessions were used. In contrast, good generalizability coefficients based on two raters and two sessions were obtained for alliance, non-positive learning statements received from counselor, participation variables, and self-disclosures about the past. **Discussion.** The good interjudge reliability and ability to measure meaningful patient-to-patient variability using these scales indicates that it is possible to study certain process constructs (e.g., alliance, feedback, self-disclosure, group cohesion) in the context of group drug counseling.

## Process Predictors of the Outcome of Group Drug Counseling

*Mary Beth Connolly Gibbons - University of Pennsylvania, Philadelphia, USA, Jennifer Johnson, Robert Gallop, Jessica Hamilton, Sarah Ring-Kurtz, Paul Crits-Christoph*

**Aims.** Using sessions from a previous investigation in which patients received group drug counseling for cocaine dependence, the goal of the current study was to predict treatment outcome from group process variables. **Methods.** Videotaped group counseling sessions from 417 patients were rated for therapeutic alliance, degree of group member self-disclosure, amount of positive and negative feedback from group members and the counselor to each member, group cohesion scales, and degree of participation of each group member. Patient-level scores (aggregating over sessions and raters) on these process measures were used as predictors of treatment outcomes (drug use; engagement with 12-step behaviors and philosophy; belief about substance use). **Results.** Advice statements from counselors and advice statements from other patients significantly predicted drug use outcomes (increased use of advice statements was associated with fewer consecutive months of abstinence). The alliance was a highly significant predictor of improved endorsement of 12-step behaviors and philosophy. Receiving non-positive learning statements from the counselor, and receiving advice statements from the counselor, were significantly negatively associated with change in endorsement of 12-step behaviors/philosophy. Non-positive learning statements from the counselor, advice statements from the counselor, and advice statements from other patients, were all significantly associated with changes in negative beliefs about substance abuse. **Discussion.** Aspects of the process of group drug counseling were associated with treatment outcomes in ways that suggest that group drug counseling works in similar ways as does group therapy for other types of patients.

## Gender, Race, and Group Processes in Group Drug Treatment

*Jennifer Johnson - Brown University, Providence, USA, Mary Beth Connolly Gibbons, Jessica Hamilton, Sarah Ring-Kurtz, Robert Gallop, Paul Crits-Christoph*

**Aims.** Group drug counseling is the primary treatment modality used in community settings in the United States for most substances of abuse. Findings from the social psychology and substance use treatment literatures suggest that gender may influence how substance using individuals participate in these groups, and that race may moderate the effects of gender on group behavior. This study examined gender, race, and their interaction as predictors of behavior in drug counseling groups, and explored how gender and racial differences in group processes related to cocaine outcome. **Method.** Ratings of group processes were made



from videotaped sessions of group drug counseling drawn from a randomized trial of treatment for cocaine-dependent individuals (n = 432). Race, gender, and race by gender effects on group processes were examined using analysis of variance. Interactions between race, gender, and group processes in predicting monthly cocaine use were examined using regression. Results. Race and the race by gender interaction, but not gender alone, predicted most group behaviors. Non-minority women had the highest levels of most group behaviors, followed by men of all races, with minority (mostly African-American) women having the lowest levels. In particular, non-minority women disclosed more and received more advice and non-positive feedback than minority women. These differences were unrelated to cocaine outcome. Conclusions: Women, but not men, of different races act differently in mixed-race, mixed-gender cocaine treatment groups. Findings suggest that race and gender may have subtle but consistent effects on treatment group processes.

## **Panel**

Practice

### **Moderator**

Rebecca Curtis -  
Adelphi University,  
Garden City, NY,  
USA

## **Stopping Psychotherapy: Who Drops Out and Why?**

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

Almost half of patients leave therapy prematurely (Wierzbicki & Pekarik, 1993). Previous research regarding patient determinants of termination have indicated that factors such as poor education, poor interpersonal functioning and lack of readiness for change are predictors of premature termination. Lack of experience is a therapist predictor, although contradictory results have been found. This panel will examine further the variables leading to ending therapy, both from the patient's point of view and prematurely from the therapist's point of view. The first study looked at 24 drop-outs compared to 39 other patients in a randomized clinical trial of Narrative Therapy and CBT. Those not taking medication and those with no comorbidity (only depression) were more likely to drop out. Another study interviewed by phone at least nine drop-outs after one or two sessions of person-centered/experiential therapy. The data from these drop-outs regarding Helpful Aspects of Therapy, problems they wished to work on, and assessment data will be analyzed. A third study examines responses to an online survey about reasons for stopping therapy and narcissistic personality. Patients did not think they had stopped too soon and generally reported that they were not getting anything anymore out of therapy. The sample had low scores on the narcissism scale. A fourth study found that the early terminating patients and therapists were no different from others but analysis of the sessions in detail of two patients indicated the therapist interventions were not adequately responsive. Promising directions for future research in this area will be discussed.

## **Attrition Analysis of a Randomized Clinical Trial with Moderately Depressed Clients**

*Rodrigo Lopes - University of Minho, Braga, Portugal, Dana Sinai & Miguel Congalves*

Drop-out is considered to be a waste of economic and human resources when rates are high. Mean dropout rate at psychotherapy settings is found to be 46.86% ranging from 42.9 to 50.82%, depending on the definition used. Although no particular predictor for dropping out is established up to date, few predictors are recurrent in psychotherapy research, such as low social economic status, low education and being part of a minority ethnic background. This study presents the attrition data from a randomized clinical trial aimed to test the efficacy of Narrative Therapy (NT) for moderate depression when compared to Cognitive-Behavioral Therapy (CBT). Total clients seen in the study was 63 of which 24 dropped out. Drop out was defined as the unilateral termination by the client without the therapist's approval and/or failure to attend the last scheduled appointment. Patients who have failed to return after the intake assessment were not counted as drop-outs and were not even included in the database. The most significant findings were that (1) clients who began treatment not taking medication had significantly higher chances of dropping out, (2) clients with no co-morbidity (i. e., only major depression) were more likely to drop out if compared to clients who had concurrent anxiety problems at the intake and (3) the CBT drop-outs had significantly better scores in BDI-II at their last session if compared to NT drop-outs. Implications for clinical practice and research will be discussed.

## **Characteristics of Clients in Person-centered Experiential Therapy who End Early**

*Diane Elliot - University of Strathclyde, Glasgow, UK, Robert Elliot*

**Aim:** The purpose of this preliminary study is to look at clients who come for only one or two sessions and never return, in a Scottish psychotherapy research clinic specializing in person-centered/experiential therapy. **Method:** Early ending was defined as attendance at one or two sessions. We were able to contact

9 of 19 such clients for a brief phone interview asking their reasons for leaving therapy. All clients were assessed by a researcher, completed an individualized outcome measure (the Personal Questionnaire), CORE Outcome measure, Strathclyde Inventory, and Helpful Aspects of Therapy (HAT) form. Results: We report the frequencies of the different reasons given by clients (eg, lack of guidance/structure, major issue resolved, scheduling problems) and results of a qualitative analysis of reasons clients gave for leaving therapy. We also report these clients' views of the therapy on the HAT and summarize their PQ items, and pre-therapy CORE Assessment and Outcome data. Finally, the available data for the 10 clients for whom there is no ending interview will be compared with the 9 we interviewed. Discussion: The small sample is an important limitation of this study. However, by trying to understand the processes involved in this form of early ending we hope to evaluate whether these clients have experienced difficulty in engaging with therapy, and if so, to find how why they failed to engage and what might be done to improve therapy.

#### Why Patients Say they Stopped Psychotherapy

*Rebecca Curtis - Adelphi University, New York, USA, Schenike Massie*

An online survey asked respondents why they stopped psychotherapy and inquired about attachment style and narcissism. Most of the respondents were female with female therapists in the United States in psychoanalytically-oriented therapy one time per week. Most said they were not getting anything anymore out of therapy, although they also agreed to problems with meeting times and relocation. Most respondents said it was their decision to terminate and most stayed longer after mentioning their desire to stop. In no case did patients report that the therapists said they were no longer being helpful. Most patients would not go back to the same therapist, saying they would want a different experience. Still, no one thought their therapist did not like them and no one thought their therapist talked too much. The respondents all thought the therapy was at least somewhat helpful. In most cases the therapist did not taper off sessions nor suggest a follow-up session. No respondent thought the therapy ended too early and most thought it went on too long. The respondents reported being either secure or fearful in attachment style but attachment style was not related to reasons for stopping therapy. None scored high on the narcissism scale (NPI-16), making it difficult to determine if narcissism was related to reasons for stopping therapy.

#### Early Termination (Drop Outs) in a Study of Brief Dynamic Psychotherapy

*George Silberschatz - University of California, San Francisco, USA*

The psychotherapy research literature does not provide clear, consistent findings regarding factors that predict therapy drop outs (early terminators). Patient variables (e.g., age, education, race, level of pathology, psychological mindedness), therapist variables (e.g., level of experience, theoretical background), and process variables (e.g., manual adherence, techniques, therapeutic alliance) have all been suggested as possible predictors of early termination, but various studies report contradictory results. Our study of brief dynamic psychotherapy stipulated a fixed number of sessions. During the screening process prospective patients were told that the treatment package consisted of 16 weekly sessions. This treatment contract was reaffirmed with the therapist after the first session. We identified patients who terminated early in order to determine what factors contributed to their dropping out. Were they different at the outset from those who completed the treatment? Were their therapists different in any systematic way? The patients were no different than their counterparts nor were the therapists. We therefore looked closely at what happened during their treatment sessions. In my presentation I will focus on two middle-aged female patients who dropped out after 3 sessions. Analysis of the therapist's interventions showed that the therapist was not attuned or adequately responsive to these patients' particular problems and needs. I will describe the methodology we developed for assessing therapist responsiveness and provide clinical examples from these two cases that illustrate it.

#### **Panel**

Interpersonal

#### **Moderator**

Joëlle Darwiche -  
Lausanne  
University,  
Switzerland

#### **Outcome and Process Research in Couple and Family Therapy**

*Discussant: William Pinsof - Northwestern University, Evanston, USA*

The goal of this panel is to determine the contribution of specific models developed within the tradition of couple and family therapy. The findings from four studies will be presented and will help us to discuss how to track changes in systemic processes. The first paper will present a study which identifies the vulnerable emotional expressions during EFT-C (Johnson, Hunsley, Greenberg, & Schindler, 1999) and examines the partner's responses following his/her partner's vulnerable emotional expressions. The second paper will

focus on the development of a refined model which identifies the specific steps partners go through in EFT-C in order to use adaptive anger to resolve problems. The third paper will present findings adapting Attachment-Based Family Therapy (Diamond, Siqueland & Diamond, 2003) to the needs of suicidal lesbian, gay and bisexual adolescents. Results showed that suicidal ideation, depressive symptoms as well as anxiety and avoidance in relationships with mothers significantly decreased thanks to treatment. Finally, the fourth paper will examine the effectiveness of a Brief Systemic Intervention (Carneiro et al., 2010) with couples and families regarding levels of marital satisfaction and co-parental alliance. Preliminary results showed that the BSI diversely affects the marital and the coparental relationships.

### Revealing Underlying Vulnerable Emotion in Couple Therapy: Impact on Final Outcome

*Jacqueline McKinnon - York University, Toronto, Canada, Leslie Greenberg*

Emotion-Focused Therapy for Couples (EFT-C) is a well established and empirically validated approach to treating couples in distress (Johnson, Hunsley, Greenberg, & Schindler, 1999). The purpose of the proposed study is to test one of the major assumption of EFT-C; namely, that helping partners to 1) express their underlying vulnerable emotions and 2) respond to one another's expressions of underlying vulnerability in a supportive manner, is key to repairing romantic relationships. The videotaped therapy sessions of 32 couples that received 10-12 sessions of EFT-C as part of the York Emotional Injury Project (Greenberg, Warwar, and Malcolm, 2010) will be screened for potential examples of vulnerable emotional expression. For each of the 64 partners, the two most vulnerable emotional expressions will be identified and coded on the Couples Vulnerability Scale (McKinnon & Greenberg, 2010). The Structural Analysis of Social Behaviour Coding System (Benjamin, 1974) will then be used to code the responses made by those in the witnessing position following their partners' vulnerable emotional expressions. It is hypothesized that couples that display higher levels of vulnerable emotional expression during therapy sessions will fare better on a number of final outcome measures. In addition to this, the nature of the witnessing partner's responses following his or her partner's vulnerable emotional expressions is expected to partially mediate this relationship, with those couples responding in an affiliative manner to one another's vulnerable emotional expressions showing the most improvement.

### A Task-Analytic Model of Using Adaptive Anger to Resolve Problems in Emotion-Focused Therapy for Couples

*Martin Fisher - Argosy University, Schaumburg, USA, Rhonda Goldman, Leslie Greenberg*

Anger can be a very problematic emotion in relationships, particularly when it is maladaptive and under regulated. Anger can be used to dominate, attack, or belittle one's partner. On the other hand, the expression of adaptive anger in therapy helps deconstruct the dysfunctional interactional cycles that plague relationships. In pursue-distance cycles, adaptive anger in the distancing partner allows reengagement and a shift in interactional positions. Without experiencing and working through adaptive anger, distancers will continue to experience resentment, and they may struggle to reengage or access feelings of compassion needed in the future to soothe their partners. In dominance-submission cycles, it is the accessing of the submissive partner's assertive anger that helps reestablish boundaries and rebalance power in the relationship. This research is a qualitative study that seeks to identify the specific steps and stages partners go through in couples' therapy to express adaptive anger. The study adopted task analysis, a method used to discover and validate client processes of change that occur in resolving specific types of affective-cognitive problems presented in psychotherapy. The present study developed a model of how underlying and unacknowledged anger is accessed and adaptively expressed in Emotion-Focused Couples Therapy (EFT-C). Ten different couples, all of whom participated in 10-12 sessions of EFT-C in order to resolve a past emotional injury in the relationship were studied. Couples therapy sessions in which either productive or unproductive anger occurred were intensively observed and classified in order to produce a refined model that describes and outlines the steps couples engage in EFT-C in order to successfully use adaptive anger to resolve problems. Results of a preliminary analysis and a refined model will be presented.

## Attachment-Based Family Therapy for Suicidal Lesbian, Gay and Bisexual Adolescents: Treatment Development and Pilot Efficacy Study

*Gary M. Diamond - Ben-Gurion University of the Negev, Beer-Sheva , Israel, Guy S. Diamond, Suzanne Levy, Cynthia Closs, Tonya Ladipo, Lynne Siqueland*

Lesbian, gay and bisexual adolescents report higher rates of both suicidal ideation and suicide attempts than their heterosexual peers. This is attributable, in part, to parental criticism and rejection of their sexual orientation/atypical gender behavior. To date, no psychotherapy treatments have been developed for, or tested with, this population. This study involved adapting Attachment-Based Family Therapy (ABFT) to meet the unique needs of suicidal, openly LGB youth and their parents and gathering pilot data on the feasibility and efficacy of the treatment. First, a treatment development team consisting of experts in ABFT and community therapists with expertise in treating LGB youth met to adapt the model. Second, 10 suicidal openly LGB youth and their families received 12 weeks of LGB sensitive ABFT. Adolescents completed self-report measures of suicidal ideation, depressive symptoms and quality of their relationship with parents. Findings suggested that the structure of model delivery may need to allow for more individual sessions with the adolescent and parents. Also, greater focus on subtle invalidating parental behaviors and on the tension between parental anxiety associated with the adolescent's sexual orientation on one hand, and the need for adolescent autonomy on the other hand, is warranted. Seven of the 10 families completed a full course of treatment. Across the sample, suicidal ideation and depressive symptoms significantly decreased as did anxiety and avoidance in relationships with mothers. Together, these findings suggest that family based treatments that focus on relational themes may be promising for suicidal openly gay youth.

## Effectiveness of a Brief Systemic Intervention on Marital and Coparental Relationships

*Joëlle Darwiche - Lausanne University, Switzerland, Yves de Roten, Claudio Carneiro, Christel Vaudan, Alessandra Duc-Marwood, Jean-Nicolas Despland*

**Aim:** Our study evaluates the effectiveness of a Brief Systemic Intervention (BSI) on different outcome levels of individual and family functioning. In this paper, we will focus on the marital and co-parental relationships of couples with children. Co-parenting refers to the coordination between the adults in their parental roles. From a clinical point of view, working on the coparental level might facilitate the creation of a working alliance. Both partners are generally motivated to work on issues about their children whereas starting treatment with marital conflict is more sensitive. **Methods:** The sample is composed of 15 couples/families. The BSI is a manual-based intervention in 6 sessions designed for a couple and family ambulatory service. BSI outcomes are assessed by self-questionnaire at the levels of individual symptomatology (1), marital (2), parental (3), co-parental (4) and family (5) relationship. The variables are measured at the beginning and end of the intervention and at a 3 months follow-up. The quality of the therapeutic alliance is assessed after each session. **Results:** Pilot data concerning the BSI impact on the marital and the coparental levels will be presented. The results on the association between the improvement of the marital relationship and the co-parental alliance as well as the influence of the therapeutic alliance on these levels will be reported. **Discussion:** The co-parental alliance was rarely assessed as an outcome in the field of couple and family therapy. Our results will help to determine how the BSI diversely affects the marital and the coparental relationships.

### **Panel**

Instruments  
Culture

### **Moderator**

Kim de Jong -  
Erasmus  
University Medical  
Centre, Rotterdam,  
Netherlands

## **Characteristics of several language versions of the Outcome Questionnaire (OQ-45)**

The Outcome Questionnaire (OQ-45) was constructed as a brief questionnaire for use in Routine Outcome Monitoring. The original US version contains three dimensions, symptom distress, interpersonal relations and social role. Translations in 11 languages have been developed until now. However meticulous these translations have been made, certain differences in characteristics, such as factor structure and cut-off scores, are inevitable. These differences can be caused by different connotations of the terms involved, but also by cultural differences. Additionally, cut-off scores can be influenced by the particular response groups incorporated. And these in turn can be determined by the health system in the country at hand. This panel is aimed at mapping the OQ-45 characteristics in various languages, and finding causes for these differences.

## Psychometric characteristics of the Dutch OQ-45 in the normal and several psychotherapeutic populations

*Reinier Timman - Erasmus University Medical Centre, Rotterdam, Netherlands, Kim de Jong*

Introduction: The Dutch Outcome Questionnaire-45 (OQ-45) has been reported to possess a different factor structure, cut-off and reliable change scores than the original US version. It has been suggested that this is due to cultural differences, though additionally these differences are for a large part dependent on the norm groups under study. The current study is aimed at determining the factor structures within, and the cut-off scores between the normal population and several psychotherapeutic settings. These settings include primary and secondary outpatient care, day care and inpatient therapies. Within these therapies, short term (3 months or less) and long term treatments can be distinguished. Outpatient therapies can be subdivided into private practice and public treatment. Sample: Data are gathered in the monitoring psychotherapy programs of the Erasmus University Medical Centre and the Mental Health Care Centre North-Holland-North (GGz-NHN). Normal population: 1800, outpatient 6000, day-care 500, inpatient 1000 cases. Statistical methods: Exploratory and confirmatory factor analyses for factor structure. Determination of reliable change and cut-off scores according to the method of Jacobson & Truax (1991) and ROC curve analyses. Preliminary results: The cut-off scores between the normal population and primary outpatient care are lower ( $\pm 54$ ) than between the normal population and the clinical sample ( $\pm 62$ ). More results will be presented. Discussion: Cut-off scores between various patient groups could serve as additional indicators for patient allocation to treatment.

## The use of the OQ-45 with eating disorder patients: a study on the differences between two clinical groups.

*Gianluca Lo Coco - University of Palermo, Italy, Salvatore Gullo, Claudia Prestano*

Introduction: The Outcome Questionnaire-45 (OQ-45, Lambert, et al., 2004) has been designed as a concise outcome and screening instrument and has become a widely used measure in research and clinical applications (Lambert, 2007). Psychometric coefficients of the OQ-45 have held up across a variety of cultures. Two previous studies showed that the psychometric properties of the Italian version of the OQ-45 were adequate and similar to the original instrument. Aims: The aim of the study is to determine potential differences on the OQ-45 in diverse clinical populations. Particularly, we tested whether the OQ-45 may be a suitable tool to assess the outcome of patients with eating disorders. Two participant groups were involved in the study. The first group consisted of 308 adult outpatients with eating disorders diagnosis (116 patients had anorexia, bulimia nervosa, and binge eating disorder, and 192 were obese patients). The second was a clinical group of 279 outpatients: their most frequently occurring diagnoses were mood and anxiety disorders. Results: The ANOVA showed that the eating disorders group scored higher on OQ than the obese patients. Both these eating disorder groups scored lower than the psychiatric outpatients (OQ total means: 69.3, 62, and 78.2, respectively). Finally, we will report the correlations between OQ-45 scores and validating variables (EDI-2, BES, IIP-32, BIAI) for the eating disorder sample.

## The Outcome Questionnaire (OQ-45.2) in a Portuguese population: Psychometric properties, norms and factor structure, and clinical data

*Paulo Machado - Universidade do Minho, Braga, Portugal, Daniel Fassnacht*

This presentation describes the psychometric properties and norms of the Outcome Questionnaire 45.2 in a Portuguese population by using university, high school, and community samples. A confirmatory factor analysis was conducted to examine the factor structure of the instrument. The results showed adequate psychometric properties. The three factor structure of the original instrument was not supported. Nevertheless, the Portuguese version is a reliable instrument for assessing outcome and monitoring change in psychotherapy. In addition to the normative sample we will present data on several clinical samples: Major Depressive Disorder (N=50), Eating Disorders (N=100), Drug Addiction (N= 20), and Obese Patients undergoing bariatric surgery (N= 150). Implications for outcome monitoring will be discussed.

## Evaluating online (OQ45) patient feedback about progress to therapists

*Ingunn Amble - Outpatient Clinic/Research Institute, Modum Bad, Vikersund, Norway, Sven Stubdal, Anne Marie Skjørten, Theresa Wilberg, Tore Gude*

Introduction: The feedback system OQ-45 (outcome Questionnaire 45) provides therapists with their patients' online feedback, which has been shown to improve treatment outcomes, identify patient deterioration and shorten the length of treatment. Research Questions: 1) What is the reliability and validity of the OQ-45 in a Norwegian population? 2) Will the Norwegian OQ-45 findings differ from other countries; and will it be necessary to adjust normative/cut-offs? 3) Will the OQ-45 feedback be effective in improving psychotherapy outcomes and in reducing the length of treatment in a Norwegian psychiatric population? 1. Pilot Study: Purpose: To adjust the OQ-45 for a Norwegian psychiatric outpatient and inpatient population. Sample: 15 Outpatients, 45 "normative" persons for test-retest. 2. Main study: Design: By RCT to test the effectiveness of the OQ-45 feedback system in Norwegian psychiatric patients. Sample - Randomize 400 adult patients (age 18-65) in two clinics; 1) Modum Bad Outpatient Clinic and 2) Drammen Psychiatric Center to two different conditions: Feedback/no feedback. Data collection started June 2010. Statistics: Mean, test-retest correlation, internal consistency (Cronbach's alpha), multilevel analyses, exploratory and confirmatory factor analyses. Discussion: Present and discuss the results from the pilot study (N = 15) Mean intake score: 85,3. Present and discuss the preliminary results from a "normative" sample (N = 45), means, internal consistency and test-retest reliability analyses.

## Panel

Practice

### Moderator

Kim de Jong -  
Erasmus  
University Medical  
Center / GGZ  
Noord-Holland  
Noord, Rotterdam  
/ Heiloo, The  
Netherlands

## Monitoring patient progress and providing feedback: response patterns and effects

*Discussant: Robert Lueger - Creighton University, Omaha, NE, USA*

In this panel, results from three studies on monitoring patient progress and providing feedback to therapists will be discussed. In all three presentations, results were based on studies in which feedback was provided to therapist about the patient's progress, but the content of the feedback differed per setting. The first presentation will focus on patterns of change of an outpatient American and German samples. The second presentation will show the effects of feedback on both wellbeing and symptoms in an inpatient setting in Australia. The third presentation will show the effects of feedback on symptom reduction and wellbeing in a randomized design. Dr. Robert Lueger will discuss the findings of these studies.

## Change processes in outpatient psychotherapy – are some patterns universal?

*Katharina Köck - Universität Trier, Germany, Wolfgang Lutz*

AIM: Earlier research on change processes has shown that patient samples are highly heterogeneous with meaningful patterns of change that are not directly observable. Groups of fast responding patients are found in different datasets. Our aim is to compare change processes in data deriving from outpatient psychotherapies in Germany and the US. To get a more in-depth understanding of when early changes occur, a series of analysis with different numbers of sessions are conducted. Knowledge about processes and specific predictors of change can help to improve ongoing psychotherapies in the context of patient-focused research. Methods/Results: Analyses are based on data of 1708 German and 5835 US American psychotherapy outpatients. Growth Mixture Modeling (GMM) is used to define latent classes of change patterns in general distress, defined by the BSI-GSI and Global Mental Health (GMH) scores. Different models including the first five or ten sessions are tested. Patterns of (early) change are related to treatment goals, psychiatric diagnoses and final outcome. Discussion: The results will be discussed with regard to their relevance for the understanding of different courses of treatment and the advancement of quality assurance systems in outpatient psychotherapy.

## Examining the benefits of combining feedback of wellbeing and symptoms in progress monitoring

*Kale Dyer - University of Western Australia, Crawley, Andrew Page, Geoff Hooke*

Aim: Monitoring patient progress in therapy and the feedback of this information to patients and therapists has been demonstrated to improve patient outcomes in psychotherapy. This monitoring has often focused primarily on a single dimension, symptoms. The phase model of psychotherapy outcome suggests that psychotherapy is composed of 3 phases; remoralisation, reduction of hopelessness, remediation, ameliora-

tion of symptoms, and rehabilitation, improving life functioning, with each phase ideally assessed using a different measure. Previous studies have focused on feedback and monitoring patient outcomes using a single predictor. In this study we used two predictors operationalised as the instillation of wellbeing (remoralisation) and reduction of symptoms (remediation) and assessed these differently. The goal of this study was to examine whether the monitoring and feedback of wellbeing and symptoms improve patient outcomes over and above wellbeing alone? Method: The analyses will be based on admission, discharge and naturalistic monitoring data collected from consecutive inpatients and day-patients enrolled in a 10-day intensive group cognitive-behavioural therapy. Admission and discharge data will be gathered using the DASS, HoNOS, and SF-36; monitoring data will be collected using WHO-5 and DI-5. Results: Preliminary results indicate that feedback of symptoms in addition to wellbeing was beneficial to patients over and above feedback of wellbeing alone. Discussion: Preliminary results suggest that feedback of symptoms and wellbeing are beneficial to patients in psychotherapy. Additional research as to optimum timing of feedback for symptoms and wellbeing to maximise patient benefit is a promising area for future research.

#### The effects of feedback on symptom reduction and wellbeing

*Kim de Jong - Erasmus University Medical Center, Rotterdam, Netherlands, Reinier Timman*

Aim: The aim of this study was to investigate what the effect of feedback is on symptom reduction and wellbeing. Previous research by Michael Lambert suggests that feedback improves patient outcome, especially for patients that are not progressing well in therapy – the so called ‘not on track’ group. Method: Subjects were outpatients that were mainly treated in private practices and were randomly assigned to one of three conditions: feedback to therapists (FbT) feedback to patients and therapists (FbTP) and no feedback (NFb). Patients were asked to complete the OQ-45 on a session by session basis. In the feedback conditions, feedback was provided about the OQ-45 total score and subdomains. In addition, the EQ-5D (wellbeing) was administered monthly. Results: Preliminary results indicate that for FbTP performs best, while the FbT and NFb group do not differ on the OQ-45. The wellbeing shows a similar pattern, but was not significant. Final results of the study will be available at the time of the conference. Discussion: Contrary to what we expected, we did not find an effect of feedback in the FbT group, but feedback does improve outcomes in the FbTP group. The meaning and consequences of this finding will be discussed.

#### Panel

Psychodynamic  
Culture

#### Moderator

Guillermo de la  
Parra - Pontificia  
Universidad  
Catolica de Chile,  
Santiago

#### Encounters between Cultures: Difference and Dialogue in Psychotherapy and Psychotherapy Research

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

Psychotherapy research continues to develop as a discipline in different countries and continents while SPR grows internationally alongside it, confronting new perspectives and realities. While this is an opportunity for novel dialogues and enriching experiences, we must also face different challenges. India's Poornima Bhola will reflect on the influence of socioeconomic, religious, linguistic, and ethnic features of India on the clinical practice and the development of psychotherapists. Korea's Eunsun Joo will illustrate the challenges that emerge as a result of being a western educated professional working as a psychotherapist and researcher in an eastern milieu. Taiwan's Lifei Wang will examine the profound meaning of the term "international" by showing examples of unequal representation of scientific production from different regions. Finally, David Orlinsky, who has both witnessed SPR's development and been a driving force behind its internationalization, will discuss the different presentations.

#### Cultural Transitions and Psychotherapy: Through the Indian Lens

*Poornima Bhola - St. John's Medical College and Hospital, Bangalore, India, Shveta Kumaria*

Psychotherapeutic encounters are influenced by cultural contexts, beliefs and value systems. The sharp distinction between the individualistic Western cultural orientation and the collectivistic Eastern cultural orientation tells only part of the story. There is limited access to services and social barriers to help-seeking along with a strong indigenous religious-philosophical belief system in India. The largely urban Indian psychotherapist has to be aware and responsive to cultural differences and expectations among clients from diverse socio-economic, religious, linguistic and ethnic backgrounds. The inherent diversity of Indian culture, the pulls of tradition and modernity in a globalising world and the multiplicity of cultures within clients and therapists are reflected in clinical practice. Cultural transitions can give rise to uncertainties in the microcosm of the therapy session. Psychotherapists are confronted by emerging and growing challenges

in the arenas of gender, sexuality and the construction of relationships in changing India. There is a lag between the recent legal initiatives and government policies and the rapidly changing socio-cultural milieu. The discussion includes perspectives based on experiences in clinical practice and supervision and from research on the professional development of Indian psychotherapists.

**Bridging Western psychotherapeutic training with Eastern way of living.**

*Eunsun Joo - Duksung Women's University, Seoul, Republic Of Korea*

As the world becomes more globalized and Westernized, scholars and practitioners of psychotherapy are expected more and more to play multiple roles and be culturally sensitive. In this panel, I will share my own experiences of bridging Western psychotherapeutic training with the Eastern way of living. Western psychotherapy theories and practices typically focus on individuals as the basic unit for treating mental, emotional, and behavioral disorders and expect that the therapeutic relationship will be an actively egalitarian collaboration. However, the traditional norms of Korean society are hierarchical rather than egalitarian and tend to subordinate individual interests and well-being to those of the family and community (Joo, 2009). Using Denzin's (1989) autobiographical narrative approach, my own struggles and challenges of being a Western educated person currently working in Korea as a professor, a researcher and a psychotherapy practitioner will be presented. Issues such as role-expectations, multiple-selves and relationships will be deeply explored.

**What do we mean by "international"? Inclusion and exclusion in Science and Psychotherapy Research**

*Li-fei Wang - National Taiwan Normal University*

"Willingly or unwillingly, the world has become the fabled "global village" (McLuhan, 1968, 1989)." As countries are becoming increasingly interdependent, people are crossing national boundaries and becoming increasingly interconnected. Consequently, "internationalization" has become a valuable trend for both professional organizations and journals in counseling and psychotherapy professions. However, barriers such as language and cultural differences still exist to demote internationalization. It is therefore worth the effort to examine what we mean by "international". Are there some areas overrepresented and other areas underrepresented in psychotherapy research publications? In the presentation, the author will examine 5 most popular psychotherapy research journals and see how participants are regionally distributed in the world during the past 5 years. Based on these findings, the deficits and challenges due to this unbalanced representation in the psychotherapy journals will be discussed. Recommendations to promote internationalization in psychotherapy research will also be addressed.

**Cling, clash or thrive? The Dilemmas of doing Psychotherapy Research in Latin America**

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

This paper is a continuation of an area of research that was initiated in the SPR 2010 meeting, which could termed as "the researcher as a person" in contrast to the usual term of the "therapist as a person". This new field of research aims at studying both the researcher him/herself but also the conditions under which research is being performed. The paper presented here aims at exploring the feelings (anxiety, insecurity, fear, sense of accomplishment, etc) felt by Latin American researchers in this field. The methodology consists of open questions either made by a person (and recorded) or by mail to different researchers of this continent. The chapter mail list will be used for this purpose. The title refers to the sequence of feelings the author has felt as years have passed concerning the central (so-called developed) cultures. This is a qualitative, grounded-theory approach to research.

## **Panel**

Psychodynamic

**Moderator**

Guillermo de la Parra - Pontificia Universidad Católica de Chile, Santiago

## **Operationalized Psychodynamic Diagnosis in different cultural and clinical settings.**

*Discussant: Manfred Cierpka - University of Heidelberg, Germany*

The Operationalized Psychodynamic Diagnosis (OPD) System, developed in German speaking countries, has proved to be a powerful tool to orient and plan psychotherapy, as well as guide accurate strategies. Many investigations in these countries over the past fifteen years have supported this system's reliability and its construct and predictive validity. The translation of the method to several languages has permitted its



implementation in various regions and in different clinical settings. In the first paper, Carla Crempien will describe the influence of traumatic childhood experiences on the psychological and relational functioning of Chilean female victims of domestic violence. Luis Alvarado will show the predictive validity of Axis I diagnoses (Illness Experience and Treatment Preconditions) regarding adherence to treatment in a sample of 60 epileptic Chilean patients. Pablo Zuglian will describe how the OPD method allows different dimensions and illness organizations to be defined in a sample of eating disorders patients in Italy. Johannes Zimmerman will describe culture-specific interpersonal dynamics in depressive patients based on his studies of depressive patient samples and controls in Germany and Chile.

“Re-victimization through the lens of OPD: Study on a group of Chilean victims of domestic violence”

*Carla Crempien - Pontificia Universidad Catolica de Chile, Santiago*

Background: Domestic violence is a prevalent and complex health and social problem. It is often associated to history of abuse and neglect during childhood. (Re-victimization). The Operationalized Psychodynamic Diagnosis System allows the clinician to look into interpersonal dysfunctional patterns, conflicts and structural functioning of the patient, in order to enrich comprehension and guide therapeutic interventions. Aim: To describe psychological and relational functioning in a sample of Chilean women victims of domestic violence, with different types and levels of childhood adverse experiences and, to establish associations among the severity and quality of childhood experiences, current violence features (type, severity, extend) and structural vulnerabilities. Method: This study has a non experimental, cross-sectional, descriptive and correlational design. 30 women attending an outpatient programme for domestic violence victims, were assessed with an OPD clinical interview (including the Domestic Violence Module, adaptation of Axis I); the Childhood Experience of Care and Abuse Questionnaire; the Beck Depression Inventory II; the Mini Neuropsychiatric Interview and; the Multidimensional Battery of Cultural Variables. Hypotheses: 1) Dysfunctional interpersonal patterns would be characterized by dependency and submission. Aggression would be directed to the self in the manner of self-devaluation and guilt. 2) Main conflict would be: Need for care versus self-sufficiency, and the secondary conflict: Submission versus control, Self-worth conflict will be frequent as well, 3) Severity of childhood relational trauma would be associated to severity of domestic violence. Results would be discussed.

Illness representations and adherence to treatment in epilepsy

*Luis Alvarado - Universidad de Chile, Santiago, Susana Castro, Katharinne Salinas, Paulina Morales, Isaura Calderón, Jessica Menay, Christian Rudolph, Tomas Valencia, Pablo Muñoz, Valeria Hettich, Alvaro Castilla, Jorge Aguilar*

Introduction Low adherence to treatment has been called “the (major) second public health issue after drug abuse”. Adherence seems to be a multifactorial construct, depending upon factors such as the quality of relationship between therapist and patient, patient’s beliefs and representations about his disorder etc. Available data suggest that adherence in epilepsy ranges between 50-60% and has become an issue on its own. Among patient-related factors, illness representations and desired change representations seems to play a major role regarding adherence. Method Subjects A prospective, 6-month follow –up study was conducted. Sixty epileptic subjects were assessed at admission (T1), 3 months later (T2) and 6 months later (T3). AE drugs plasmatic levels was carried out at T1 to T3. Illness representations, subjective suffering and illness’s attribution theory was assessed at T1, using an OPD-2 interview, the IPQ-R and PBMQ. Quality of life was rated using the QOLIE-35. Results Adherence seems to be related with seizure severity and a biological based attribution’s model as well. Concern relating AE drugs as dimension and higher levels of subjective suffering exhibits a satisfactory predictive value of adherence. Axis I show good psychometric properties, inter rater reliability and external validity as well. Discussion Although this research intended to point out the psychometric properties of Axis I, specifically its predictive validity, it was also clear that the OPD-2 remains a valuable tool in order to achieve a deeper understanding of the whole process of coping with chronic diseases.

ED's patients and OPD (Operationalized Psychodynamic Diagnosis): from dimensional assessment to treatment outcome

*Pablo Zuglian - University of Milan, Italy, Dario Ferrario, Margherita Magni, Maria Laura Zuccarino, Pietro Bondi, Francesca Cadeo, Pasqua Cafagna, Stefania Crispino, Marianna Greco, Giovanni Mentasti, Tiziano Monea, Valeria Piemontese, Laura Primerano, Daria Taino, Angela Test*

Aim: ED's patients are very heterogeneous in their mental and social functioning, as well as in outcome treatment results. That brings to a continuous research of new subtypings, connected with outcome and specific therapeutic indications, but so far with poor results. That's the reason why our intent is to analyze different functioning dimensions and organizations of ED's patients using the OPD system, connecting psychodynamic aspects of mental functioning to empirical evaluation. Method: Subjects are 50 female patients, consecutively arrived to the Clinical Nutrition Department, Niguarda Hospital Milan and treated using Integrated Nutritional Therapy. Patients are evaluated at the beginning (T0) and after 18 months of therapy (T1) by an expert OPD interviewer, from the Psychiatry and Psychotherapy Unit, Niguarda Hospital - University of Milan. Data analysis follows four different steps: 1. Factor Analysis with Varimax rotation on the beginning data (T0) to analyze different functioning dimensions and organizations using the OPD system. 2. Pre-post evaluation comparing T0 and T1 and analysis of differences for each item between good-outcome and bad-outcome (within-group differences). 3. Evaluation of between group differences in the OPD dimensions found in step 1. 4. Multiple regression to look for any outcome predictor. Results: We found four dimensions and two different illness organization. We also observed outcome differences related to conflicts and structure axes items. Discussion: These first results we obtained in this research project let us think that OPD dimensions and conflict and structure axes may improve treatment indications and are better connected with outcome.

Culture shapes the interpersonal nature of depression: Evidence from depressed patients in Germany and Chile

*Johannes Zimmerman - University of Heidelberg, Germany, Paulina Barros, Consuelo Arriagada, Paula Dagnino, Laura Moncada, Guillermo de la Parra, Manfred Cierpka*

Aim: "Surprisingly few studies have examined whether individuals diagnosed with depression (...) show the same types of impairments in emotional, cognitive, and social functioning across cultures" (Tsai & Chentsova-Dutton, 2002, p. 480). In line with this suggestion, our study aims at testing whether culture shapes the interpersonal nature of depression. Methods: We recruited 15 depressed inpatients and 15 non-depressed controls both in Germany (Heidelberg) and Chile (Santiago de Chile). Subjects were matched across culture according to gender, age, education, and depressive symptoms. Subjects described their maladaptive interpersonal patterns by means of a newly developed Q-sort instrument based on Operationalized Psychodynamic Diagnosis (OPD-2: OPD Task Force, 2008). The Q-sort ranking procedure minimizes common methodological problems in cross-cultural research such as the reference group effect or culture-specific response styles. Results: Compared to controls, depressed patients perceived more maladaptive interpersonal patterns in self and others across cultures (main effect of depression). However, the specific interpersonal content of depressotypic behavior differed across cultures (interaction effect of depression and culture): Depressed Chileans tended to be intrusive, whereas depressed Germans tended to be submissive and withdrawing. Discussion: Our study is the first to show culture-specific interpersonal dynamics in unipolar depression. We will discuss our findings in terms of mediating psychological processes, differences in health care systems and cultural values, and consequences for therapeutic practice.

## **Panel**

Culture

### **Moderator**

Jack Dekker -  
Arkin Mental  
Health,  
Amsterdam,  
Netherlands

## **Does Specialized Outpatient Treatment Have the Same Efficacy for Psychiatric Patients from Various Cultural Backgrounds in the Netherlands?**

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

Research has shown that there are differences between patients from different cultural backgrounds before entering treatment. However, it is unclear if all patients benefit in the same way from treatment. It is generally believed that psychotherapy is less effective for non-native patients compared to native patients and that non-native patients are more likely to drop-out from treatment. The results of two research projects that took place in the Netherlands are presented. The first one is a randomized controlled trial

comparing Cognitive Behavioral Therapy (CBT) with Short-term Psychodynamic Supportive Psychotherapy (SPSP) in the outpatient treatment of depression. This study is described in papers 1 and 2. The second one is a naturalistic prospective longitudinal study at three outpatient clinics where patients received supportive treatment, psychotherapy, family therapy and pharmacotherapy. This study is described in papers 3 and 4. The differences between native Dutch and non-native Dutch patients are discussed.

### Cognitive Behavioral Therapy (CBT) Versus Short-term Psychodynamic Supportive Psychotherapy (SPSP) in the Outpatient Treatment of Depression: a Randomized Controlled Equivalence Trial.

*Ellen Driessen - Vrije Universiteit, Amsterdam, Netherlands, Jaap Peen, Henricus Van, Marielle Hendriksen, Simone Kool, Frank Don, Jack Dekker*

**Aim:** Although evidence is accumulating, the efficacy of short-term psychodynamic psychotherapy in the treatment of depression remains debated due to a lack of high-quality studies. The results of four previous randomized controlled trials support the acceptability, feasibility and efficacy of SPSP both when added to pharmacotherapy and as a mono-treatment when compared to combined treatment (SPSP and pharmacotherapy). It remains unclear, however, how SPSP compares to other evidence-based psychotherapies for depression. The aim of the current study is to compare SPSP to CBT in terms of acceptability, feasibility and efficacy in the outpatient treatment of depression. **Methods:** 333 adult outpatients that met DSM-IV criteria for a depressive episode and scored 14 or above on the Hamilton Depression Rating Scale (HDRS-17) were randomly assigned to 16 sessions CBT or SPSP in 22 weeks. Patients with HDRS score of 24 and above received additional pharmacotherapy. Acceptability was operationalized as the number of participants who refuse treatment when being randomly assigned to it and feasibility was defined as the number of participants terminating treatment prematurely (drop-out). The primary efficacy outcome measure was post-treatment HDRS score as assessed by an independent research assistant. **Results:** CBT and SPSP were not found to be different in terms of acceptability, feasibility and efficacy in preliminary analyses. **Discussion:** SPSP might be as acceptable, feasible and efficacious as CBT in the outpatient treatment of depression in adults.

### Do Cognitive Behavioral Therapy (CBT) and Short-term Psychodynamic Supportive Psychotherapy (SPSP) Have the Same Results for Native and Non-native Depressed Patients?

*Jack Dekker - Arkin Mental Health, Amsterdam, Netherlands, Lisanne Koomen, Jaap Peen, Marielle Hendriksen, Henricus Van*

**Aim:** Hardly any research has been done on the treatment of non-native patients despite their large number and the expectation that this number will grow in the following years. This study investigates whether there is a difference in effectiveness of psychotherapy (CBT and SPSP) for depression between native Dutch and non-Dutch patients. **Methods:** 121 native Dutch patients and 101 non-Dutch patients with main diagnosis of depressive disorder participated in a randomised controlled trial of individual psychotherapeutic treatment consisting of 16 sessions within 22 weeks. Symptom severity was assessed at baseline, during the treatment and at treatment termination. During the treatment period drop-out and therapeutic alliance were measured. **Results:** Non-Dutch patients have more severe symptoms at baseline and during treatment. No differences were found between the groups concerning drop-out, the therapeutic alliance or effectiveness of psychotherapy. **Discussion:** The study did not support the common belief that non-native patients are more difficult to treat than native patients. Because the groups do differ at baseline we recommend making a distinction between ethnicities. This enables the researcher to study the effect of psychotherapy between those ethnicities.

### Do Patients from Different Cultural Backgrounds Benefit the Same from Outpatient Treatment?

*Annemieke Noteboom - GGZ Ingeest, Amsterdam, Netherlands, Georgia Katsaragaki, Henricus Van, Jaap Peen, Jack Dekker*

**Aim:** The aim of the study was to investigate whether patients from different cultural backgrounds differ from each other on the following characteristics: medical and mental health needs, symptom level, well-being and quality of life. **Methods:** Data from a naturalistic prospective longitudinal study were analyzed to compare the four largest cultural groups of the Netherlands on needs, symptoms, well-being and quality of life. Subjects were consecutive patients at three large specialized outpatient clinics of Mentrum Health Care in Amsterdam. Patients from Dutch, Turkish, Moroccan and Surinam backgrounds were assessed at baseline and six months after beginning of therapy. The patients received supportive treatment,

psychotherapy/ family therapy and pharmacotherapy. Results: The results indicate that the four cultural groups are different at baseline. The Turkish, Moroccan and Surinam groups report a higher level of health needs, a higher symptom level, less well-being feelings and a worse quality of life. Six months after the therapy has begun, the Surinam and Dutch seem to benefit equally from therapy. The Turkish and Moroccan groups benefit as much as the Dutch and Surinam groups on well-being but continue to have a higher level of symptomatology and a worse quality of life. Discussion: The study suggests that patients from different cultural backgrounds differ from each other before entering therapy. Therapy is effective for all groups regarding specific variables, but the Turkish and Moroccan group should receive more attention during treatment when it comes to symptomatology and quality of life.

#### The Relationship Between Drop-out and Health Needs and Treatment Features for Patients with Different Cultural Backgrounds.

*Henricus Van - Arkin Mental Health, Amsterdam, Netherlands, Annemieke Noteboom, Jaap Peen, Jack Dekker*

Aim: Past research has suggested drop-out can negatively affect therapeutic effectiveness. However, much of this research has been inconsistent and retrospective. The aim of this study was to explore the possible relationship between drop-out and medical/mental health needs and treatment features for patients with different cultural backgrounds. Methods: Data from 2076 patients that participated in a naturalistic retrospective longitudinal research in the Netherlands were analyzed. The subjects were consecutive patients at three large specialized outpatient clinics of Mentrum Health Care in Amsterdam. There were 179 drop-outs. The patients received supportive treatment, psychotherapy/ family therapy and pharmacotherapy. Medical and mental health needs were assessed with the Patiënten Behoeften Vragenlijst (PBV), a Dutch questionnaire for assessing needs. Results: Results indicate that there is no relationship with cultural background, but there is a relationship between drop-out and a lower age and a not yet established axis-II diagnosis. Health needs did not predict drop-out. The reverse relationship is also suggested: an axis-II diagnosis and receiving psychotherapy are predictors for therapy compliance. Discussion: The results suggest that dropouts didn't occur more or less in patients with different cultural backgrounds. Non-native patients are not more difficult to treat than native patients as is often supported. Age has a significant relationship with dropout. Younger patients should receive greater attention in order to increase compliance. In addition, it is possible that drop-out percentages are higher within patients with not yet an axis-II diagnosis because they do not obtain proper care.

#### Panel

Person Centered

#### Moderator

Geoffrey Denham -  
LaTrobe University,  
Melbourne,  
Australia

#### Client use of psychotherapy: Are there identifiable client groups?

In using Adler and colleagues' (e.g. Adler, Skalina & McAdams, 2008) work as a launching point, research described here investigates two dimensions that are expected to yield a description of the uses to which psychotherapy is put by clients. The two dimensions are ego development and relational competence. Ego Development (ED) according to Loevinger (1976) is a trajectory towards differentiated consciousness where the world is not seen in 'black and white' terms. The Washington University Sentence Completion Test of Ego Development (WUSCTED) has been used as a measure of ED (Adler & McAdams, 2007). The WUSCTED asks participants to complete given sentence stems. Adler & McAdams' work demonstrated that ego development is a key variable in understanding client evaluation of psychological treatment. Relational competence is understood as sustained and enlarged connection in mutual relationship with others (Jordan, 2010). The present research proposes that high levels of relational competence are a salient feature of psychological health. This research employs these two dimensions to examine clients' narratives and experiences of completed psychotherapy. This is a research-in-progress report.

#### Rater agreement on Washington University Sentence Completion Test of Ego Development (WUSCTED)

*Maria Luca - Regent's College, London, UK*

The Washington University Sentence Completion Test of Ego Development (WUSCTED) has been used to codify clients' structured narrative accounts of psychological treatment in research by Adler and colleagues (e.g. Adler, Skalina & McAdams, 2008). Their work demonstrated that ego development is a key variable in understanding client evaluation of psychological treatment. The WUSCTED is a projective measure of ego development which asks participants to complete given sentence stems. Raters then code responses into

one of eight categories. Reported here is inter-rater agreement in WUCSTED category allocation in an Australian sample as the first stage in a research project examining client narratives on completed psychotherapy.

### Relational Competence and Ego Development in Psychotherapy Clients

*Mae Chong - La Trobe University, Melbourne, Australia*

Jordan (2001) described relational competence as sustained and enlarged connection in mutual relationship with others. Previous researchers have found that Ego Development is a salient dimension of psychological health and is an important explanatory concept in revealing the different uses clients make of psychotherapy (Adler, 2007). The present research proposes that increasing relational competence (RC) enhances psychological health. The other dimension of psychological health examined is Ego Development (ED) which according to Loevinger (1976) involves greater tolerance of ambiguity and a less egocentric outlook. We expect that successful psychotherapy would improve psychological health. Furthermore, improvements should track on these two dimensions. In preparation for a large scale research project, this study examines the relationship between these two dimensions of psychological health on a gender balanced sample of potential users of psychotherapy.

### How Is relational competence linked to client type and psychotherapy outcome?

*Geoffrey Denham - La Trobe University, Melbourne, Australia*

This research project proposes that different identifiable client groups derive differential benefits from psychotherapy. In using Adler and colleagues' pioneering work as a launching point, research described here investigates two dimensions that are expected to yield a description of the uses to which psychotherapy is put by clients. The two dimensions are ego development (ED) and relational competence (RC). The four groups the research proposes to examine are: high ED and RC; high on ED low on RC; low on ED and high on RC; and low on ED and RC. Following the work of Adler and colleagues, the research attempts to identify the differential benefits that clients receive from psychotherapy, based on their levels of relational competence and ego development. Measures to be employed in this work include: RHI (Liang et al, 2002); the WUCSTED (Hy & Loevinger, 1996). The research will also employ a structured narrative based on the work of Adler and colleagues. The preliminary findings from a small number of participants in the present research will be presented.

### Panel

Psychodynamic

### Moderator

Jean-Nicolas  
Despland -

Institute of  
Psychotherapy,  
Lausanne,  
Switzerland

### Defense mechanisms: Current approaches to research and measurement

*Discussant: Christopher Perry - McGill University, Montreal, Canada*

Defense mechanisms have stood the test of time as important psychodynamic constructs. This panel presents current approaches to research in and measurement of this the hidden world of defenses. The first paper presents a newly developed instrument which clinicians can use to assess manifestations of defense mechanisms in their clinical work, the Defense Mechanism Rating Scales Q-Sort (DMRS-Q-Sort). Derived from the parent DMRS, the computerized Q-Sort requires no special training and is capable of detecting change over multiple assessments. The second paper presents an extension of the DMRS to the level of psychotic defenses to better describe patients' psychopathology and change during the course of psychotherapy. Finally, the third paper examines the concept of defense addressed by the therapist during episodes of rupture and resolution of the therapeutic alliance in order to bridge the gap between common and specific factors, as well as in between therapeutic technique and alliance building. Together, these reports present new improvements for process - outcome research on psychodynamic variables.

### A preliminary study on validity and reliability of the Defense Mechanisms Rating Scales Q-sort version (DMRS Q-sort)

*Mariagrazia Di Giuseppe - University of Rome, Italy, Christopher Perry, Jonathan Petraglia, Jennifer Janzen, Vittorio Lingiardi*

Aim. Over recent decades, there has been an increasing interest in defense mechanisms accompanied by the development of empirical methods for their assessment, each with its own advantages and limitations. Nevertheless there remains the challenge of choosing a method that has been validated against a criterion, and is economical of the clinician's time, while remaining capable of identifying defenses and detecting change in them over time in both clinical and research settings. Method: We developed a computerized Q-

sort program based on the DMRS definitions, functions and discriminations from near-neighbor defenses by selecting the best 5 item for each of the 30 defense mechanisms from a pool of more than 300 statements that best captured the variety of defensive manifestations. Once the rater has sorted the 150 items into the 1-7 forced distribution, the Q-sort computerized algorithm calculates 3 levels of quantitative scores and a qualitative defensive profile. Results. Comparing the DMRS Q-sort scores to the parent DMRS defense ratings we analyzed inter-rater reliability and homogeneity data as well as convergent validity on a 12 interviews subsample. We subsequently reduced the number of items to improve reliability and validity in comparison to the criterion, the DMRS. Discussion. The DMRS Q-sort demonstrated acceptable inter-rater reliability and validity but also slight incongruence that might be a reflection of the differences between a quantitative assessment based on the individual instances and the semi-quantitative assessment of the Q-Sort. Convenience and reduced time requirement of the DMRS Q-sort, compared to other methods, may facilitate its use by researchers and clinicians.

#### Validation of the Psychotic Defense Mechanisms Rating Scale – Lausanne Montreal (P-DMRS-LM)

*Sylvie Berney - Institute of Psychotherapy, Lausanne, Switzerland, Prometheas Constantinides, Ueli Kramer, Véronique Beretta, Stephen Beck, Jean-Nicolas Despland*

Aim. Defense mechanisms are the automatic psychological processes that mediate the individual's reaction to emotional conflicts and internal or external stressors. The Defense Mechanisms Rating Scales (DMRS) - one of the most used and validated instrument- allows quantitative scoring by measuring an overall defensive functioning score (ODF, range 1-7); however, this instrument does not include psychotic defense mechanisms. We worked on the development and validation of a additional scale to measure psychotic defense mechanisms (P-DMRS-LM) in order to combine it with the actual DMRS. Method. On the basis of expert consensus and literature review, 6 psychotic defense mechanisms were included in the P-DMRS-LM: psychotic denial, delusional projection, fragmentation, distortion, psychotic withdrawal and concretization. Consensus ratings were made on a sample of 100 patients: 20 depressive or anxiety disorder with low ODF; 20 depressive or anxiety disorder with high ODF; 20 bipolar disorder; 20 personality disorder; and 20 schizophrenic disorder. Results: Experts from Switzerland and Canada highly agreed on the definition and function of the six psychotic defenses. Preliminary results on 40 subjects (4 groups, 10/group) show that adding the P-DMRS-LM to the DMRS leads to a better ODF discrimination both intra-group and between groups. Mean ODF changed from  $3.96 \pm 0.76$  to  $3.81 \pm 0.83$  in group (1),  $3.69 \pm 0.40$  to  $3.26 \pm 0.60$  in group (3),  $3.42 \pm 0.71$  to  $2.84 \pm 0.64$  in group (4) and  $3.97 \pm 0.66$  to  $3.09 \pm 0.89$  in group (5). Data concerning fidelity, stability, and validity (concurrent and predictive) of the new scale will be presented. Discussion. Adding psychotic defense mechanisms to the DMRS has the potential to better discriminate between different patient populations and should allow to better describe patients' defensive functioning and its evolution during the course of psychodynamic psychotherapy

#### How therapist address patient's defenses during episodes of rupture and resolution of the therapeutic alliance ?

*Yves de Roten - Institute of Psychotherapy, Lausanne, Switzerland, Antonios Gerostathos, Martin Drapeau, Jean-Nicolas Despland*

Aim. Relational aspects of interpretation and repairing alliance ruptures are some of the fundamental aspects of 'psychotherapy relationships that work' (Norcross, 2002). Knowing that dealing with the patient's defense mechanisms is an essential healing aspect of psychodynamic psychotherapy, we studied how therapists addressed patients's defenses during episodes of rupture and resolution of the therapeutic alliance. Method. The sample included 24 students with mood or anxiety disorder during a manual-based Short Term Psychodynamic Psychotherapy (Gillieron, 1997) over one year (approximately 40 sessions). The alliance was measured after each session using the WAI. All cases showed two or three consecutive sessions with (1) a marked rupture of the alliance ( $> 1.5$  SD of the alliance mean) and (2) a resolution (back to the mean or above). These two sessions were compared with two control sessions (session 5 and session 15). Defenses addressed by the therapist (DAT) were coded -using an adapted version of the DMRS- on all the defense interpretations made by the therapist during these sessions. Patient defenses and outcome were also measured. Results. The frequency of interpretations was not different in rupture, resolution and control sessions. Rupture sessions showed significantly less DAT, and especially less DAT concerning

intermediate defenses than compared to the control sessions. Resolution sessions showed significantly more DAT, and specifically more DAT concerning intermediate defenses compared to control sessions. Discussion. These findings lend some support to the relational impact of DAT. Results will be discussed with respect to theoretical assumptions, practical implications, and the next steps in future research.

## **Panel**

Experiential

## **Moderator**

David Edwards -  
Rhodes University,  
Grahamstown,  
South Africa

## **Case studies in case formulation and strategic intervention in schema therapy**

*Discussant: Catherine Flanagan - Weill-Cornell University Medical College, New York, USA*

Schema therapy (ST) has emerged as an effective approach to difficult cases that do not respond to brief treatments. The central concepts of the clinical theory provide a basis for case formulations which guide clinicians in the integration of relational, experiential, cognitive and behavioural psychotherapy methods tailored to the individual case. In this panel three case studies will be presented which highlight different aspects of case formulation in ST. The first examines the development of a mode formulation for providing the basis for treatment of a case of treatment resistant bipolar disorder, the second provides a similar approach to understanding a case of mixed personality disorder and the third will focus on imagery rescripting to address unmet developmental needs in early childhood and adolescence. In each case, presenters will examine the usefulness of the theory on which ST is based when applied to the case in questions, aspects of psychotherapy process initiated by the particular interventions used, and implications of the case for training in ST.

### **Schema therapy with a patient with treatment resistant bipolar disorder**

*Hartwig Uhl - Private Practice, Uster, Switzerland*

This case study describes the schema therapy (ST) of a man in his early 50's with a type I bipolar disorder and a mixed personality disorder who had failed to respond to pharmacotherapy and CBT and had been repeatedly hospitalized over a 20 year period. ST began 2 years ago. A relapse analysis revealed high vulnerability to criticism and interpersonal conflicts which precipitated sleep disturbance and persisting feelings of defectiveness and guilt. In schema mode terms criticism resulted in high emotional vulnerability due to maladaptive parent modes internalized from his demanding, critical, and punitive mother. In the face of this there was an overreliance on two coping modes: in Compliant Surrenderer mode he was self-sacrificing, subjugated and perfectionistic making him vulnerable to depression; a Self-aggrandizer mode associated with the perception that he was superior to others and could achieve unlimited success made him vulnerable to hypomania and mania, compensating for an underlying sense of defectiveness. The case study will provide examples of schema mode work, imagery rescripting, and reparenting and show how these contributed to the development of improved self-regulation of negative emotions, a reduction in self-sacrificing, perfectionist and impulsive behaviour, an increase in positive experiences in attending self help groups and building friendships, and reduction in the use of neuroleptic medication. Implications for adapting ST for the treatment of bipolar disorder will be discussed.

### **Formulating a complex case: The strengths of the schema therapy approach**

*Christoph Fuhrhans - Littenheid Private Hospital, Switzerland*

This case study describes the application of the schema therapy approach to a 27 year old woman with a mixed personality disorder who sought treatment for intense self hatred and interpersonal problems. This included internet-based promiscuity and hostility towards co-workers that led to her frequently changing jobs. Her goals for therapy were to gain insight into and acceptance of her emotions, to reduce self-criticism and to establish stable relationships. At the outset, it was difficult to establish a clear diagnosis because of the combination of Cluster B and Cluster C personality traits. However, since her problems were clearly related to early maladaptive schemas developed in relationship to an emotionally abusive mother with whom she was still enmeshed, schema therapy was initiated. Using chairwork, she gradually built up the capacity to fight her punitive and demanding parent modes. Although initially she was compliant and submissive in relation to the therapist, in due course it emerged that this camouflaged a narcissistic Self-aggrandizer mode. Once this was identified and put under the direction of the Healthy Adult she was finally able to embark on an intimate relationship. The presentation will show how the ST approach allowed for a clear formulation of her conflicts in terms of modes to emerge as the therapy progressed and how the mode approach allowed for a strategic, targeted approach to her problems that provided the basis for meaningful change.

## Rescripting an adolescent rite of passage: An African experience

*David Edwards - Rhodes University, Grahamstown, South Africa*

Many interventions in schema therapy are based on an understanding of how unmet developmental needs contribute to the perpetuation of early maladaptive schemas. This presentation focuses on the needs as an adolescent girl, particularly with respect to her father, drawing on transcripts from the third year of Nina's (45) therapy. Raised in a white colonial Central African mining community by a mother who was practical but not very nurturant, and a father who was emotionally distant and irascible, Nina had already worked with experiences of emotional deprivation and the loss of important attachments to peers. As her fear of and anger towards her father came into focus, she recalled the onset of puberty and two experiences of intrusive sexual gaze which her father failed to protect her from. Subsequently she experienced spontaneous images of a wolf and a lioness and a sense of their wanting to hunt and taste blood. This brought back a memory of her first heavy menstrual period - during a camping holiday with her father, her brother, a male cousin and a ranger in a remote game reserve - which resulted in heavy staining of her clothes and bedding. Deeply ashamed, she secretly washed out the soiled items. An understanding of the unmet needs implicit in her memories and images was used as a basis for rescripting the incident with a rite of passage, and the impact of this on Nina's sense of herself and her womanhood is examined.

### **Panel**

Alliance

#### **Moderator**

Valentín Escudero  
- University of La  
Coruña, Spain

### **Adolescents in Family Therapy: The Challenge of Building Therapeutic Alliances**

*Discussant: Gary Diamond - Ben-Gurion University of the Negev, Israel*

Adolescents are common participants in conjoint therapy, but quite often their participation is involuntary or problematic, at least initially. On some occasions, the adolescents reject being defined as the family's "problem;" on other occasions, their attendance is mandated by a juvenile court or social services. For these and other reasons, it is challenging to successfully engage and retain adolescents in conjoint therapy. Not only must a therapist build a personal alliance with each adolescent without alienating the parents, but also the therapist must negotiate a strong within-system alliance about the problems, goals, and value of attending therapy as a family. Although practitioners across the world recognize these challenges, research on family therapy alliances with adolescents is scant. This panel will present four studies from the U.S., Spain, and Portugal, all of which used the System for Observing Family Therapy Alliances (SOFTA; Friedlander, Escudero, & Heatherington, 2006) to investigate treatment retention, therapeutic progress, in-session strategies, or relational control communication patterns with adolescents in conjoint family therapy. As a group, the four studies used varied perspectives and qualitative as well as quantitative methodologies. First, using the Actor-Partner Interdependence Model, self-reported alliances (of parents and adolescents) are assessed for bidirectionality in predicting session depth and treatment progress. Second, observed alliance ratings over time are contrasted in cases of involuntary adolescents that terminated by mutual agreement versus drop-out. Third, the relational control communication patterns of good and bad alliance sessions and cases are compared. Fourth, an exploratory task analysis discovers successful strategies for shifting reluctant adolescents from disengagement to engagement.

### **Actor-Partner Interdependence in Family Therapy: Whose View (Parent or Adolescent) best Predicts Treatment Progress?**

*Dennis Kivlighan - University of Maryland, USA, Myrna Friedlander and Katharine Shafer*

Alliance development and maintenance in family therapy is challenging due to the complexity of interactions among multiple clients who are at different developmental levels and who are often in conflict with one another about the problems, goals and purpose of therapy. Research indicates that predictions of treatment outcome consistently vary depending on who in the family is rating the alliance (Friedlander, Escudero, Heatherington, & Diamond, in press). Research in this area has been hampered by the use of statistical analyses that do not account for systemic interdependence. In a study of 20 low-income U.S. families, we used the Actor-Partner Interdependence Model (APIM; Kenny, Kashy, & Cook, 2006) to assess actor effects for each individual while controlling for partner effects. In this APIM, the within-family level examined variance among the family members, and the between-family member level examined variance among the 20 families. Specifically, in two hierarchical steps, we tested the bidirectionality of parents' and adolescents' self-reported alliances (on the SOFTA-s) and their ratings of session Depth/Value (on the SEQ) and improvement-so-far after Sessions 3, 6 and 9. In terms of Depth/Value, neither parent nor adolescent



actor effects were significant, whereas both partner effects were significant (i.e., bidirectional interdependence). Specifically, when parents saw a stronger alliance, the adolescents saw the session as less valuable, and vice versa. Improvement ratings (but not session Depth ratings) showed significant linear growth over time, and adolescents' alliance ratings were positively associated with their own and with their parents' view of progress to date.

### The Therapeutic Alliance with Involuntary Adolescent Clients in the Context of Systemic Family Therapy

*Luciana Sotero - University of Coimbra, Portugal, Ana Paula Relvas, and Valentín Escudero*

Mental health providers often work with clients who have not voluntarily sought professional help – clients referred by social services or other public institutions (courts, schools, child protective services). There is, however, no conceptual framework specifically focused on mandated interventions, and little is known about the unique aspects of this kind of intervention in terms of ethical dilemmas, motivational issues, or client resistance. One salient question has to do with the development and maintenance of the therapeutic alliance: How is it affected in working with clients who do not voluntarily seek help? This research project in Portugal was designed to study the therapeutic alliance with involuntary adolescent clients in systemic family intervention. The primary goal is to compare the strength of the alliance over time with involuntary adolescents in cases terminated by mutual agreement versus drop-out. Using the System For Observing Family Therapy Alliances (SOFTA-o; Friedlander, Escudero, & Heatherington, 2006), an observational rating system, in 10 clinical cases, we are (1) identifying differences and similarities in voluntary and involuntary cases on the four dimensions of the alliance construct (Engagement in the Therapeutic Process, Emotional Connection with the Therapist, Safety within the Therapeutic System, and Shared Sense of Purpose within the Family) (2) analyzing alliance evolution over time (1st and 4th therapy sessions) and (3) comparing observed alliance ratings in cases terminated by mutual agreement versus drop-out cases. Results will be discussed in terms of their implications for designing interventions to maximize the therapeutic collaboration of mandated adolescent clients.

### How do Therapists Ally with Adolescents in the Context of Family Therapy? An Examination of Relational Control Communication Patterns

*Cristina Muñiz de la Peña - University at Albany/SUNY, USA, Myrna Friedlander, Valentín Escudero, Laurie Heatherington*

Research on the alliance with adolescents lags far behind comparable research with adults, particularly in family therapy. We examined the association between observed alliances and relational control communication in conjoint family therapy. Families seen at a Spanish family therapy research clinic were selected based on the adolescent's observed alliance ratings on the SOFTA-o (Friedlander, Escudero, & Heatherington, 2006). Specifically, we compared competitive symmetry (messages followed by and responses, denoting a struggle for control) and complementarity (messages followed by and responses, or vice versa, reflecting reciprocity) in 10 sessions with either strong ("good") or weak ("bad") adolescent-therapist alliances. Additionally, these relational patterns, coded using the Family Relational Control Communication Coding System (Friedlander & Heatherington, 1989), were compared in 8 cases in which the adolescent's observed alliance either deteriorated or remained stable and positive from Sessions 1 to 3. The Sequential Data Interchange Standard (Bakeman & Quera, 1992) was used to analyze the contingency tables (antecedents and consequents) for the two transaction patterns. Results showed no difference in the frequency of therapist-adolescent exchanges between the good and bad alliance sessions, but there was relatively more competitive symmetry and less complementarity in the bad alliance sessions. In the deteriorating alliance cases, competitive symmetry increased over time and complementarity decreased, whereas in the stable alliance cases, complementarity remained relatively unchanged and competitive symmetry decreased. Results highlight the importance of promoting collaboration and avoiding competition with adolescents in order to develop and maintain a strong alliance in conjoint therapy.

## Engaging Adolescents in Family Therapy: Qualitative Findings

*Jane Higham - University at Albany/SUNY, USA, Myrna Friedlander, Valentín Escudero, and Gary M. Diamond*

Engagement in family therapy refers to a client's experience of therapy as meaningful, a sense of involvement, and active negotiation of the goals and tasks of therapy with the therapist and with other family members. Engagement is particularly challenging with adolescents who are reluctant or who actively resist the therapy process. To date, there has been a paucity of research on how therapists facilitate a shift from disengagement to engagement during a session. To fill this gap, the present task analytic study explored potential mechanisms of change that may account for critical shifts in adolescent engagement over the course of an early session. An initial conceptual model was compared with a qualitative analysis of four engagement shift events, identified by SOFTA-o (Friedlander, Escudero, & Heatherington, 2006) Engagement ratings. The refined model included six elements (structuring therapeutic interactions, fostering autonomy, building awareness of systemic issues, rolling with resistance, understanding the adolescent's subjective experience, and parent support) that distinguished the successful from the unsuccessful shifts in adolescent engagement. The qualitative results were interpreted in the context of the adolescents' pre-treatment target complaints, SEQ scores following the sessions of interest, and satisfaction scores at the end of treatment. Reported satisfaction with therapy was notably higher in the two successful engagement shift events, as were SEQ Smoothness scores. Recommendations for future research will be discussed related to (a) therapist and parent behaviors that facilitate adolescent engagement in conjoint therapy and (b) choosing interventions based on the apparent reason for the adolescent's reluctance to engage.

### Panel

Culture

#### Moderator

Chris Evans -  
Nottinghamshire  
Healthcare NHS  
Trust, UK

### Using the CORE-OM and related measures throughout Europe and beyond

This panel presents a small selection of the work that is underway throughout Europe following on from translation of the CORE-OM and shortened measures into 16 European languages (Norwegian (Bokmal), Italian, Slovak, Swedish, Icelandic, Albanian, Greek, Dutch, Danish, Portuguese, Croatian, Welsh, Serbian, German, Lithuanian, Polish) as well as currently two non-European languages (Gujarati & Brazilian Portuguese). The panel will describe the translation methods that have been used and illustrate some work arising from the translations. In addition it will launch a web based CORE data entry system free to users provided that the anonymised data is contributed to a practice research network (PRN) that will collate data for generation of referential distributions and psychometric evaluation. The web system is a minimal version of the excellent CORE-Net which provides a complete service and case management and improvement system and has been provided through the generosity of CORE-IMS (<http://www.coreims-online.co.uk/>).

#### Translating and adapting the CORE-OM and shortened forms and the YP-CORE

*Chris Evans - Nottinghamshire Healthcare NHS Trust, UK*

The CORE-OM (Evans, et al. 2002) is a copyleft, 34-item, self-report change measure for adults in psychological therapies. From it we produced two 18-item versions for repeated use, a 17-item version for population surveys and 10 and 5 item versions for rapid use. The CORE-OM inspired a 14-item questionnaire, CORE-LD, for use with adults with learning difficulties/disorders, the YP-CORE, a 10-item measure for children and adolescents and SCORE, a questionnaire allowing individuals to rate their family. The CORE-OM has been translated into 18 languages, 6 are near completion and 17 underway. The YP-CORE has been translated into 5 languages with more planned. We developed a very strong methodology, congruent with ISPOR recommendations (Wild et al. 2005) to produce good translations and this paper will describe this and the deficits of translation by the translation/back-translation paradigm. It will summarise linguistic and cultural issues seen in translating into other European languages. Finally, a web-based data collection system, for all completed translations, that is free to those agreeing to contribute anonymised data for psychometric analysis and generation of referential datasets will be introduced. References Evans et al. (2002) Towards a standardised brief outcome measure: psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry* 180(1): 51-60. Wild et al. (2005). Principles of good practice for the translation and cultural adaptation process for Patient-Reported Outcomes (PRO) measures: report of the ISPOR task force for translation and cultural adaptation. *Value in Health* 8(2): 94-104.

## Validation of the Swedish version of the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM)

*Magnus Elfström - Mälardalen University, Eskilstuna, Sweden, Chris Evans, Jesper Lundgren, Boo Johansson, Magnus Hakeberg, Sven Carlsson*

**Aim:** The purpose of this study was to perform an initial validation of a Swedish translation of the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM). The CORE-OM is a broad self-report instrument of psychological problems; designed as an outcome measure for evaluating the effects of psychological therapy. **Methods:** Participants for the validation included a non-clinical group of 229 university students and a clinical group of 619 persons from four primary care sites. **Results:** The Swedish CORE-OM showed excellent acceptability, high internal consistencies and test-retest reliabilities as well as acceptable convergent validity. There were, as expected, differences between the clinical and non-clinical samples; the clinical group scored significantly more psychological problems than the non-clinical group. Sensitivity to change was demonstrated and showed that CORE-OM(S) is sensitive to change following treatment. **Discussion:** Overall, the psychometric characteristics of the Swedish CORE-OM were very similar to the original UK data. Nevertheless, the validity of the Swedish version needs to be examined more in detail in larger and more diverse samples. Our results so far, however, provide support for using CORE-OM(S) as a psychological problems measure. To our knowledge there are few other measures available that meet psychometric properties and utility in primary care settings in which patients typically present a broad range of psychological problems.

## The Portuguese YP-CORE: translation process and psychometric properties

*Célia Maria Dias Sales - Universidade Autónoma de Lisboa, CIS-ISCTE/IUL, Portugal, Joan Palma, Chris Evans*

The Young Persons CORE (YP-CORE; Twigg, Barkham et al. 2009) is a short version of CORE-OM (Evans et al., 2000; Evans et al., 2002), designed for children aged 11-16 and particularly suitable for use in school counseling services. The process of translation of the YP-CORE in to Portuguese will be described. In order to ensure good translations, we are evolving a process involving children. A summary will be presented of the qualitative issues that emerged, including problems and solutions gathered. Validation studies with student samples from 8 Portuguese schools (N=1762), using the KidScreen-27 as concurrent validation measure, will also be presented. **References** Evans, Connell, et al. (2002) Towards a standardised brief outcome measure: psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry* 180(1): 51-60. Evans, Mellor-Clark, et al. (2000). CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health* 9(3): 247-255. Twigg, Barkham, et al. (2009) The Young Person's CORE: Development of a brief outcome measure for young people. *Counselling and Psychotherapy Research: Linking research with practice* 9(3)

## Translating the CORE-OM into Polish and introducing its use into practice and training

*Milena Karlinska - Polski Instytut Psychoterapii Integratywnej, Krakow, Poland, Andrzej Nehrebecki, Chris Evans*

Very few psychometric instruments exist in Polish. The SCL-90 (not SCL-90R) is used but is generally too long and too "medical" to sit comfortably with many forms of psychotherapy. The Hospital Anxiety and Depression Scales (HADS) are also used but too tightly tuned to anxiety and depression for general use. The CORE-OM was translated into Polish using the standard CORE translation methodology and male and female gendered versions of the full measure and shortened forms produced. The CORE-OM is being introduced into training and practice at the PIPI (Polski Instytut Psychoterapii Integratywnej, <http://www.pocieszka.pl/>). This paper will describe the emerging psychometric data and the processes used to support very low cost, high motivation integration of routine change measurement into training and practice including the use of carefully sequenced studies with students and snowballed samples of convenience, then introduction into routine practice. PIPI makes extensive use of block training and therapy including block group therapy and introduction of use of the CORE-OM into such groups will be described.

## Panel

Computer

### Moderator

Daniel Fassnacht -  
University of  
Minho, Braga,  
Portugal

## Continuous psychosocial support through technology-enhanced interventions

The concept of e-mental health has emerged over the past decade and technology-enhanced interventions have become widely used in the prevention, treatment and relapse prevention of diseases and mental disorders. Especially, in areas where low intensive interventions are required, technology-enhanced care has advantages due to an extended reach at comparably low costs. This panel includes four presentations that address prevention, early intervention and treatment delivered via technology-enhanced interventions: Paper 1 (Lindenberg, et. al) reports results on the efficacy of an innovative Internet-based program for the targeted prevention of eating disorders in high school students. Paper 2 (Frischknecht, et. al) presents preliminary results of an online supportive coaching for caregivers of adult individuals with an acquired brain injury. Paper 3 (Bachmann, et. al.) reports first findings on a smoking cessation support tool via text-messaging service (SMS). Finally, paper 4 (Fassnacht, et. al) presents preliminary results of a monitoring and feedback system via SMS to promote healthy behaviors in children. General implication of technology-enhanced interventions are discussed.

The internet-based eating disorder prevention program YoungEs[s]prit: Results from the 2-year interim analysis

*Katajun Lindenberg - University Hospital, Heidelberg, Germany, Stephanie Bauer, Markus Moessner, Hans Kordy*

Background: In the field of illness prevention, it is becoming increasingly important that effective treatments be broadly disseminated and easily accessible to large populations located over wide geographical areas. The internet offers many opportunities to improve illness prevention and has become an important tool for both providers and users, since a rapidly growing number of users are looking for help on web-pages, in forums and chat rooms, to access information and exchange experiences with other users or counselors. Method: YoungEs[s]prit is a comprehensive Internet-delivered program for the prevention of eating disorders (ED) in high-school students. The program comprises several modules varying in intensity which combine different sectors of health care ranging from psychoeducation up to intensive face-to-face treatment. The intervention is tailored to personal needs so that both healthy individuals and students who develop ED symptoms over time can find a suitable offer. The efficacy of the program is currently studied in a clinical trial with an adaptive, 2-stage controlled randomized design with incidence rates (DSM IV) as primary outcome. Results: In this presentation we report results from the 2-year interim analysis of N=896 students observed over a period of 12 months. YoungEs[s]prit is currently offered in 5 districts in Germany and has been found to significantly reduce incidence rates by 43.3% from 10.4% to 5.9%. The positive experiences suggest extending the scope of the program and using YoungEs[s]prit as starting platform for a Europe-wide project.

OSCAR – An Internet-based supportive coaching program for non-professional caregivers of adult individuals with an acquired brain injury

*Eveline Frischknecht - University of Bern, Switzerland, Helene Hofer, Franziska Lüthy, Thomas Berger, Hansjörg Znoj*

Aim: An acquired brain injury (e.g. stroke, traumatic brain injury) occurs all of a sudden and is often followed by complex neurological and psychological consequences. These consequences affect not only the patients with the brain injury but also their close relatives. Symptoms of depression and anxiety, as well as an increased caregiver burden are frequent, however, there is still a lack of randomized controlled trials that investigate the efficacy of multicomponent interventions for these caregivers. The present study examines the efficacy and feasibility of an Internet-based supportive coaching program (OSCAR) to provide continuous psychosocial support through a technology-enhanced intervention for this lifetime challenge. Method: Data derive from a randomized controlled clinical trial that investigated the effect of a multicomponent intervention, including psychotherapeutic strategies as well as information brokering. Subjects completed different outcome measures, for example, depression (BDI-II), anxiety (BAI), perceived stress (PSQ) and caregiver burden (G-ZBI). Results: Preliminary data will be presented. Discussion: Findings will be discussed with respect to their clinical implications.

## Self-quitting with text messages: an experience sampling approach in smokers

*Monica Bachmann - University of Bern, Switzerland, Jeannette Brodbeck, Hansjörg Znoj*

Research shows that many smokers have attempted to quit smoking within the previous 12 months. Such attempts typically occur as self-quitters. The success rate of these attempts, however, is very limited. Thus the question arises as to how smokers can be supported in maintaining their abstinence after quitting. The aim of this study is to assess the whole smoking cessation process (before and after quitting) in self-quitters. The sample consists of individuals between 20 and 40 years of age who wish to give up smoking in the next 30 days without professional help and who have smoked at least 10 cigarettes a day for over a year. During 30 days after quitting participants record their experiences and situational conditions as they occur using an experience sampling method. A combined strategy of time and event sampling by text messages on mobile telephones is used. Pre- and post-assessments, as well as three- and six-month follow-ups, will be conducted using Internet questionnaires. At the moment 140 participants have finished post-assessment. First results of all participants who reached post-assessment will be presented. We expect that successful quitters differ in their coping strategies, in emotion regulation and self-control compared to relapsers. Preliminary results will be discussed. The results will provide an empirical basis for recommendations about how people who want to quit can be supported. This study is innovative in two respects, it focuses on self-quitters and it uses the experience sampling methods for the smoking cessation process.

## Use of text messages service to promoting healthy behaviors in children

*Daniel Fassnacht - University of Minho, Braga, Portugal, Sónia Gonçalves, Kathina Ali, Cátia Silva, Markus Moessner, Stephanie Bauer, Paulo Machado*

**Aim:** The World Health Organization (WHO) declares that healthy diets and regular, adequate physical activity are major factors in the promotion and maintenance of good health throughout the entire life course. To promote these healthy behaviors in children, technology-enhanced measures could play an important role. In this study the short messages service (SMS) is used to monitor fruit and vegetable consumption, physical activity, and screen time (TV, computer). Supporting feedback is provided via SMS according to the responses of the participants. The rationale of the study and the monitoring and feedback tool is based on previous work of Shapiro et al. (2008). **Methods:** A blocked randomized (by schools) study is conducted to test the efficacy of the SMS monitoring and feedback system in children (age 8-10). The intervention group monitors their behavior daily for a duration of 8 weeks and receives supportive feedback via SMS on a daily basis depending on their reports. It is hypothesized that in the intervention group – in comparison to the control group – fruit and vegetable consumption and physical activity are increasing, while screen time is decreasing. **Results:** Results of a pilot study are demonstrated. **Discussion:** Technical feasibility of the SMS program, satisfaction with the intervention, and experiences with recruitment and implementation of the study will be discussed.

## Panel

Change

### Moderator

Olga Fernández -  
Universidad Santo  
Tomás, Talca,  
Chile

## Psychotherapy in adolescents: Process variables and results

*Discussant: Ramón Florenzano - Universidad del Desarrollo, Santiago, Chile*

In the last two decades, psychotherapy research in children and adolescents has made considerable progress, that show that treatments are effective. There is evidence which indicates that permanence in psychotherapy lowers the intensity of symptoms and allows adolescents to resume their normal course of development. However, psychotherapy research in adolescents had been less studied than psychotherapy adult, despite very much adolescents and their family counsel for, to improve their problems. The goal of this panel is to present findings from different methodologies that we have studied of psychotherapy with teenager. Mick Cooper (University of Strathclyde, Glasgow), present "School-based humanistic counselling for psychological difficulties in young people: Pilot randomised controlled trial". This study compare school-based humanistic counselling (SBHC) versus waiting list in the reduction of psychological distress in young people. The study "Magical Thinking in Narratives of Adolescent Self-Mutilators" will be presented for Georgian Mustata. This study analyzed narratives of adolescent cutters, which had been posted on the internet. Olga Fernández, present "Generic Change Indicators(GCI) in the Initial Phase of Psychotherapy with Adolescents and their relationship to the outcome of the process" This study to determine the relationship between GCI during the first sessions and the results observed in an intermediate stage of the process. Daniela Di Riso,(University of Padova, Italy), describes changes in personality functioning in an early adolescent boy, referred for anxiety and obsessive compulsive symptoms. Unique case methodology.

## School-based humanistic counselling for psychological difficulties in young people: Pilot randomised controlled trial

*Mick Cooper - University of Strathclyde, Glasgow, UK, Nancy Rowland, Katherine McArthur, Susan Pattison, Karen Cromarty, Kaye Richards*

The purpose of this study was to pilot a randomised controlled trial comparing six weeks of school-based humanistic counselling (SBHC) versus waiting list in the reduction of psychological distress in young people. Methods: Following screening procedures, young people (13 - 15 years old) were randomised to either humanistic counselling or waiting list. The primary outcome measure was the emotional symptoms subscale of the Strengths and Difficulties Questionnaire (SDQ). Results: 32 young people consented to participate in the trial and 27 completed endpoint measures. No significant differences were found between the SBHC and waiting list groups in reductions in levels of emotional symptoms (Hedges'  $g = 0.03$ ), but clients allocated to counselling showed significantly greater improvement in prosocial behaviour ( $g = 0.89$ ) with an average effect size ( $g$ ) across the nine outcome measures of 0.25. Participants with higher levels of depressive symptoms showed significantly greater change. Conclusion: Initial indications of efficacy for SBHC are mixed. However, a subsequent trial of SBHC using a more refined method of recruitment has produced additional findings.

## Generic Change Indicators in the Initial Phase of Psychotherapy with Adolescents and their relationship to the outcome of the process.

*Olga Fernandez - Universidad Santo Tomas, Talca, Chile, Mariane Krause*

Aim: The general objective of this study is to determine the relationship between Generic Change Indicators during the first sessions of therapeutic processes with adolescents and the results observed in an intermediate stage of the process. Method: The study follows a descriptive, co-relational design. Participants are 20 adolescents, male and female, between 14 and 19 years old. Generic Change Indicators are determined through the observation of videos from the first 3 sessions of psychotherapy. Each change indicator has a number that indicates its place in the hierarchical organization of changes in the therapeutic process (Krause, De la Parra, Aristegui, Dagnino, Tomicic, Valdés, et al. 2007). Before sessions 1 and 6, the Questionnaire for Evaluation of Outcomes in Psychotherapy (OO-45.2 Lambert et al, 1996; Chilean version de la Parra & Von Bergen, 2001) is applied in order to identify changes in psychological wellbeing in this first phase of the process. Results: The results of this study are in the process. In their present state, they show the Generic Change Indicators present in the initial phase of psychotherapy with adolescents, and their comparison with the Generic Change Indicators in initial phases of psychotherapy with adults. Also, the relation of initial Change Indicators to early results is established. Discussion: Implications of these findings will be discussed with respect to importance of Generic Change Indicators for positive results, and their similarities or differences in comparison to the psychotherapy with adults.

## Magical Thinking in Narratives of Adolescent Self-Mutilators

*Georgian Mustata - SUNY Upstate Medical University, Syracuse NY, USA*

Many adolescent self-mutilators will describe that physical pain substitutes for emotional pain or that release of blood also releases inner badness. However, magical thinking among adolescent self-mutilators has not been empirically investigated. The present study analyzed narratives of adolescent cutters, which had been posted on the internet. 100 narratives were extracted at random for analysis of completeness, coherence, reasons for cutting, interpersonal functioning, and 6 categories of magical thinking. 66 of the narratives displayed at least one category of magical thinking. Magical thinking was positively correlated with cutting to relieve distress ( $r = .27, p = .007$ ), to see blood ( $r = .43, p < .001$ ), to feel pain ( $r = .26, p = .010$ ), and for self-punishment ( $r = .22, p = .029$ ). It was negatively correlated with complexity of representation of people ( $r = -.20, p = .045$ ), understanding of social causality ( $r = -.26, p = .010$ ), self-esteem ( $r = -.21, p = .033$ ), and total SCORS ( $r = -.29, p = .004$ ); but showed no significant association with trauma, loss, or suicidality. Exploratory factor analysis suggested 3 subgroups within the sample: 1. A high functioning subgroup having complete narratives, cutting as a reaction to others' cutting, and euphoria from cutting; 2. A magical thinking subgroup who utilize blood and pain as magical symbols to relieve distress; and 3. A trauma/loss subgroup having incoherent narratives, suicidality, and cutting to feel real. The findings suggest that magical thinking is a common and under-appreciated aspect of adolescent self-mutilation.

Personality changes process in a two years therapy psychoanalytic-psychodynamic oriented: The case of G.

*Daniela Di Riso - University of Padova, Italy, Daphne Chessa, Silvia Salcuni, Elisa Delvecchio, Cristina Marogna, Adriana Lis*

The present work describes changes in personality functioning in an early adolescent boy, Gabriele, referred for anxiety and obsessive compulsive symptoms. The DSM-IV diagnosis was General Anxiety Disorder (GAD). The therapy lasted about 2 years, and sessions were all audio-taped to create a more objective database. A total of 50 sessions were analyzed. The therapist employed a broadly defined, object-relations-focused, psychodynamic framework, with particular emphasis placed on balancing supportive versus insight-oriented modes of therapy (Skean, 2005). After a brief introduction of Gabriele's clinical history and anamnesis, the work illustrates (a) changes in the symptoms from the beginning to the end of the supportive psychodynamic psychotherapy, (b) changes in the defenses as a fundamental intervening variable in the psychotherapy process.

## **Panel**

Narrative

### **Moderator**

Daniel Fishman -  
Rutgers University,  
Piscataway, USA

## **Integrating Research, Theory-Building, Training, and Practice in CBT Therapy Through the Combined Use of Systematic Case Studies within Group Designs**

*Discussant: David Edwards - Rhodes University, Grahamstown, South Africa*

This panel will present cognitive-behavioral therapy (CBT) projects being conducted at the University of Aarhus in Denmark. These projects are designed to simultaneously: (a) conduct empirical research; (b) contribute to theory testing and theory building; (c) provide training to beginning clinical psychology graduate students; and (d) offer high quality, evidence-based services to members of both the university community and to the contiguous, non-university community. These projects involve a particular emphasis upon group therapy with both adult clients (see Hougaard abstract below) and children and adolescents and their parents (see Thastum abstract below). To simultaneously accomplish these various goals requires the use of manualized therapy principles and protocols that are contextualized and made responsive to the individual client by senior faculty. The senior faculty do this by providing both close supervision and also some of the services, in part doing some of the "heavy-lifting" clinical work for the students and in addition modeling therapy procedures for the students as part of their learning process. The Panel will conclude with a discussion of the Hougaard and Thastum presentations by David Edwards, who has been engaged in related work in South Africa. Within the theme of the 2011 SPR Conference, this panel thus describes ways to bridge the gaps and tensions that typically exist among the researcher, trainer, and practitioner cultures.

## **Integrating Research, Theory-Building, Training, and Practice in CBT Group Therapy for Adults with Social Phobia**

*Esben Hougaard - University of Aarhus, Denmark*

In our Adult CBT Therapy Program in the graduate clinical psychology training program at the University of Aarhus in Denmark, we have designed training experiences that bring together student therapists in concentrated contact with patients with anxiety-based disorders. For example, our program with social phobia patients includes intensive therapy groups lasting for 5 consecutive days during one week, from 9:00 am to 2:00 pm each day, with each group supervised by two senior psychologists. The therapy is a combination of manualized principles and protocols, including individualized case formulations and treatment plans. Patients are assessed before and after therapy and at follow-up on a variety of standardized measures, and also each patient's progress and outcome is evaluated qualitatively. The resulting data permit us to derive (a) quantitative group outcome results across all the clients as a whole, which can be compared to benchmark outcomes from relevant randomized clinical trials; (b) quantitative results for each client; and (c) a student-written and faculty-supervised systematic case study for each client, which qualitatively documents the individual cases and also provides training for students in the type of critical and comprehensive clinical thinking required in writing such reports. In addition, utilizing the data from items (b) and (c), we are able to perform in-depth microanalyses of the mechanisms of change that appear to be taking place within each case. This presentation will describe how the systematic case studies complement and enhance both the quantitative outcome results and the depth of clinical learning afforded to the students.

## Integrating Research, Theory-Building, Training, and Practice in CBT Group Therapy for Children and Adolescents with Anxiety

*Mikael Thastum - University of Aarhus, Denmark*

This presentation will describe how the model developed in Esben Hougaard's Adult CBT Therapy Program at Aarhus University -- which integrates research, theory-building, training, and practice -- has been adapted to work with children and adolescents with anxiety disorders and their parents. The resulting Youth CBT Therapy Program at Aarhus is organized around a short-term, 10-session, evidence-based, manualized, family-based, cognitive behavioral therapy (CBT) group program, called "Cool Kids" for children and "Chilled Adolescents" for adolescents, and derived from Ronald Rapee's work in Australia. A distinctive aspect of the work of the Youth CBT Therapy Program is their incorporation of a case-study perspective into a series of group designs, including: (a) a randomized treatment vs. waitlist-control efficacy study (n=120); (b) an open, naturalistic effectiveness study of the program in two mental health centers (n=40); (c) an open study with both group-based and case-based analyses of case-formulation-focused CBT for non-responding clients and their families (n = 20); (d) an explorative study of the treatment program for children with ADHD and comorbid anxiety disorder (n = 12); and (e) etiological studies that are carried out in cooperation with other research institutions that focus on both neurological and metacognitive mechanisms and also genetics. Throughout the group research, case studies will be used to "zoom in" (i) on individual youth and their families who are successful versus unsuccessful in the various group conditions, and (ii) on detailed analyses of the change mechanisms involved in facilitating progress or the lack thereof in representative individual cases.

### **Panel**

Narrative

### **Moderator**

Daniel Fishman -  
Rutgers University,  
Piscataway, USA

## **"Having It All" with Case Studies in Therapy Research: Their Role In Creating Multiple Types of Knowledge**

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

Consistent with the 2011 conference theme of "cultural encounter," this Panel will address a traditional rift between the practitioner culture, for whom therapy case reports are a crucial staple, and the research culture, which has traditionally rejected case studies on epistemological grounds as of little scientific value. In recent years, there have major programmatic efforts to reduce this rift: (A) by developing the foundational knowledge rationale and rigor of the case study method; (B) by articulating different knowledge functions that case-based research can serve (e.g., theory-building versus pragmatically guiding everyday practice); and (C) by advancing the theory and method of integrating group-based and case-based research. Specifically, in this Panel John McLeod will first address programmatic efforts (A) and (B), based upon his new, wide-ranging book, "Case Study Research in Counselling and Psychotherapy (Sage, 2010)," which lays out a comprehensive agenda for case study research. Then Daniel Fishman and Tracy Eells will turn their attention to programmatic effort (C). Fishman will focus on how the knowledge value of a randomized clinical trial (RCT) can be enhanced by adding to publication of an RCT's group results the publication of systematic case studies representatively drawn from the RCT. Eells will round out the presentations with a discussion of how group data can be analyzed in a new way: by analyzing it at the case level before aggregating the results. Finally, the presentations will be discussed by Louis Castonguay.

## Increasing the Foundational Knowledge Rationale and Rigor of Case Studies in Five Types of Therapy Research

*John McLeod - University of Abertay Dundee, UK*

This presentation will draw from a recent book I wrote (2010, Sage) on the epistemology and methods of rigorous case studies in counselling and psychotherapy. In particular, I will be laying out the development of rigorous methods in five types of case studies: (1) "pragmatic case studies," which present exemplars of and guidance in best practice; (2) single-case experiments; (3) "hermeneutic single case efficacy designs," which evaluate efficacy via multiple types of data evaluated by multiple and varied judges; (4) case studies that build and revise theory; and (5) case studies that explore the narrative meaning of the therapy experience for both clients and clinicians. In reviewing the various types, I will be discussing how they actually inhabit a range of epistemological stances towards knowledge: a "mixed method" approach (types 1, 3, and 4); a positivist approach (type 2); and a narrative, hermeneutic approach (type 5).



## Case Studies within a "Mixed Methods" Paradigm: Joint Publication of Group Data from RCTs and Associated Case Studies

*Daniel Fishman - Rutgers University, Piscataway, USA*

There has been a longstanding divide between researchers and practitioners in the field of psychotherapy, with the former arguing in favor of studying therapy in a "laboratory atmosphere," and the latter arguing for the importance of naturalistic context in the individual case. In other fields of program evaluation research this divide has been superseded by a mixed methods paradigm that embraces epistemological pragmatism and multiplicity, and that integrates quantitative and qualitative data. Based on this paradigm, I will propose and illustrate new scientific standards for research on the evaluation of psychotherapeutic treatments. These include the requirement that projects should comprise several parallel studies that involve randomized controlled trials, qualitative examinations of the implementation of treatment programs, and systematic case studies. These should result in a series of complementary publications, including a review that offers an overall synthesis of the findings from different methodological approaches.

## The Case Formulation Approach to Psychotherapy Outcome Research Revisited

*Tracy Eells - University of Louisville, USA*

This presentation will revisit the case formulation approach to psychotherapy outcome research, first proposed by Persons (1991) 20 years ago. Persons asserted that randomized clinical trials (RCT) of psychotherapy do not test the theoretical underpinnings of psychotherapy models since these trials (1) standardize rather than individualize patient problems, (2) ignore the link between individualized assessment and treatment as described in these models, and (3) employ standardized rather than individualized treatment. This presentation will assess the current status of these claims, concluding that they remain generally valid today. A solution will be proposed that expands on that of Persons regarding a case formulation approach to psychotherapy outcome research. The primary component of the proposal involves an articulation between inferences based on results of traditional RCTs and those of systematic, serialized single case studies (SSSCS) of the same cases as those participating in the RCT. RCTs employ an analytic strategy of aggregating individual data into groups and then conducting group-comparison analyses. Conversely, SSSCSs employ a strategy of analyzing at the level of the individual case, then aggregating findings into groups. The combination of strategies capitalizes on the strengths of each, assessing cause-and-effect relationships efficiently, while also contextualizing, refining and individualizing these relationships. It will be asserted that the proposed case formulation approach to psychotherapy outcome research (1) provides a sound basis for generalization of findings, (2) addresses both process and outcome questions, and (3) addresses the epistemological problem of matching problem and method.

## Panel

Model Culture

### Moderator

Catherine  
Flanagan - Private  
practice, New  
York, USA

## Human needs: biological foundations, cultural expressions, and clinical applications

*Discussant: David Edwards - Rhodes University, Grahamstown, South Africa*

Over the last century it has been repeatedly proposed that humans are universally motivated by psychological goals, or needs, but there has been little agreement on the identity of any actual needs, or the exact nature of needs as species-typical mechanisms, and little in the way of directly relevant research. In this panel, we (1) offer a definition of needs and outline a means of evaluating hypothesized needs that is both rigorously grounded in human biology and sensitive to the influence of human cultures; (2) examine the expression of unmet needs in the form of early maladaptive schemas and specific coping strategies, or modes, as displayed by patients in a psychotherapy practice in New York; (3) report results of cross-cultural research carried out on a large sample of psychotherapy patients in Istanbul using Turkish translations of the Young Schema Questionnaire and the Young Parenting Inventory; (4) and consider a model of core emotional needs that incorporates the concept of adaptive schemas.

### A biological framework for the evaluation of human needs

*John Locke - City University of New York, USA, Catherine Flanagan*

Aim: Psychological needs have received little systematic investigation, though a recent spate of need-oriented papers underscores their perceived importance. Many theorists suggest that human needs are universal, with little variation across cultures, implying that needs are "innate." But the literature offers no

rigorous characterization of needs, much less a definition that is grounded in human biology, nor does it offer a formal means for the evaluation of hypothesized needs. We aim to address these problems. Method: We offer a fitness-based definition of needs that critically values social mediation of biological goals; then hypothesize six needs (autonomy, connection, desirability, change, stability, and self-comprehension) that emerged from clinical practice (Flanagan, 2010). Next we outline and apply an ethological strategy for the evaluation and qualification of specific needs based on evolutionary, developmental, mechanistic, and functional criteria. Results: The hypothesized needs met evolutionary, developmental, and functional tests fairly well, with moderate support (in the current literature) for specific physiological mechanisms. We close with a look at cultural trends that fortify individually oriented analyses, and identify additional means of subjecting proposed needs to empirical verification in the future.

#### Needs, early maladaptive schemas, and modes: an adaptive model

*Catherine Flanagan - Private practice, New York, USA*

Aim: Young's schema therapy holds that early maladaptive schemas (EMSs) are the result of unmet childhood needs. However, Young offers no explanation as to how his proposed needs were derived. Because childhood adversity can impair emotional development, research has largely focused on early attachments, and schema therapy has adopted "reparenting" as one of its goals. My aim was to evaluate the long-term consequences of a failure to meet some, or all, of a range of needs (see Locke and Flanagan above). It was also to explore the relationship between unmet needs, EMSs, and a set of eight hypothesized coping strategies, or modes; and to evaluate personal variables in the expression of needs. Method: A systematic study was made of needs and modes as they emerged in the practice of schema therapy. In individual cases, the period of observation extended from months to several years. During that time, detailed case notes were prepared, and patients were offered innovative need-based interventions with particular emphasis on maladaptive modes. Results: Analyses suggest that gender, culture, life-stage and especially personal experiences affect the valence of needs and modes and that unmet needs acquire disproportionate valence, resulting in extreme, self-defeating versions of the eight hypothesized modes. Identification of links between unmet needs, EMS's, and modes seemed to enable clients to take a more active role in therapy. Research is needed to clarify these links and to develop a more streamlined, need-based approach to the treatment of longer-term problems.

#### New empirical findings about needs and their clinical significance

*Alp Karaosmanoglu - Psikonet Psychotherapy and Training Center, Istanbul, Turkey, Gonca Soygüt*

Aim: Young's schema theory (1990; 2003) proposes the construct of early maladaptive schemas (EMS's). According to this theory, schemas are related to one's self and one's relations with others, and act as templates for processing the environment. One of the hypothesized origins of EMS's is the frustration of developmental needs. This assumption is largely accepted, yet there are very few studies supplying empirical evidence to support it. Our aim was to obtain empirical data concerning the relationships between the domains of developmental needs, the frustration of needs, and the development of EMS's. Method: We administered a Turkish translation of the Young Schema Questionnaire – Short Form 3 (YSQ- SF3) and the Young Parenting Inventory (YPI) (Soygüt, Karaosmanoglu & Çakır, 2009) to 743 psychotherapy clients at a clinic in Istanbul and performed a principal component analysis on the data. We then examined the correlations between the subscales of YSQ-SF3 and YPI, and also between these subscales and the depression and anxiety levels of the subjects. Results: With the explanatory factor analyses of YSQ-SF3 and YPI, the second-order factor revealed four schema domains in our data: "Security/Justice", "Love/Belonging", "Respect/Esteem", and "Needs of Id", and four domains of parenting styles: "Over-parenting", "Non-parenting", "Dys-parenting", and "Enmeshed-Parenting". Correlation studies indicated that there are significant relations between the different parenting styles and the schema domains, namely frustrated needs, and clinical symptoms. Findings are discussed with respect to their conceptual, empirical, and clinical implications.

The Core Emotional Needs Model (CNM): The interface between Early Maladaptive Schemas, Core Needs in relationships, Early Adaptive Schemas and Adaptive Behavioral Dispositions.  
*Poul Perris - Swedish Institute for CBT and Schema Therapy, Stockholm, Sweden, George Lockwood*

The essence of the treatment process in schema therapy (Young et al 1990, 2003) involves helping patients get their core emotional needs met. Thus far, our understanding of core emotional needs has been obtained by working backwards from first identifying early maladaptive schemas (EMS) and dysfunctional schema modes and then tracing their origins in childhood. In Schema Therapy EMS's are grouped into five broad domains related to dysfunctions in parenting. In this presentation our aim will be to present the results of an investigation to determine which conceptual model of core emotional needs has the best fit to the existing data (a primary or a secondary level structure) when examining factor analytical research on EMS's. We searched databases and reviewed published and unpublished data (English) on the factorial properties of the EMS's assessed with the Young Schema Questionnaire (YSQ). Published and unpublished data on EMS's showed an inconsistency in regards to second order factors. We cannot therefore determine whether second order factors provide a good enough fit to data. In this presentation we will outline a new model of core emotional needs: The Core Emotional Needs Model (CNM), a model that elaborates on the interface between EMS's, core needs in relationships, Early Adaptive Schemas (EAS's) and Adaptive Behavioral Dispositions (ABD's).

## Panel

Change

### Moderator

Julie Folkes-Skinner -  
University of  
Leicester, UK

## The Assimilation of Problematic Experience: understanding change and informing the model.

*Discussant: William Stiles - Miami University, Oxford, USA*

The assimilation model is both an established theory that describes change processes in therapy and a method of investigating change. Elliott (2010) states that research that is used to investigate change processes is most useful when it is 'developing and modifying rich theory grounded in data' (p.128) He cites the assimilation model as exemplifying this approach. Each of the studies presented in this panel have been conducted with the intention of finding new ways to further extend and inform the theory. Specifically through: the use of comparative measures or models, using the model with a different population or investigating the impact of the therapist on assimilation. Dagnino, de la Parra and Cierpka investigated six psychodynamic change episodes using different models and identified a pattern of change similar to that revealed in assimilation model studies. Folkes-Skinner used the assimilation model to investigate change processes in a trainee person-centred counsellor over the course of her training and Meystre investigated the influence of therapist interventions on the assimilation of problematic experiences. The results of these studies indicate that the change processes at the heart of the assimilation model are similar to those of other models but also reveal more complex processes such as the influence of the therapist or of training on the process of assimilation.

What exactly counts as 'change' and how does it evolve during the therapeutic process?"

*Paula Dagnino - Pontificia Universidad Catolica de Chile, Santiago, Guillermo de la Parra, Manfred Cierpka*

The aim of therapy must be the removal of the symptoms or problems that lead people to seek help. But therapists and patients wish to look deeper – to seek more fundamental 'structural' change in the personality. This is because in addition to being more pervasive, it will also be more permanent. When looking at case studies, change in the psychotherapeutic processes seems to have an irregular trajectory, with advances and backward movements. This has been demonstrated especially in studies that use the Assimilation Model of Stiles (Stiles, et al, 1990). To determine the relationship between the level of Integration of focus (HSCS, Rudolf, et al, 2002) and the level of Generic Change Indicators, (GChI, Krause et al., 2007) in six psychotherapeutic processes. For 6 brief psychodynamic processes change episodes were identified (100 change episodes, an average of 18 episodes per therapy), focus (problem area) for each patient was determined (OPD, 2001), this was a multiple single case analysis. The different foci and the way they appear during the process will be shown. The level of integration and the level of change indicators show a progressive but irregular pattern. These patterns are highly correlated between each other. Observing the process results could make a contribution to the training of therapists and increase understanding psychotherapy processes. Both models of change seem to be measuring the same thing. In both cases change can be understood as an increase of the range of conscious awareness and the development of 'insight'.

The assimilation of problematic experiences during training: the case of one trainee counsellor.  
*Julie Folkes-Skinner - University of Leicester, UK*

Few studies have investigated how trainee therapists change during their professional training. The extent to which training impacts on trainee development is largely unknown despite the fact that training demands personality change on the part of the trainee. As Howard, Inman et al. (Howard, Inman et al. 2006) state, professional training requires considerable 'intra-psychic' change. Aim: To identify change processes in one trainee person-centred counsellor. Method: Five semi-structured interviews, using the Change Interview Schedule (Trainee Version), (Folkes-Skinner, Elliott et al. 2010) were conducted between the author and a trainee enrolled on a full-time postgraduate programme at a British University, over the course of her training. The transcripts of interviews were analysed and the trainee's dominant and problematic voices identified (Honos-Webb, Stiles 1998). The Assimilation of Problematic Experience Sequence (APES), (Brinegar, Salvi et al. 2008), was used to identify change processes. Results: The trainee developed problematic experiences as a consequence of the demands of training and the process of assimilation was similar to that described in successful outcome client cases. The inter-relationship between voices, in particular the use of a problematic voice to conceal a vulnerable aspect of the self, was identified. Discussion: These findings may help trainers and trainees to understand the process of change that occurs during training. In addition, the assimilation of problematic experiences may be a useful indicator of successful training outcome. The assimilation of problematic experiences in trainees may be similar to those of clients.

Responsiveness in the framework of the Assimilation Model : A case study  
*Claudia Meystre - Institut Universitaire de Psychothérapie, Lausanne, Switzerland*

We investigated links between assimilation of problematic experiences and therapeutic responsiveness in a case study of brief psychodynamic therapy (34 sessions). The Assimilation of Problematic Experiences Scale (APES ; Stiles, 2002) describes eight different levels a problematic experience passes enroute to becoming part of the person's Self. Honos-Webb and Stiles (2002) suggested that progress along this continuum is facilitated by therapist interventions that are appropriately responsive to the problem's current APES level. Our purpose was to investigate and identify what kinds of therapeutic interventions were responsive to the patient's specific requirements at each APES level in the sense that they helped the patient shift from one level to the next. We developed some hypotheses concerning responsive therapeutic interventions, measured by the Comprehensive Psychotherapeutic Interventions Rating Scale (CPIRS ; Trijsburg et al., 2002), for each assimilation level, measured by the APES. We tested these hypotheses on transcripts of Claire's therapy. We compared the APES levels for the patient's statements just before and just after each CPIRS-coded therapist intervention to see which interventions were associated with APES progress at each level. The results will be presented and discussed within the conceptual framework of the Assimilation Model.

## **Panel**

Depression

## **Moderator**

Simon Forstmeier -  
University of  
Zurich,  
Switzerland

## **Innovative Approaches in Psychotherapy with Older People**

*Discussant: Andreas Maercker - University of Zurich, Switzerland*

The process of ageing proceeds interindividually very differently. Yet it is always associated with decline and losses in physical, cognitive, and social domains. Older patients, thus, exhibit mostly not only a single mental disorder, but at least one comorbid somatic disorder. The most frequent mental disorders in old age are depression and dementia. It is striking that only a small portion of older people with the need of psychotherapy are provided with psychotherapeutic treatment. The reasons for this phenomenon are manifold. Older people may assume that, if their problems are due to age, there is little point in seeking treatment. Also professionals may often assume their problems are a result of ageing and hence treatment may be withheld and assessments superficial in nature. The goal of this panel is to show that psychotherapeutic treatment in older patients can be effective provided that interventions are modified in order to be appropriate for this age group and that age-specific newly developed interventions are applied. The first paper will report on a randomized controlled trial (RCT) to assess the efficacy of cognitive therapy with clinically depressed family carers of people with dementia. The second paper will present a single case study of a comprehensive multi-component psychotherapy programme for people with early dementia and their caregivers and preliminary results of an RCT. The third paper will report on an RCT to assess the efficacy of a brief live review therapy using autobiographical retrieval practice for older adults with clinical depression.

## Cognitive Therapy for Clinically Depressed Family Carers of People with Dementia *Georgina Charlesworth - University College London, UK, Stanton Newman, Shirley Reynolds*

**Aim:** Stress and distress are widely reported by family carers for people with dementia yet psychiatric morbidity in the carer is rarely included as a criterion for eligibility in the intervention literature. We report a small trial of cognitive therapy which focused exclusively on clinically depressed family carers of people with dementia. **Method:** Of 105 carers referred to the study, 30 met criteria including a SCID-IV diagnosis of major depression. They were randomised to either usual care plus cognitive therapy or usual care alone. The 15 carers in the intervention arm took part in up to 20 sessions of individual cognitive therapy. Psychometric tools were used to measure carer depression, anxiety and coping, and problem behaviours in the person with dementia, pre and post therapy, and at 3 month follow-up. **Results:** The mean age of participants was 70 years old (range 49 to 87) with 23 spouses (14F: 9M) and 7 daughters. 29 of 30 carers were available for follow-up. Carers in receipt of the intervention showed a greater reduction in depression than control carers, with a higher proportion of intervention carers moving out of the moderate / severe categories of depression by the end of therapy and being non-depressed at 3 month follow-up. Although the group difference did not reach statistical significance in unadjusted analyses, there was a significant group x time interaction when repeated measures were used. **Discussion:** The cognitive therapy approach used here emphasised an interpersonal understanding of depression and compassionate responses to realistic negative automatic thoughts.

## Cognitive-Behavioral Therapy for People with Early Dementia and their Caregivers: A Case Study of a Comprehensive Treatment Approach

*Tanja Roth - Psychiatric University Hospital Zurich, Switzerland, Andreas Maercker, Egemen Savaskan, Simon Forstmeier*

**Aim:** Although some research has supported the effectiveness of specific psychotherapeutic approaches for mild Alzheimer's dementia (AD), there are only few attempts to evaluate a comprehensive CBT programme. The current study will evaluate the effect of such a CBT-based, multi-component psychotherapy programme on the health of patients with mild AD and their caregivers. We expect - in comparison to the control group - a significant decrease of depressive and other neuropsychiatric symptoms, improvement of functional abilities, quality of life, adaptive coping strategies in the patients, and decrease of depressive, anxiety, and anger symptoms, burden of providing care, improvements in quality of life, and adaptive coping strategies in the caregiver. **Methods:** The study, a randomized, controlled, assessor-blind follow-up study including patients with mild AD and their caregivers, started in autumn 2010. Before and after the treatment phase, participants will be assessed. Follow-ups will take place at 3, 6, and 12 months post-treatment. A single case study will be presented to illustrate the comprehensive treatment approach. A multiple-baseline design was applied, and psychometric measures used are the Geriatric Depression Scale (GDS), the Cornell Scale for Depression in Dementia (CSDD), the Neuropsychiatric Inventory (NPI), the Quality of Life-Alzheimer's Disease (QoL-AD), and the Stress Coping Inventory (SCI). **Results:** The results of the single case study to provide evidence of benefit of the psychotherapeutic intervention will be presented. Additionally, preliminary results of group level analyses will be presented. **Discussion:** Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

## Brief Life Review Therapy Using Autobiographical Retrieval Practice for Older Adults with Clinical Depression: Results of a Randomized Clinical Trial

*Juan Pedro Serrano - University of Castilla-La Mancha, Albacete, Spain, José Miguel Latorre, Laura Ros, Beatriz Navarro, María José Aguilar, Marta Nieto, Jorge Javier Ricarte*

**Aim:** The aim of this randomized clinical trial was to examine the efficacy of brief life review intervention based on autobiographical retrieval practice for treating depression in older adults. **Method:** Thirty-seven clinically depressed older adults aged 64-83, who were also receiving pharmacological treatment, were randomly assigned to life review therapy or to a control condition with supportive therapy. The duration of the outpatient intervention was four weeks. Data were collected at four times: before randomisation, at the end of treatment, and at 6 weeks and 6 months follow-up. Outcome measures were the Mini-International Neuropsychiatric Interview (MINI), the Geriatric Depression Scale (GDS), the Life Satisfaction Index (LSI), the Quality of Life in Depression Scale (QLDS), and the Autobiographical Memory Test (AMS), which measures respondents' ability to retrieve a specific memory under timed conditions in response to a cue

word. Results: Depressive symptoms decreased in both conditions (main effect of time: MINI:  $F(3,42) = 8.41$ ,  $p = .0002$ ; GDS:  $F(3,45) = 6.52$ ,  $p = .0009$ ; LSI:  $F(3,45) = 3.68$ ,  $p = .019$ ), without differences between the two therapies (no significant time x condition interaction). There was some indication of greater gain in production of specific memories among those in life review therapy. Patients who produced higher numbers of specific memories decreased in depression at a faster rate. Discussion: These results indicate that although a brief live review intervention is not superior that a supportive therapy with regard to depression measures, the rate of recovery is moderated by number of specific memories produced.

## **Panel**

Practice Culture

### **Moderator**

Evangelia  
Fragkiadaki -  
Technological  
Educational  
Institute of Crete,  
Heraklion, Greece

## **Psychotherapy in Greece: Cultural Connotations in Training and in Practice**

*Discussant: Anastassios Stalikas - Panteion University, Athens, Greece*

Psychotherapy practice and research in Greece has gained little attention in the literature. In recent years, it has been observed that a growing number of Greek practitioners trained abroad return home and apply their learnings in local practice. Moreover, many psychotherapy training institutes augment and enrich the opportunities for psychotherapy training in Greece. In this panel we aim to explore the current state of psychotherapeutic training and practice in Greece. Six researchers and practitioners trained abroad (USA, UK and Russia) and in Greece, discuss empirical research and reflections on practice. The first paper (Fragkiadaki, Triliva, Prokopiou & Balamoutsou ) presents the results of an empirical study on systemic therapy trainees', outlining the distinctive features of how they have developed in their professional and personal lives through the years of training. The second paper (Koliri & Vallianatou) discusses the implications of same-culture identities in the therapeutic relationship, focusing on therapists' reflective practice and how it is applied in Greece, as well as their experiences as practitioners trained in the UK and returning to Athens. The third paper (Prokopiou, Dafermos, Triliva, Fragkiadaki & Balamoutsou) offers an analysis of a systemic therapy family session by four practitioners who represent alternative epistemologies and philosophies, revealing the effects of different cultural perspectives in training and clinical practice. Discussion will focus on how culture impacts upon psychotherapy training and practice in Greece and on the dialectics of culture, psychotherapy training and research in a nation where psychotherapy does not have a long history and embedded traditions.

On Becoming a Systemic Psychotherapist in Greece: Voices, Experiences and Understandings of Trainees

*Evangelia Fragkiadaki - Technological Educational Institute of Crete, Heraklion, Greece, Sofia Triliva, Achilleas Prokopiou, Sophia Balamoutsou*

There has been a growing interest in psychotherapy research in developing understanding on what therapists gain from their training and how their identities as therapists are constructed. Greece represents a unique case since graduate psychotherapy training is not mandatory for professional licensure. Students who have completed an undergraduate degree in psychology seek further training as a personal need rather than as a professional necessity. This presentation will focus on the experiences of seven trainees in systemic therapy who were in training at the time of the interviews. In depth semi-structured interviews were conducted in order to explore how these trainees experience the formation of their emerging identities as psychotherapists, the training process and the role of supervision and personal therapy as means to constructing and reconstructing professional and personal identities. The transcribed interviews were analyzed using interpretative phenomenological analysis (IPA, Smith, 2003). Findings of this analysis will be presented. Implication to the current state of therapy training in Greece will be discussed.

The Implications of Same-Culture Identities in the Therapeutic Relationship: The Case of Greece  
*Maria-Ersi Koliri - The Hellenic Association for Continuing Education, Athens, Greece, Christina Vallianatou*

Most research on multicultural counselling and therapist effectiveness focuses on the need to be aware of "the other" and apply interventions accordingly. Very few studies focus on the implications of same-culture dyads; it is assumed that the challenges of the "otherness" that exist in cross-cultural counselling do not apply. We support that in the case of social environments where the monoculture paradigm prevails, the lack of diversity acknowledgment leads to similar challenges for the practitioner. The case of Greece is particularly interesting because of the peculiarities of the Greek national identity and its connection to the country's socio-political past. Is therapist reflectivity possible in a culture that does not encourage an active exploration of the various sociocultural identities of its members? When the practitioner is a product of a

mono-cultural society, to what extent can he/she understand and embrace the requirement of “reflective practice” (and potential acknowledgement of their own and their client’s diversity) when such a quality is suppressed on a wider cultural level? Having returned to Greece as practitioners trained in the UK we use reflective practice to analyze how we as trainers of Greek counsellors and therapists should assist them to develop an awareness of their own cultural identity in order to be able to freely interact with the cultural identities of others. We propose a social constructivism angle through which identity development is seen as fluid, multifaceted and ever-changing, encompassing personal and cultural characteristics rather than single, uniform and rigid assumptions about personal and professional identity.

**Actively Creating New Ways of Understanding Systemic Psychotherapeutic Practice: Four Voices from Variant and Divergent Perspectives Converge in Analyzing One Psychotherapeutic Session**  
*Achilleas Prokopiou - Family Institute, Chania, Greece, Manolis Dafermos, Sofia Triliva, Evangelia Fragkiadaki, Sophia Balamoutsou*

This paper presents the results of an active dialogical process that four people working within the mental health field on Crete conducted as they focused on analyzing an audio-taped family therapy session. The four participants came from different theoretical, training and epistemological backgrounds and positions: one member of the conversation team brought a philosophically and epistemologically informed viewpoint (philosopher with emphasis of epistemology and cultural-historical activity theory, trained at Lomonosov University), the second member was the systemic therapist who conducted the session (Child Psychiatrist trained in systemic therapy at the Athenian Institute Anthropos), the third member is a Counseling Psychologist (psychodynamic perspective based on constructionism and qualitative methods, trained in UK) and the fourth member is a psychologist with a postmodern and critical psychology perspective (Applied psychology, trained in the USA). The conversational and reflective process we engaged in was transcribed and analyzed using qualitative methodology. Analysis focused on the interplay between these diverse points of view illustrating new perspectives of psychotherapy work with clients. These reflections and conversations serve as important devices and show how the specifics of context and culture bring forth new views and forms of psychotherapeutic practice.

## **Panel**

Training

## **Moderator**

Jutta Fürst -  
University of  
Innsbruck, Austria

## **Research in Psychotherapy training**

*Discussant: Maria Stippler - University of Innsbruck, Austria*

Psychotherapy training faces two important challenges: Firstly how to improve training curricula to integrate cross-cultural experiences and secondly to strengthen a research oriented practice in basic training. In the last years these two aspects gained more significance in psychotherapy training and several approaches were undertaken to face these challenges. Cross-cultural training experiences for trainees at different levels were provided, an international research project related to the learning process of trainees in supervision were started, and a program to improve research competencies of trainees were designed in a way, that trainees are asked to conduct their own practical research and to share it on an international level with trainees from other European countries. The presentation at the conference will look at these different experiences, evaluate supporting and hindering factors and outline further steps in enhancing cross-cultural encounter and research based practice within psychotherapy training.

**Evaluation of supervision in psychodrama training: An empirical study on outcomes and helpful factors in supervision**

*Hannes Krall - University of Klagenfurt, Austria, Jutta Fürst*

Supervision of trainees is an important step in psychodrama training. Trainees are practicing psychotherapy in individual and group settings and they are accompanied by an ongoing reflective and investigative process of supervision with an experienced trainer in psychodrama. Although there is broad consensus about the fact that supervision of trainees is crucial for their professional development, there is not much attention put on how to evaluate and how to do research in processes of supervision. In our presentation we will describe and discuss one approach of systematic reflection on supervision in psychodrama training. We will propose possibilities to evaluate the outcome of supervision and investigate how helpful aspects of psychodramatic supervision relate to each other.

## Ambivalences towards psychotherapy research: Motives and experiences of psychoanalytic therapists

*Jennifer Protz - University Kassel, Germany, Horst Kächele, Svenja Taubner*

**AIM:** Although many psychoanalysts support the general need for research the number of actual participants is rather low. In this paper we investigate motives psychoanalysts inherit to decide for or against a participation in evaluative research. The conclusions drawn from this might result in recommendations how to support and advance the future willingness of active research participation. **Method:** We conducted guided interviews with six psychoanalysts working in outpatient practice. To assure a broad coverage of motives three interview partners had participated in a psychotherapy study and three had declined participation in the past. Interviews were audiotaped, transcribed and analysed using qualitative comparative casuistics. **Results:** The results support the hypothesis that especially needs for security and protection influence psychoanalyst's willingness while causing either a driving- or inhibition-force. Both the intra- and interindividual areas of the interviews display unresolved ambivalences toward the participation in psychotherapy research. **Conclusion:** We conclude that changes of the psychoanalytic training could have the most profound influence on the personal motivation to participate. In particular an increased preoccupation with research methods and results within the training could reduce defences against the participation in research projects in the future. To investigate the issue with a broader sample we constructed a questionnaire basing on the results.

## TRAIN -Towards Research Applied in International Networks of Trainees

*Jutta Fürst - University of Innsbruck, Austria, Hannes Krall*

The goals of this international cross cultural project are to integrate research into psychodrama psychotherapy training, to stimulate international cooperation in research, to increase motivation and interest in research, to develop skills in quantitative and qualitative methods and to evaluate the changes in attitudes towards research from training beginners to graduated trainees and to practitioners by using qualitative and quantitative methods. At the moment training institutes in three different countries (Austria, Portugal and Turkey) are involved in this project. They all follow a common procedure in terms of teaching and evaluation. This includes the application of the same quantitative and qualitative outcome measures for a systematic case study, the implementation of research methods into the training, the cooperation in working on previous defined key questions and the evaluation of the whole project. Students of psychodrama psychotherapy and counseling are systematically trained over a period of 4-6 years to evaluate the contribution of treatment on personal changes, to improve their concept competence and develop their ability to design and accomplish small studies alone and in cooperation with others. The question whether this kind of training changes the attitude towards research and stimulates the interest of later practitioners into research is investigated by using a questionnaire which is given to students in the beginning, in the middle of their training, at the end and after 2-4 years practice. Experiences and results are shared and discussed in an international community of the involved researchers in order to develop further improvements.

## Panel

Psychodynamic

### Moderator

Francesco Gazzillo  
- Sapienza  
University, Rome,  
Italy

## Clinical and empirical perspectives on a psychoanalysis of Merton Gill

*Discussant: Sherwood Waldron - Psychoanalytic Research Consortium, New York, USA*

The aim of this panel is to investigate fluctuations in process and related changes in mini-outcomes, in a psychoanalysis conducted by Merton Gill, using several process and outcome measures applied at eight different points in the analysis. We will use a sample of 64 sessions to investigate: 1) the psychotherapeutic process using the Analytic Process Scales (APS; Waldron et al., 2004a,b) and the Psychotherapy Process Q-set (Jones, 2000; 2) the changes in personality, using the Shedler-Westen Assessment Procedure-200 (SWAP-200; Shedler, Westen, 1999a, b) and Personality Health Index (PHI; Waldron et al., submitted), and the changes in defense mechanisms with the Defense Mechanisms Rating Scale (DMRS; Perry, 1990) 3) the negotiations of therapeutic alliance with the Collaborative Interaction Scale (CIS; Colli, Lingardi, 2009); 4) the changes in patient-therapist attachment with the Patient-Therapist Attachment Q-sort (PTA-Q sort; De Bei, unpublished manuscript). This work is part of a larger research on process and outcome of 31 recorded psychoanalyses from the Psychoanalytic Research Consortium. Our goals are to investigate variability and change in one analysis in depth using a variety of process and outcome measures. The use of various measures purporting to assess important process and outcome



dimensions applied to the same case has been a fertile research strategy in the past (e.g. Dahl, Kaechele and Thomaé 1988 and many others), and we hope this study will advance this approach to the rich and complicated aspects of long-term dynamic psychotherapies.

#### Assessing personality changes and analytic process with APS and PHI

*Francesco Gazzillo - Sapienza University, Rome, Italy, Vittorio Lingiardi, Carlotta Bandieri, Federica Genova, Nino Dazzi*

The aim of this paper is to investigate the moment-to-moment clinical interchange, the more effective therapist interventions and the changes in patient personality styles empirically detectable in a long term psychoanalysis conducted by Merton Gill. In order to accomplish this goal, we have chosen a sample of 64 sessions; the first 8 sessions and then 8 sessions every 12 months will be independently assessed with the Shedler-Westen Assessment Procedure-200 (SWAP-200; Shedler, Westen, 1999a, b) and the Personality Health Index (PHI; Waldron et al., submitted) by two different raters. Four sessions every 6 months will be independently assessed with the Analytic Process Scales (APS; Waldron et al., 2004a, b) by three independent raters. In line with previous research, we expect to find that an increase in high functioning personality style assessed with the SWAP is fostered by the "virtuous circle" of good quality therapeutic interventions which go hand in hand with productive patient communications as assessed by the APS.

#### Assessing changes in alliance ruptures with the Collaborative Interventions Rating Scales

*Antonello Colli - Carlo Bo University, Urbino, Italy, Valeria Condino, Daniela Gentile, Lingiardi Vittorio*

The aim of this paper is to investigate the collaborative processes and the ruptures in therapeutic alliance in a psychoanalysis completely audiotaped and transcribed conducted by Merton Gill. In order to accomplish this goal, we have selected a sample of 32 sessions (4 every six months of analysis). Three independent raters will apply to these sessions the Collaborative Interaction Scale (CIS; Colli, Lingiardi, 2009). In line with previous results, we expect to find a progressive decrease in ruptures processes during the analysis, with an intermediate phase where they increase, and an increase in collaborative interactions. We will also investigate the relations among collaborative processes, personality changes and psychoanalytic process.

#### Assessing therapeutic process and changes in patient-therapist attachment with PQS and PTA Q-sort

*De Bei Francesco - Sapienza University of Rome, Italy, Annalisa Tanzilli, Daniele Giovannetti, Nino Dazzi*

The aim of this paper is to investigate the fluctuations in patient-therapist attachment in different phases of psychoanalysis completely audiotaped and transcribed conducted by Merton Gill. In order to accomplish this goal, we have selected a sample of 32 sessions (4 every six months of analysis). Three independent raters will apply to these sessions the Patient-Therapist Attachment Q-sort (PTA-Qsort; De Bei, Lingiardi, Miccoli, 2008) and Psychotherapy Process Q-Sort (Jones, 2000). In line with previous results, we expect to find a progressive increase in patient-therapist attachment security during the analysis, with an intermediate phase with a decrease of the security and an increase in the final phase. We will also investigate the relations between attachment style and psychoanalytic process.

#### Assessing changes in defense mechanisms with the DMRS and the DMRS Q-sort: An analysis with Merton Gill

*Mariagrazia Di Giuseppe - Sapienza University of Rome, Italy, Alberto Codazzi, Annamaria Stolfà, Annarita Marseglia*

The aim of this paper is to investigate changes in defense mechanisms in different phases of an intense psychoanalysis conducted by Merton Gill completely audiotaped and transcribed. We have selected 4 sessions every six months of analysis for a total of 32 sessions. Three trained raters assess defense mechanisms using the Defense Mechanisms Rating Scales (Perry, 1991) and its Q-sort version (Di Giuseppe, Perry, Petraglia, Janzen, Lingiardi, in progress). In line with previous studies we expect to find changes in defensive functioning related to different periods of psychoanalysis (Perry, 2009) and an increasing of the Overall Defensive Functioning at the end of the treatment. We also have investigated the correlation between the two methods of defense mechanisms assessment.

**Panel**  
Alliance

**Moderator**  
Shari Geller -  
Independent  
Practice, Toronto,  
Canada

**Therapeutic Presence: A New Common Factor?**

*Discussant: Leslie Greenberg - York University, Toronto, Canada*

Therapeutic presence has been theorized to be an essential quality contributing to a positive therapy process and outcome (Bugental 1978, 1987; Geller & Greenberg, 2002; 2010; Rogers, 1980; Schmid, 2002). Therapeutic presence involves being fully in the moment on a multitude of levels: physically, emotionally, cognitively, spiritually and relationally (Geller & Greenberg, 2002, 2010). We know from research that the alliance and the therapeutic relationship are important therapy processes that predict good outcome across therapeutic traditions. While presence has been viewed as underlying a positive therapeutic relationship, therapy process and outcome, minimal research has been conducted exploring the benefits of presence. This panel will present how a measure of presence, the Therapeutic Presence Inventory, has been used to explore the role of therapeutic presence in psychotherapy across different traditions. Pilot studies suggest that therapeutic presence underlies empathy and the therapeutic relationship, as well as predicts the working alliance and clients' session outcome. This is the beginning of a body of a research exploring the essentiality of therapeutic presence in psychotherapy, across different cultures and therapy modalities. Paper 1 will present a measure of therapeutic presence and discuss presence as an essential foundation across different therapies. Paper 2 will discuss the relationship of early therapeutic presence to empathy and the working alliance. Paper 3 will present the findings from a study examining therapist presence and its relation to session depth, empathy, and client symptom reduction.

**Therapeutic Presence: A Measure and A New Relationship Theory**

*Shari Geller - Independent Practice, Toronto, Canada, Les Greenberg*

Earlier qualitative research revealed a model of therapeutic presence (Geller & Greenberg, 2002). The model formed the basis for the current study: The development of two versions of a measure: the Therapeutic Presence Inventory, a 21-item measure of therapists' self-rated presence (TPI-T) and a client 3-item measure of therapists' presence. Research results suggesting presence is the foundation for the therapeutic alliance and relationship conditions such as empathy, congruence and unconditional regard will be presented. Aim: To explore the reliability and validity of the TPI-T and TPI-C. To begin to build a theory of relationship based on therapeutic presence. Methods: An analyses was conducted with data on the TPI-T and TPI-C from two psychotherapy studies comparing treatment for depression using either Emotion Focused, Person-Centered, or Cognitive Behavioural therapies. Results: The reliability and validity of the TPI-T and TPI-C was demonstrated. Therapists' presence (TPI-T) predicted empathy, and clients' perception of their therapists' presence (TPI-C) predicted both positive alliance and session outcome for clients. However, therapists' presence did not relate to clients' perception of therapists presence. Discussion: The therapeutic presence inventory can be used to begin to understand the role of therapeutic presence on therapy process. Clients' experiencing their therapist as present is a significant predictor to the alliance and session outcome. Hence, further research needs to focus on understanding the role of presence from the clients' perspective. A relationship theory based on therapeutic presence is emerging from this initial work.

**Therapist presence and its relationship to empathy, session depth, and symptom reduction**

*Jeffrey Hayes - Penn State University, University Park, USA, Maria Vinca*

The construct of therapist presence is generally thought to be important, although empirical work on this construct is in its infancy. Therapist presence has been postulated to affect both the process and outcome of therapy. For example, therapist presence may be a necessary precondition for empathy. Therapist presence, or lack thereof, may also affect the depth of sessions and ultimately the extent to which clients improve. Aim: This study examined the relation between therapist presence and: 1) client perceptions of therapist empathy; 2) client perceptions of session depth; and 3) change in client distress. Both client and therapist perceptions of therapist presence were predicted to be positively associated with client perceptions of session depth and therapist empathy and with reductions in client distress. Method: Data were collected in a psychology training clinic from 42 therapists and 88 of their clients. Approximately 7 weeks into each semester, therapist presence was measured post-session with client and therapist versions of the Therapist Presence Inventory, session depth was measured with the Session Evaluation Questionnaire, and empathy was measured with the Barrett-Lennard Relationship Inventory. Client symptoms were measured weekly with the Outcome Questionnaire-45. Results and Discussion: Because some therapists treated more than one client, these clients were treated as dependent observations; thus,

client scores were centered around therapist means for relevant analyses. Findings will be reported and recommendations for practitioners and researchers will be discussed.

### Therapist Presence, Empathy, and the Working Alliance in Experiential treatment for Depression *Alberta Pos - York University, Toronto, Canada, Shari Geller, John Oghene*

**Aim:** This study examined the relationship among three important therapy process variables during experiential therapy for depression: therapist presence, therapist empathy, and the working alliance. An experiential assumption concerning therapist presence contributing importantly to therapist empathy was tested  
**Method:** Fifty-two clients who met the DSM-IV criteria for major depression and scored at least 50 on the Global Assessment of Functioning Scale were administered Therapeutic Presence Inventory - therapist version (TPI-T); Geller, 2001; Geller, Greenberg & Watson, 2010); Therapeutic Presence Inventory - client version (TPI (C); Geller, 2001; Geller et al., 2010); Working Alliance Inventory (WAI; Horvath & Greenberg, 1989); The Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1962, 1978). Path analysis tested the relationship between therapist presence and alliance building across therapy while controlling for perceived empathy. **Results:** Clients' perceptions of their therapists' presence and empathy were related. When simultaneously controlling for perceived empathy, clients' early perceptions of their therapist as present directly contributed to the strength of later therapy working alliances. More evidence that therapists are poor raters of therapy process was found as therapist reports of these processes did not relate to clients' reports of therapists' empathy or clients' experience of the alliance. **Discussion:** When clients say their therapist is present they also seem to experience their therapist as empathic, supporting the experiential assumption that presence may be a pre-condition to being empathic. Evidence also suggests that while empathy and presence are highly related they are at the same time somewhat distinct variables.

### **Panel**

Training

### **Moderator**

Omar Gelo -  
Sigmund Freud  
University, Vienna,  
Austria

### **Psychotherapy training research: Some trends**

*Discussant: Imre Szecssödy - Karolinska Institutet, Stockholm, Sweden*

Despite our considerable empirical knowledge on psychotherapy (process, outcome and process-outcome), research on psychotherapy training is somehow lacking. Anyway, the last years has witnessed an increasing interest in this topic by several researchers. The present panel aims at presenting some recent approaches within the field of psychotherapy training research. Jutta Kahl-Popp presents a micro-processual approach to the investigation of psychotherapy supervision based on a qualitative tool: context-analysis, in order to show that supervision effectively influences therapists' clinical competence. Zarbock and colleagues present a phase model of treatment and supervision, adopting an adherence and competence rating scales of therapeutic behavior in order to investigate if supervisor's and supervisee's perspectives of supervision correspond or not. Afterward, Plchová and colleagues use grounded theory analysis to investigate the experience of trainees involved in the training of psychotherapy integration before the beginning of the training. Finally, Stabingis & Gelo – in analogy with Orlinsky's Generic Model of Psychotherapy – present a Generic Model of Psychotherapy Training, which aims at providing a school independent idealized representation of psychotherapy training in terms of input, process and output variables. In conclusion, Imre Szecssödy will discuss the presented papers.

### Context-analysis as a qualitative method to investigate psychotherapy-supervision

*Jutta Kahl-Popp - John-Rittmeister-Institute, Kiel, Germany*

The present paper is based on the theoretical framework and practical aspects of context-analysis as a method to investigate microprocesses of interaction in psychotherapy and supervision. Based on the communicative-adaptive psychoanalytic approach (Langs 2004) and on the contextual model of thinking (Frank and Frank 1993; Wampold 2001), context-analysis focuses on the patient's unconscious evaluation and validation of the therapist's interventions, communicated subliminally within therapeutic interaction. The therapist can use the patient's unconscious evaluation as a supervisory function for his procedure. Context-analysis is not only a method to understand, what is going on „between the lines“ in therapeutic and in supervisory sessions intra-clinically, but also a method for extra-clinical research. I plan to discuss context-analysis as a qualitative research method to investigate therapeutic and supervisory interaction according to the patient's and supervisees' evaluation of the therapist's and supervisor's interventions. In the present work, I will investigate supervision cross-sectionally (session with patient before supervision, supervision session, and session with patient after supervision) and longitudinally (three cross sections in the beginning, in the middle and at the end of treatment) with context-analysis to test the following

hypothesis: (1) there is a connected development between patients' evaluation of therapist's intervention, therapists' evaluation of supervision, and their therapeutic interventions during the three sessions; (2) if this development can be found again at a longitudinal level, then it can be considered as proved, that supervision influences the therapist's clinical competence.

#### Adherence and competence ratings as tools for supervision

*Gerhard Zarbock - Institute for Training in Behavior Therapy, Hamburg, Germany, Benjamin Frank, Bernhard Dahme*

We found as a result of our study on supervision (Zarbock et al., 2009) that the correspondence of the supervisor's and the supervisee's perspectives of (unstructured, "as usual") supervision did not correspond at all. To enhance structure and goal orientation in supervision we recommend that treatment and supervision should follow a phase model (Zarbock, 2010) and implement the regular use of video-based supervision and the use of adherence and competence scales of therapeutic behavior. Following these demands we constructed an adherence and competence scale for biographic-systemic CBT (BSVT-R) with the following features: (1) easy to administer; (2) addressing the dialectics of symptom specific versus individualized, person-oriented approaches to behavioral analysis and change strategies; (3) usability of the scale for the trainee as an expert system to "teach yourself" and self manage skill acquisition in the training of CBT. We will present our phase model of treatment and supervision (i.e., primary contact, probationary sessions, starting-, central working-, self regulation-, ending-phase, follow up), the five skill domains essential to CBT in our understanding (i.e., relationship, motivation, session structure/therapy phase orientation, disorder specific oriented change strategies, person-/background oriented change strategies). Furthermore we will present recent results of our validation study of our scale.

#### Training in Integrative Psychotherapy (TIP) from the trainee's perspective before the start of the training

*Romana Plchová - Masaryk University, Brno, Czech Republic, Roman Hytych, Zbyn Vybíral*

This qualitative research study on the experience of trainees of psychotherapy training was conducted according to grounded theory methodology. 11 in-depth interviews were conducted with the future trainees (who had already been admitted into the training) of the Training in Integrative Psychotherapy (TIP). Every interview began with the question: „How is it for you to be before the beginning of this training?“, with the goal of examining the feelings and motivation of the trainees as well as the process of decision making related to entering the training. Results indicate that the forward-looking positive feelings are easily available in the experience of the trainees, while negative emotions like nervousness or uncertainty are often revealed later during the interview. There are two most important influences on decision making, whether to enter or not to enter the TIP: the first is the emerging confidence in the trainers, the second the early conception of the integration from the view of the trainees. The whole process of decision making is framed by the personal history and related conditions in the trainees' lives (family situation, time, money etc.). The study offers a comprehensive view of the trainee's experience before entering the training trying to contextualize it with the development of their professional identity.

#### A Generic Model of Psychotherapy Training

*Ansis Stabingis - Sigmund Freud University, Vienna, Austria, Omar Gelo*

Psychotherapy training is an under-researched area. Separate phenomena related to psychotherapy training (i.e., supervision, self-experience) with reference to specific therapeutic schools (e.g., psychodynamic, cognitive-behavioral, etc.) have been investigated; anyway, there is lack of a broader and systematic view of what psychotherapy training is. We do believe that an adequate conceptual definition of an object of investigation must precede its empirical inquiry. To this aim, we propose a Generic Model of Psychotherapy Training (GMPTr). Developed in analogy with Orlinsky and Howard's Generic Model of Psychotherapy, the GMPTr aims primarily at better understanding what psychotherapy training is. The GMPTr consists of a single idealized representation of psychotherapy training in terms of input (i.e., antecedents), process (constituents) and output (consequences) variables; moreover, it defines the "participants" and their roles (e.g., trainees, lecturers, therapists, supervisors, etc.) at each of these levels. Second, the model is formulated at such an abstraction level that it allows to conceptually describe and compare different conceptualizations of training in different psychotherapy schools. Third, the GMPTr may allow to more precisely define the empirical investigation on psychotherapy training in terms of both school-specific and

comparative process, outcome, and process-outcome research. Moreover, the GMPTr may be used to systematically organize reviews of empirical research on psychotherapy training, "revealing" what has been investigated up and what could/should be investigated in the future. Finally, empirical research on psychotherapy training driven by such a model may allow to refine the model itself with the aim of developing an empirically-supported model of psychotherapy training.

## **Panel**

Narrative

### **Moderator**

Miguel Gonçalves  
- University of  
Minho, Braga,  
Portugal

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

*Discussant: Giancarlo Dimaggio - Third Center of Cognitive Psychotherapy, Rome, Italy*

The Innovative Moment Coding System (IMCS) provides a systematic, reliable method for the identification of the novelties emerging within and across psychotherapy sessions, which we call innovative moments (IMs). The aim of this panel is to present several new studies conducted with this system. The first paper will set the ground by examining previous findings from four samples with different psychotherapeutic approaches, namely Narrative Therapy, Emotion-Focused Therapy and Client-Centered Therapy. In this paper, both a model of change and a model of stability grounded on the data are presented. The second paper presents the preliminary results of a task analysis which studied the development of a particular type of IM – reconceptualization-- that appears systematically in good outcome cases, and is absent or has a very low frequency in poor outcome cases. The third paper analyses how IMs cluster around narrative themes, forming what we have called proto-narratives, in 6 good outcome cases (3 from narrative therapy and 3 from CBT). Flexibility of both protonarratives and IMs development was studied across cases and the possible mediating impact of these variables on the symptom's severity was discussed.

### **Innovative moments and psychotherapeutic change**

*Miguel Gonçalves - University of Minho, Braga, Portugal, Inês Mendes, António P. Ribeiro, Anita Santos, Marlene Matos, Graciete Cruz*

The research question which guides this presentation is: are innovative moments (IMs) markers of good therapeutic outcome? In this sense, we applied the Innovative Moment Coding System to three samples with different psychotherapeutic approaches: narrative therapy, emotion-focused and client-centered therapy. We have identified which specific types of IMs emerged and characterized each therapeutic modality and each outcome group. All the cases were differentiated in poor or good therapeutic outcomes. Our hypothesis was that good outcome groups will present a significantly higher proportion of IMs, specifically two particular types: reconceptualization and performing change. We will also present a model of change for IMs, based upon the IMs' profile found in the three referred samples, as well as a model which explains stability in psychotherapy. These models suggest that reconceptualization has a pivotal role in therapeutic change. Reconceptualization is a particular type of IM which usually emerges in the middle of the process of a successful treatment, increasing steadily until the end. Moreover, reconceptualization seems to be a distinctive feature of a successful psychotherapy process, as it is almost absent in poor outcome cases. This IM has two main characteristics: the presence of a contrast between a previous self-narrative and a new emergent one, and the access to the process that allowed the transformation from the former to the last. We discuss four functions of this type of IM in the change process: (1) providing a narrative structure for change; (2) bridging the past and present self-narratives; (3) facilitating the progressive identification with the new self-narrative; and (4) allowing surpass the ambivalence often involved in the change process.

### **Co-constructing narrative change in Emotion-Focused Therapy: A preliminary task-analysis**

*Carla Cunha - University of Minho and ISMAI, Braga - Maia, Portugal, Inês Mendes, Miguel M. Gonçalves, Jaan Valsiner, Lynne Angus, & Leslie Greenberg*

Reconceptualization innovative moments (IMs) have been identified as markers of good-outcome in narrative therapy, emotion-focused therapy (EFT) and client-centered therapy. The present study aims to describe systematically the steps necessary for the emergence and development of reconceptualization IMs in EFT, emphasizing the co-construction of both client and therapist. This study follows a task-analysis research program (Greenberg, 2007) addressing the contributions of both interlocutors in episodes exhibiting a successful co-construction and consolidation of reconceptualization IMs. This study is a work-under-progress. At this moment, we will present the preliminary rational-empirical model (1st study of a task-analysis) featuring the following steps: 1) Acknowledging transformations and movement towards

change; 2) Establishing a contrast in the self, with increased client mastery and empowerment and therapist encouragement; 3) Positive appreciation of changes; 4) Exploration of present difficulties and therapist validation; 4) Loss of problem centrality in the client's life; and 5) Assuming change as a gradual, developing process. Discussion: We will discuss this model in detail and present markers of client experience and therapist activity implied in each step.

Flexibility of innovative moments and protonarratives in psychotherapy: Intra-individual modeling of successful therapeutic trajectories

*Tiago Bento - Instituto Superior da Maia, Portugal, António P. Ribeiro, Aaron Fisher, Inês Mendes, João Salgado, Miguel M. Gonçalves*

Narrative change in psychotherapy was proposed to be a function of the emergence of innovative moments and their aggregation around central narrative themes (i.e. proto-narratives). In previous studies, flexibility and salience of both innovative moments and protonarratives was found to be higher in good than in poor-outcome therapies. However, the mediating role of these narrative processes in the recovery of psychopathological symptoms remains unexplored. Similarly, the structural relations between the different processes of narrative change and symptomatic recovery remain elusive. In this study, we explore the dynamic organization of structural relationships between flexibility and salience of innovative moments and protonarratives and symptom severity aiming at obtaining models of the relationships between these dimensions across six good-outcome therapeutic trajectories. Innovative moments and proto-narratives were identified in 3 cases of CBT and 3 cases of Narrative Therapy collected in a clinical trial. State space grids (Lewis, Lamey, & Douglas, 1999) were used to the analysis of the flexibility and salience of innovative moments and protonarratives evolution across treatments. Finally, dynamic factor analysis (Molenaar, De Gooijer, & Schmitz, 1985) was applied to the six therapeutic trajectories to depict the dynamic structure of the relationships between flexibility, salience and symptom severity across each one of them. The mediating role of narrative processes to symptomatic recovery in psychotherapy is discussed. The different roles of the structural relationships between these therapeutic dimensions across cases are also discussed.

## **Panel Model**

### **Moderator**

Michael Gray -  
Liberty Behavioral  
Health/Indiana  
Department Of  
Correction,  
Indianapolis, IN,  
USA

## **Voice Configurations and the Resolution of Problematic Experiences: Recent Modifications and Enhancements to the Assimilation Model**

This panel features papers that extend the scope and applicability of the assimilation model, an integrative account of the way that people resolve problematic experiences in treatment. A central feature of the model is that the psychological parts of a person, labeled voices, are autonomous and agentic. Voices represent traces of past experiences, and they are continuously engaged in distinct patterns of dialogue when addressed by events in the world. The papers presented here address the way that changes in the dialogue between groups of significant voices contribute to the development and resolution of intra- and interpersonal problems. In the first paper, Bill Stiles will discuss key differences in the unique constellations of internal voices present in cases of depression in contrast to cases involving anxiety. In the second, Michael Gray will expand on this work by presenting an assimilation analysis of a successful-outcome case of generalized anxiety disorder. In the third paper, Isabel Caro will explore ways that linguistic therapy of evaluation, a form of cognitive therapy, can inform the voices metaphor used in the assimilation model. In the final paper, Katerine Osatuke will consider the assimilation model in an interpersonal context and use features of assimilation theory to consider the resolution of problematic experiences shared by groups of people in organizations.

### **Configurations of Voices in Depression and Anxiety**

*William Stiles - Miami University, Oxford, USA, Katerine Osatuke, Michael A. Gray*

**Aim:** Whereas each individual's experience is unique, psychological symptoms cluster into patterns, making it sensible to classify people into disorders. Multiple case studies within the assimilation model have highlighted a configuration of internal voices that seemed to characterize clients presenting with depression and a different configuration in clients with anxiety. In this model, voices is a term describing psychological parts of the person. Voices represent traces of distinct experiences, which emerge to speak and act when addressed by circumstances. The triggering circumstances reiterate some aspect of the originating experience that formed the voice. **Results/Discussion:** Cases of depression were characterized by conflicts between voices that were internally dominant (overpowering the other voices within the client)

but externally submissive and voices that were internally submissive but externally assertive. The conflict could be understood as an active suppressing of self-affirming voices that represented the clients' experiences of continuity, nurturance, and self-worth. Cases of anxiety were characterized by conflicts between a downtrodden main voice and a powerful internal critic that either belittled the client's ability to cope or exaggerated the dangers likely to be encountered in the world making the self excessively vulnerable to certain circumstances, which were experienced as dangerous or attacking.

#### Assimilation Analysis of Cognitive Therapy for Generalized Anxiety Disorder: Observations from a Successful-Outcome Case

*Michael A. Gray - Liberty Behavioral Health/Indiana Department Of Correction, Indianapolis, USA, William B. Stiles, Thomas D. Borkovec, Michelle G. Newman, Louis G. Castonguay*

**Aim:** The assimilation model is a theory of the way problematic experiences are acknowledged, understood, and ultimately integrated into the self in psychotherapy. Parts of the self are labeled internal voices, and successful therapy is thought to involve problematic and non-problematic voices establishing more harmonious relationships with one another. **Method:** In this study, assimilation analysis, a qualitative method for identifying and tracking the main themes in a therapy record, was applied to the audio record of a successful-outcome, 14 session case of cognitive therapy for generalized anxiety disorder (GAD). Trained raters coded each session individually and met at regular intervals to generate a consensus account of the important voices manifest in the tone and content of client speech. **Result:** In all cases, we identified variants of critic voices—voices that were harsh and derisive aspects of the self associated with worry and self-doubt. The critic voices did not appear to directly produce anxiety through confrontation with other voices in the client's internal community. Rather, it appeared that critic voices induced a severe vulnerability to specific, anxiety-arousing circumstances by derogating client coping skills or exaggerating the threat of external dangers in the world. **Discussion:** This finding served as the foundation of what is presented as a tentative account of GAD that refines previous research involving anxiety disorders and the assimilation model. Methodological issues, particularly the decision to use audio records as the source material for the case study, are also discussed.

#### The Assimilation Model: Reflections From A Cognitive Therapy Perspective

*Isabel Caro Gabalda - University of Valencia, Spain*

**Aim:** The assimilation model is an integrative model for analysing client change in psychotherapy. Previous case-based research with the model has explored unique patterns of assimilation in humanistic, psychodynamic and cognitive therapy approaches. This paper focuses on methodological and theoretical issues that have arisen when applying the Assimilation of Problematic Experiences Scale (APES) to cases of linguistic therapy of evaluation (LTE). LTE is a kind of cognitive therapy that focuses on the influence of language in our knowledge processes. As with other theory-building case studies, some of the main elements of this type of cognitive therapy could serve to modify and expand the scope of the assimilation model. Reciprocally, the assimilation model, in particular the concept of voices, could contribute to the cognitive model of therapy. This is because the concept of voice in the assimilation model could be used as a metaphor for the concept of automatic thoughts in cognitive therapy. **Method:** To sustain my assumptions, I will address data from different LTE case studies that have been coded with the APES, focusing in particular on the concept of voice and in the dialogue between voices described in each stage of the APES. **Results/Discussion:** A particular focus will be the conceptualization of different APES stages (such as Stage 2-Vague Awareness/Emergence or 4-Insight) and the different markers of those stages identified in the actual dialogue of therapy.

#### Assimilation of Shared Problematic Experiences in Organizational Settings

*Katerine Osatuke - Veterans Health Administration National Center for Organization Development, Cincinnati, USA, Scott C. Moore, William Stiles*

**Aim:** This paper extends a theory of overcoming problematic experiences by clients in psychotherapy to problematic experiences shared by groups of people in organizations. The assimilation model focuses on interlinked configurations of traces left in people by various life experiences. Traces of experiences, called voices, can be problematic if they are unassimilated and inconsistent with the other experiential traces. Assimilation research tracks and describes the process by which problematic voices are assimilated.

Through this process, formerly problematic experiences are transformed into resources, subsequently available for addressing future challenges. Method: Prior studies described assimilation of problematic voices within individuals, such as psychotherapy clients or immigrants adjusting to a new culture. We consider malfunctions within organizations that result in employee perceptions of a hostile, uncivil, or otherwise problematic workplace climate and therefore motivate organizational stakeholders to seek help (for example, by inviting organizational consultants). Results/Discussion: We show how the concepts of voice and assimilation extend to various kinds of experiences (individual or shared, personal or professional, typical or highly idiosyncratic). Methods of recognizing and tracking problematic experiences in clients' narrative data developed for individual clients require adaptation for studying assimilation in groups. We present illustrations of distinct voices and their transformation process during an organizational intervention.

## **Panel**

Emotion

### **Moderator**

Leslie Greenberg -  
York University,  
Toronto, Canada

## **Emotional Processes of change**

Emotional arousal at midtreatment has been shown to relate to outcome in the York studies of depression. Emotional change processes in psychotherapy however have remained a highly complex subject to investigate. The major goals of this panel is to further investigate the role of different emotional processes that relate to change in psychotherapy. The first study will present the final results of a study relating the degree of contactful (mindful) awareness of emotional processing as measured by the Client Emotional Productivity Scale (CEPS) to therapy outcome in the Experiential therapy of depression. The second paper focuses on the relationship between emotion types (secondary/ instrumental, primary adaptive and primary maladaptive) and therapeutic outcome in Emotion-focused therapy of depression. The final study developed a task analytic model of the resolution of hopelessness and empirically tested a model of key client states that need to be processed to facilitate the promotion of the resolution of hopelessness in depression.

### **Emotional Productivity in Emotion-focused therapy for Depression**

*Lars Auszra - Ludwig-Maximilians-Universität, Munich, Germany, Leslie Greenberg*

**Aim** The aim of this study was twofold. First, to develop a measure of optimal client emotional processing in therapy, the Client Emotional Productivity Scale (CEPS), and then to examine the predictive utility of Client Emotional Productivity (CEP), by relating it to therapy outcome and classic process variables such as client high expressed emotional arousal (CHEEA) and the working alliance in emotion-focused therapy for depression. It was hypothesized that CEP would predict outcome over and above the working alliance and CHEEA. **Method** Two sessions – the second, representing the beginning phase and the best working session - were rated on CEP and CHEEA. CHEEA and CEP were rated on videotapes by means of the Client Expressed Emotional Arousal Scale – III (CEEA-S-III) (Warwar & Greenberg, 1999) and the Client Emotional Productivity Scale – Revised (CEP-S) (Auszra, Greenberg, Herrmann, 2010). The CEP-S was developed based on research on emotion processes in psychotherapy and the Emotion-Focused model of optimal emotional processing. The Working alliance was measured by the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989) administered after session 4. **Results** The results of a sample of 74 clients drawn from the York Depression Studies show that working phase emotional productivity predicted reduction of reported symptoms over and above beginning phase CEP, working phase CHEEA and the working alliance. **Discussion** The CEPS-R and its central components will be presented and the results of the study will be discussed in terms of their theoretical and practical implications for working with emotion in therapy.

### **Emotion types and patterns of change in Emotion-focused therapy for depression.**

*Imke Hermann - Ludwig-Maximilians-Universität, Munich, Germany, Leslie Greenberg*

**Aims** The present paper focuses on the relationship between emotion types (secondary/ instrumental, primary adaptive and primary maladaptive) and therapeutic outcome in Emotion-focused therapy of depression. It was hypothesized that for positive change to occur secondary emotions have to be reduced, while proportions of clients' primary adaptive emotions have to be increased and primary maladaptive emotions have to be worked through. clients have to move beyond secondary or instrumental emotions to work through their primary maladaptive emotional states to activate and arrive at their primary adaptive emotional responses. Hypotheses with regard to the relationship between change in proportions and frequencies of specific sequences of different emotion types and outcome derived from Emotion-focused theory of change were tested. **Method** A rating scale (Emotion Category Coding System, Herrmann, Greenberg & Auszra, 2007) to code four different emotion types was developed and inter-rater reliability



was established. Thirty clients were randomly selected from a pool of forty two clients, who had received Emotion-focused treatment. Three working sessions - the first, the best and one session prior to the best - were chosen. A code was given every 30 seconds. Results Significant correlations were found between proportions of emotion types and change in proportions of emotion types over therapy as well as frequency of specific emotion type sequences and therapy outcome in line with the Emotion-focused model of change. Discussion The findings illustrate that the differentiation of emotion types is helpful in understanding emotional change. Not only the occurrence of certain types but their sequence of occurrence seems important. Emotional processes prevalent when clients begin therapy do not seem to determine outcome. The role of specific emotion sequences will be discussed.

### Resolving Hopelessness in Emotion-Focused Therapy of Depression

*Sara Miller - York University, Toronto, Canada, Leslie Greenberg, Lisa Sicoli*

Aim: This study aimed to develop and empirically test a model of how clients' hopeless states can be processed in order to facilitate change in Emotion-Focused Therapy (EFT) for depression. Method: In the discovery stage of the study, videotaped segments of therapy sessions of 10 clients experiencing high levels of hopelessness were analyzed in order to identify key components involved in the successful processing and resolution of hopelessness. The Hopelessness Resolution Components Scale (HRCS) was developed based on the results of this task analysis. In the verification stage of the study, this scale was then used to test the model of resolving hopelessness by examining the relationship of the resolution of hopelessness to session and therapy outcomes in a further sample of 24 clients. Results: This study revealed five subtasks that appear to be important components of processing and resolving hopelessness in EFT for depression. Clients who resolved hopelessness and moved to a more resilient stance in session were more likely to pass through the five subtasks than were clients whose hopelessness did not resolve. Resolution of hopelessness in session was associated with significantly greater improvements in depression by termination. Discussion: Hopelessness is a characteristic cognitive/affective state in depression, and is linked to poor outcomes. This study provides clinicians with a model of subtasks that promote the resolution of hopeless states in EFT, and demonstrates the relation of resolution in session to therapy outcome.

### Panel

Personality

### Moderator

Brin Grenyer -  
University of  
Wollongong,  
Australia

### Personality Disorders, Core Conflictual Relationship Themes (CCRT) and Psychotherapy Process and Outcomes

It is well known that psychotherapy outcomes are profoundly influenced by the severity and complexity of patient problems. Core conflictual relationship themes have been shown to drive patient pathology and severity, so further work understanding relational themes and how these are modified through treatment is needed. In addition there is considerable debate about the difference and relationship between Axis I and Axis II disorders. Understanding how personality problems contribute to severity and complexity for the therapist and the treatment progress will contribute to our understanding of diagnosis, assessment and duration of likely treatments. All of the papers in this panel contribute to these questions. The paper by Fiore, on an impressive sample of 507 patients, shows how personality disorders are better conceptualised along severity and emotional awareness dimensions. Similarly, the paper by Grenyer highlights how these emotional dimensions are salient for the patient's own understanding of their problems and also contribute to independent severity ratings. Work from the Windsor Ontario group then operationalise these issues in studies of treatment outcome using the CCRT. Jarry reports further supports for CCRT-based dynamic therapy on interpersonal functioning and symptom relief, whilst Kapeleris shows how a therapist directly addressing the CCRT improves alliance, which further contributes to treatment outcomes over the therapy course.

Differences between axes depends on where you set the bar. Associations among symptoms, alexithymia and interpersonal relationship with number of personality disorder criteria

*Donatella Fiore - Terzo Centro di Psicoterapia Cognitiva, Rome, Italy, Giancarlo Dimaggio, Antonino Carcione, Giuseppe Nicolò, Paul Lysaker, Stefania d'Angerio, Maria Laura Conti, Roberto Pedone, Michele Procacci, Raffaele Popolo, Antonio Semerari*

AIMS: Literature suggests that personality disorders (PD) could better be understood if they are not just considered as different from axis I disorders, but an entity with different levels of severity along specific domains. In this work we investigate this issue by exploring whether grouping patients according to number

of PD criteria met on a 5 criteria pace yields different groups with clear-cut between-group differences in terms of interpersonal problems, symptoms and emotional unawareness. METHOD: Sample was made of 507 consecutive patients assessed in a private outpatient center. Five groups were obtained (0-4 criteria met, 5-9, 10-14, 15-19, 20 or more). Patients were interviewed with the SCID II and then completed the SCL-90-R, IIP-47 and TAS-20. Results: Overall results confirmed the hypotheses. Symptoms increased progressively and significantly passing from one group to the next, as interpersonal problems did, though in the latter case the 10-14 and 15-19 could less clearly be distinguished. After covarying for symptoms any between-groups difference for emotional unawareness become non-significant. We interpret our findings to suggest that the simple axis I-axis II distinction is not an optimal strategy to understand personality pathology. It instead appears more fruitful to consider group differences in terms of increasing severity of the PD for symptoms and interpersonal problems unlike simply stating that a patient suffers from a PD or not.

What do patients with Borderline Personality Disorder want from treatment? A study of patient-defined treatment goals and conflicts

*Brin Grenyer - University of Wollongong, Australia, Phoebe Carter*

Aim: Admission to personality disorder treatment programs is usually made on the basis of meeting diagnostic criteria, but what patients actually want from this treatment is seldom studied. Method: 282 self-defined treatment goals of 100 patients seeking treatment for Borderline Personality Disorder were content analysed into four core treatment themes: 'emotion dysregulation', 'mentalisation failure', 'rejection sensitivity' and 'quality of life' issues. The single most important patient-defined goal of treatment related to 'emotion dysregulation' (54% of patients). Almost one quarter described problems similar to 'mentalisation failure' as central, including identity confusion, dissociative and stress-related worries. Sixteen percent verbalised wishing to reduce 'rejection sensitivity' associated with unstable relationships, self-harm behaviours, and abandonment issues. Nine percent of patients indicated that improving their 'quality of life' was of most significance, which included increased involvement in the community and reengaging in the work force. In addition to identifying these goals, patients were asked to self-rate the severity of the problems underlying the goal. Patient-defined severity ratings were negatively correlated to clinician-rated Global Assessment of Functioning Scale ratings. Further, they were also significantly related to established self-report symptom measures. Goals concerning 'rejection sensitivity' were associated with the highest symptom scores, followed by 'mentalisation failure', then 'quality of life' and 'emotion dysregulation'. Discussion: Patient-defined goals and conflicts provide additional information above traditional diagnosis, and help to identify which problems to prioritise in psychotherapy and the likely counter-transference conflicts in relation to rejection sensitivity.

Core Conflictual Relationship Theme (CCRT) - guided psychotherapy: Outcome data of a 16-session manualised approach from pre-wait, pre-treatment to post-treatment

*Josée Jarry - University of Windsor, Ontario, Canada, Olivia Chu, Joanna Hessen, Katherine Krawiec, Elisabeth Kunzle, David Liang, Ann Marcoccia, Emily Orr*

Aim: This study examined the effectiveness of a manualised, 16-sessions, CCRT-based treatment (Book, 1998). Design: Treatment effects were assessed for statistical significance in a pre-wait, and pre- post-therapy design. Methods: Eight patients seeking help mostly for interpersonal difficulties received CCRT-based psychotherapy. The therapists were seven supervised doctoral students. An average of four assessment sessions and one goal setting session preceded 16 sessions of psychotherapy consisting mainly of interpretive work focussed on one core conflictual relationship theme (CCRT). Patients completed measures of general and treatment specific outcome indicators at the beginning of an average 3.5 weeks wait period, as well as at the beginning and the end of therapy. Alliance measures were completed by patients and therapists after each session. Results: Patients significantly improved on the general measures of anxiety and depression, with a strong trend for self-esteem. There were also improvements on the treatment specific measures of interpersonal functioning and immature defences. These changes were significant between pre and post-treatment but not between the pre-wait measurement time and the beginning of treatment. CCRT-associated subjective discomfort also significantly decreased from pre to post treatment. Discussion: These results suggest that this manualised, CCRT-based, treatment produces general and approach specific improvements. These results do not appear to be attributable to simple treatment expectancy effects.

## The Contributions of Alliance Quality to Outcome in a Core Conflictual Relationship Theme (CCRT)-Based Psychotherapy

*Andrea Kapeleris - University of Windsor, Ontario, Canada, Helen Chagigiorgis, Josée L Jarry*

**Aim:** This study examined the contributions of alliance quality, as rated by clients and therapists, to outcome in a manualized core conflictual relationship theme (CCRT)-based treatment. **Methods:** The sample consisted of 14 females seeking help mostly for interpersonal difficulties. All patients received CCRT-based psychotherapy for an average of 26.21 (SD = 1.48) sessions. Outcome was assessed pre and post treatment using 10 self-report measures of global and specific symptom distress, and self and interpersonal problems. Process measures included client and therapist self-reports of alliance quality (Working Alliance Inventory) administered following each therapy session. **Results:** Patients and therapists both reported strong alliances after the session where the CCRT was delivered. Alliance quality was maintained over the course of therapy. The relationship between patients' and therapists' perception of the alliance was not statistically significant. Partial correlations between process variables and posttest outcome (controlling for pretest scores on each measure) indicated that alliance quality from the patients' perspective contributed to improvements on self-esteem ( $r = .65$ ) and reduction in anxiety ( $r = -.63$ , all  $p$ -values  $< .05$ ). The contributions of alliance quality as rated by patients to reductions in CCRT-associated subjective discomfort approached significance ( $r = -.54$ ,  $p = .07$ ). Similarly, alliance quality from the patients' perspective during the session containing the CCRT contributed to reduction in anxiety ( $r = -.62$ ). **Discussion:** These findings support the contribution of patients' perception of the alliance as a mechanism of change in this manualized CCRT-based psychotherapy.

### Panel

Psychodynamic

#### Moderator

Frida Slagstad

Gullestad -

University of Oslo,

Norway

### Reflective functioning and its relationship with psychotherapy, psychopathology and other similar concepts like mindfulness, affect consciousness, empathy and alexithymia

*Discussant: Mary Target - University College of London, UK*

Fonagy and colleagues (2002) define mentalization as the capacity to understand and interpret (both implicitly and explicitly) one's own and others' behavior as expressions of mental states such as feelings, fantasies, desires, motives, thoughts and beliefs. Despite increasing clinical interest in the mentalization construct, there is still very little empirical research on mentalization and its relationship to psychopathology or psychotherapy. Furthermore, research on the relationship between mentalization and similar concepts such as mindfulness, empathy, affect consciousness and alexithymia is lacking. Fonagy, Steele, Steele and Target (1998) have developed a manual and scale for the analysis and scoring of mentalization, the Reflective Functioning Scale, which is applied to the Adult Attachment Interview (AAI). This panel consists of three presentations of studies on RF and its relationship to other similar concepts, to psychopathology and psychotherapy, psychopathology. The first presentation studies the relationships between RF and measures of mindfulness, alexithymia and affect-consciousness among a group of therapists in training ( $n=52$ ). The second and third presentations use data from a randomized controlled trial of day hospital treatment followed by combined outpatient psychotherapy versus outpatient individual psychotherapy for patients with personality disorders. The first of these two focuses on the relationship between RF and measures of affect-consciousness, while the last presentation discusses if pre-treatment level of RF can predict changes in treatment outcome.

### Comparison of Reflective Functioning with Mindfulness, Empathy, Alexithymia and Affect Consciousness

*Fredrik Falkenström - Linköping University, Sweden, Clara Möller, Börje Lech, Rolf Holmqvist*

**Aim:** Mentalization is defined as the capacity to understand behavior in terms of mental states. This is a broad definition, encompassing and integrating aspects of several psychological processes such as affect consciousness, empathy, mindfulness and psychological mindedness (Choi-Kain & Gunderson, 2008). Although much has been written theoretically and clinically about the importance of mentalization, empirical research on the relationships between mentalization and similar concepts is lacking. **Methods:** Data from a group of therapists in training ( $n=50$ ) was used. Mentalization was operationalized as Reflective Functioning (RF) rated on transcripts of a short version of the Adult Attachment Interview. Other instruments used were the Five Facet Mindfulness Questionnaire (FFMQ), Toronto Alexithymia Scale (TAS-

20), Interpersonal Reactivity Index (IRI), and Affect Consciousness Interview-revised (ACI-r). Results: Interim analysis on 38 participants showed that RF, rated by a trained observer, had a moderately strong relationship with self-reported mindfulness ( $r=.38$ ). None of the other instruments were related to RF, although only about 20 ACI-r interviews had been analyzed by the time. Results on the complete sample will be presented at the SPR meeting in Bern. In addition, data from a smaller group of depressed patients ( $n=20$ ) will also be analyzed to study the relationship between RF and mindfulness further. Discussion: If the relationship between self-reported mindfulness and observer ratings of reflective functioning persists in the complete analysis, it is an important finding because of the different method variance (Campbell & Fiske, 1959).

#### Reflective functioning and affect consciousness in patients with avoidant and borderline personality disorders

*Theresa Wilberg - Oslo University Hospital, Norway, Merete Selsbakk Johansen, Frida Slagstad Gullestad, Eivind Normann-Eide, Tone Normann-Eide, Sigmund Karterud, Jon T. Monsen*

Aims: There is assumed a close relationship between the development of capacity of reflective functioning (RF) and development of affect regulation, and that increased RF will imply more adaptive affect regulation. Relationships between affects and RF have almost exclusively been investigated in qualitative case studies. To our knowledge, no systematic studies have investigated the direct relationship between affects and RF in adult populations with personality disorders (PDs). In this study we test the hypotheses that there will be a positive correlation between level of RF and general affect consciousness (AC) before treatment in patients with avoidant (APD) and borderline PDs (BPD), and that changes in RF will be associated with change in AC at 36 months follow-up. Method: The Affect Consciousness Interview (ACI) is a semi-structured interview applied to evaluate general affect consciousness (AC). The ACI investigates the mutual relationship between activation of feelings and the individual's capacity to consciously perceive, tolerate, reflect on, and express 11 specific affects. The Adult Attachment Interview (AAI) is applied to measure RF by means of The Reflective-Functioning manual. The coding system in RF manual focuses on quality of thinking and integration of the psychological model of the mind. As part of a clinical trial of treatment of patients with PDs, 80 patients with BPD or APD were interviewed with the ACI and AAI before treatment and rated on AC and RF. For 70% of the patients the interviews and ratings were repeated after 3 years. Preliminary results will be presented and discussed.

#### Can reflective functioning predict outcome in a clinical trial for patients with personality disorders?

*Frida Slagstad Gullestad - University of Oslo, Norway, Merete Johansen, Sigmund Karterud, Theresa Wilberg*

Aim: Mentalization has been proposed as a concept relevant to the understanding and treatment of patient with personality disorders. However, few studies have investigated the relationship between mentalization and psychotherapy process and outcome. So far the empirical findings are scarce and inconsistent. In the present study we investigate if pre-treatment level of mentalization can predict improvement in long-term psychotherapy. We assume that higher levels of mentalization will predict favourable treatment outcome (i.e. psychosocial functioning, interpersonal problems and symptom distress). Method: As part of a randomized clinical trial for patients with personality disorders, the Ullevål PersonalityProject, 80 patients with borderline or avoidant personality disorders were interviewed with the Adult Attachment Interview before treatment and rated with the Reflective Functioning Scale (RFS). For 70% of the patients the AAI was repeated after 3 years and rated with the RFS. At both points of time the patients were evaluated on a broad range of clinical measures including symptoms and interpersonal problems, as well as structured interviews for the assessment of DSM-IV axis I and II diagnoses. Results: Work in progress Conclusions: Are to be drawn depending on the final results.

## Panel

Practice

### Moderator

Jeremy Halstead -  
South West  
Yorkshire  
Partnership  
Foundation Trust,  
Dewsbury, UK

## Early Change and overall outcome in psychotherapy with or without feedback: through replication to deeper understanding

*Discussant: Wolfgang Lutz - University of Trier, Germany*

The findings that early change predicts overall outcome and that providing feedback about client progress improves outcome for those clients who are not doing well has promoted a number of studies seeking to replicate earlier findings in diverse settings. This panel builds on two existing research programs headed by Michael Lambert in Utah USA and Mike Lucock and Chris Leach in Yorkshire UK. It also introduces a new therapy feedback project based in Yorkshire UK and involving Michael Barkham, Celia Clegg, Jeremy Halstead, Chris Leach, Mike Lucock, Chloe Randal & Samantha Tucker in the UK and Michael Lambert and Wolfgang Lutz internationally. The first paper by Lucock and Leach uses a simple measure of change at the fourth session in routine therapy to predict outcome. The second paper by Leach et al. uses a similar method to compare session four change and final outcome in clients seen in the same setting as the planned feedback study. The third paper by Tucker et al. describes the process implementing a research protocol, including case tracking and providing feedback in a routine care setting. The fourth paper by Wittold, Harris and Lambert presents a replication of earlier studies at Brigham Young University looking at the impact of feedback on outcome with particular attention to differences between therapists.

Early change as a predictor of outcome in a routine UK psychological therapies service

*Mike Lucock - South West Yorkshire Partnership NHS Foundation Trust, Wakefield, UK, Chris Leach*

**Aim,** The importance of developing reliable models and predictors of change in psychotherapy has been highlighted in recent years. These models have the potential to inform feedback of progress during therapy to improve outcomes. This study analyses sessional data from a routine NHS psychological therapies service in order to investigate how a simple measure of early reliable improvement or deterioration at session 4 predicts final outcome. **Methods** 272 Consecutive patients receiving a range of psychological therapies within a UK psychological therapies service completed the CORE-SF every session. Patients who experienced significant improvement or deterioration of 5 points or more at session 4, indicating a reliable change, were identified. Comparisons were then made with outcomes at the end of treatment. These findings were compared to a more robust definition of sudden improvements and deterioration (Stiles et al, 2003). **Results** Overall, 42% of clients showed a significant overall improvement at the end of therapy, with 12% showing a significant deterioration. Chi squared analysis showed a very significant relationship between presence of significant improvement at session 4 with final outcomes, with 79% of clients with significant improvement at session 4 maintaining those gains by the last session, but only 3% of those showing a significant deterioration at the last session. In contrast, for those showing a significant deterioration at session 4, only 17% showed a significant improvement and 34% significantly improved at the last session. **Discussion** These findings support the idea that early response to therapy, both improvement and deterioration, are significant predictors of therapeutic outcome. It also suggests this relatively simple measure of significant change at session 4 does provide useful information to therapists which may improve outcomes. Simple indicators of early change may be preferable to more sophisticated approaches because they are easily understood and therefore more readily accepted by therapists.

The prediction of therapy outcomes from change at session four

*Chris Leach - South West Yorkshire Partnership NHS Foundation Trust, Halifax, UK, Jeremy Halstead, Samantha Tucker*

**Aims:** The collection of session by session outcome data in psychological therapy is gaining increasing acceptance, e.g. as part of the monitoring in IAPT services. It is less common in secondary psychological therapy services. Such data supports efforts to investigate how early response to therapy may predict final outcome which will then support feedback systems aimed at improving therapy outcome. **Design:** This paper presents data for the first therapy contracts (completed and in progress) collected as part of a study looking at the possibility of replicating Lambert's (1) therapist feedback protocols to enhance outcomes. N=200 clients routinely referred for secondary care psychological therapy were given a pre therapy outcome symptom measure (sPaCE) prior to each session. Data was collected for: change prior to the fourth session and at the last point or completion of therapy. Early change was categorised into three groups corresponding to: a significant increase in symptoms (increase of 5 or more), no change (+4 to -4) and early gains (EG) -5 or more. **Findings:** The data was analysed using categorical and continuous methods. Both approaches

showed a very strong association between early gains EG and and improvement of twelve points (ES=0.75) at the last measured point in therapy. It was found that the results were similar for clients who had completed and those still in therapy Conclusions: These findings offer overwhelming support for the idea that early response to therapy is a significant predictor of therapeutic outcome. This means that it should be possible to tailor interventions for individuals according to their early change pattern. In particular, providing feedback on progress and suggestions for enhanced interventions may improve outcomes for clients who are not doing well at the fourth session. This study in a naturalistic setting without therapist feedback also provides a benchmark for future studies, where monitoring is combined with feedback.

The triumphs and tribulations of creating a Monitoring and Feedback System in a standard UK NHS secondary care setting

*Samantha Tucker - South West Yorkshire Partnership NHS Foundation Trust, Ossett, UK, Chloe Randal, Jeremy Halstead, Chris Leach, Mike Lucock*

In the UK, routine monitoring and feedback to therapists regarding client progress represents a promising but neglected opportunity to improve therapeutic outcome...until now. This paper describes the first UK implementation of a Monitoring and Feedback System (MFS) in routine clinical practice, gives direct insight into encountered barriers and recommends solutions, to inspire and inform future adoption of similar systems. A methodology for the development and application of an MFS in an Adult Psychological Therapies service is presented. The service offers various therapies for clients defined as severe and complex. The backbone of the present MFS was two brief distress measures, which consenting clients completed before each therapy session, and one post session measure assessing helpfulness, alliance and stage of therapy. Therapists received feedback after each client's fourth session. A three month pilot phase preceded official implementation, representing an opportunity to hone a functional, transportable protocol with minimal disruption to routine practise. Qualitative and quantitative data on compliance, user acceptability and logistics is presented. The study was approved by the REC. Feedback from therapists and clients shaped the eventual protocol and the pilot was punctuated by numerous interventions to enhance utilisation. Consequently, early establishment of structured, reflexive communication opportunities for therapists and clients is recommended. Ease of administration predicted utilisation, which was factored into recruitment and data collection. Client feedback identified social desirability issues, which further influenced data collection. Training and communication initiatives included a therapist manual and a weekly web based communication forum. Feasibility issues including confidentiality, case tracking and feedback mechanisms are discussed. Although continuous systematic quality control is necessary, our experiences suggest it is feasible to implement an MFS in standard UK secondary care. A pilot phase in which protocols can be re-configured according to the idiosyncratic realities of the site, therapists and clients is advocated. Continued development may lead to improved client outcomes, a fresh proactive approach to treatment outcome and ultimately alterations to routine service delivery, building a crucial bridge between research and practice.

The Effects of Progress and Clinical Support Tools Feedback Compared to TAU within a Hospital-based Outpatient Clinic

*Simon Witold - Brigham Young University, Provo, Utah, USA, Mitch Harris, Michael Lambert*

The outcome of 272 patients randomly assigned to Treatment-As-Usual or an experimental condition consisting of feedback on treatment progress (with alerts for patients whose treatment progress was off-track for a positive outcome) and Clinical Support Tools, a problem solving strategy for such off-track cases. The study was a replication of several clinical trials coming from Brigham Young University's Quality Assurance Program. Results indicated that patient outcome was superior when therapists were informed of their patients' progress and used the problem-solving tool even though the same therapists offered treatment to both groups of clients. Individual differences in outcome were found between two of six therapists. The implications of results for future research and routine clinical care will be highlighted.

## **Panel**

Training

### **Moderator**

Clara Hill -  
University of  
Maryland, College  
Park, MD, USA

## **An Overview of the Training and Supervision Literature**

*Discussants: Helge Ronnestad - University of Oslo, Norway and Michael Lambert - Brigham Young University, Provo, UT, USA*

The purpose of this panel is to provide a review of the extant literature on training and supervision of psychotherapy. We specifically provide a review of the history of research (focusing on chapters in the 1st and 2nd Handbook of Psychotherapy and Behavior Change and in the Handbook of Counseling Psychology). Next we cover recent advances in the supervision literature, focusing on the process and outcome of supervision. We then review the literature on training in terms of helping skills. Finally, we talk about training for overall treatment approaches (e.g., psychodynamic psychotherapy). We will also have two discussants who will provide different perspectives on this literature review from their own research and training experiences.

### **History of Research and Overview of Supervision Research**

*Sarah Knox - Marquette University, Milwaukee, USA, Clara Hill*

In this paper, we will present a brief history of the past reviews of training and supervision. We will focus on what was found in the early reviews by Matarrazo in the 1st and 2nd editions of the Handbook of Psychotherapy and Behavior Change, and the Ladany chapters on training and supervision in the Handbook of Counseling Psychology. Then the presentation will shift to a review of recent advances in supervision (i.e., one-on-one meetings between a professional supervisor and a novice therapist) research. In the last 15-20 years, research has exploded in this area, focusing on the process and outcome of supervision, parallel processes between therapy and supervision, and characteristics of effective supervision.

### **Overview of Research about Training in Helping Skills and in Treatment Approaches**

*Clara Hill - Univ of Maryland, College Park, USA, Sarah Knox*

We review the literature in the past 15 years on training novice therapists to use basic helping skills. The early researchers in this area in the 1960s and 1970s focused primarily on brief training of empathy/reflections of feelings, and assessed gains by having students respond to written or audio vignettes of simulated client material. More recent research has focused on the overall effectiveness of training, teaching more advanced skills (e.g., immediacy, challenges) within the context of semester-long classes of helping skills, and the effective components of training (e.g., instruction, modeling, practice, feedback). Training for treatment approaches will also be addressed in this paper. Whereas helping skills refers to the building blocks of all therapies, the focus here is on training more advanced students to implement theoretically-based treatments. The focus will be on the overall effectiveness of such training, the effectiveness of different components of this training, and the tailoring of training to different trainees.

## **Panel**

Psychodynamic

### **Moderator**

Susanne Hörz -  
LMU Munich,  
Muenchen,  
Germany

## **Diagnostic Measures for Patients with Borderline Pathology**

*Discussant: Kenneth Levy - Pennsylvania State University, University Park, PA, USA*

A host of instruments for the diagnosis of personality disorders exist, but most are focused on the symptomatic diagnosis, less on a psychodynamic assessment of personality pathology. Also, it remains important to use diagnostic procedures that take into account the severity of personality pathology and that allow the study of subgroups of patients with (borderline) personality pathology in order to develop tailor-made treatment approaches. The goal of this panel is to present findings on psychodynamic instruments for the diagnosis of patients with personality disorders. Three of these studies examine the personality diagnosis based on Otto Kernberg's model of personality pathology (1984), using the "Structured Interview of Personality Organization" (STIPO; Clarkin, Caligor, Stern & Kernberg, 2004) and the self-report precursor of this interview, the "Inventory of Personality Organization" (IPO; Clarkin, Foelsch & Kernberg, 2001). In the first paper, the STIPO is used to examine the severity of personality pathology in a sample of opiate-addicted patients. The second paper examines the ability of the STIPO to assess changes of personality organization in a randomized controlled trial for patients with borderline personality disorder. The third paper reports findings on the validation of the Italian version of the IPO both in a community sample and in a clinical sample. Finally, the fourth paper examines borderline personality disorder from an attachment perspective, using two measures to study attachment disorganization in a sample of patients with borderline personality disorder.

## Personality pathology in a sample of opiate-addicted patients

*Michael Rentrop - Technical University Munich, Germany, Thomas Zilker, Alice Lederle, Susanne Hörz*

**Aim:** Psychiatric comorbidity is found commonly in polydrug addicted patients. This study focuses on the systematic psychiatric evaluation of polydrug opiate-dependent patients, using the standard DSM IV diagnostic interviews and additionally applying a new psychodynamic instrument operationalizing personality organization according to Kernberg's model of personality (Structured Interview of Personality Organization, STIPO, Clarkin et al., 2004). **Methods:** 50 patients were interviewed with the SCID-I and II and the STIPO by two independent researchers at a detoxification treatment unit. **Results:** According to the SCID-I and II interviews, all patients had at least one axis I disorder, 90% at least one axis II disorder. The STIPO results found none of the patients at normal or neurotic level of personality organization but all at a mild (2%), moderate (54%) or severely disturbed (44%) level of borderline organization. A correspondence was found between STIPO and SCID-I and II results, showing patients with more SCID-diagnoses at lower levels of personality organization. **Discussion:** A detailed diagnostic procedure can disclose psychiatric disorders that would most likely have remained undetected in clinical routine. Considering that comorbid psychiatric disorders compromise the outcome in detoxification and dehabilitation treatments, it is highly relevant to diagnose additional psychiatric disorders. Not only does this lead to a deeper understanding of severely disturbed patients, but a detailed diagnostic workup can help identify subgroups of addicted patients. Whilst the evidence of psychosocial treatments in addiction therapy still is weak, the development of syndrome-tailored treatment modules may help improve the treatment of this chronically relapsing condition.

## Changes in Personality Structure in an RCT with Transference-Focused Psychotherapy

*Susanne Hörz - LMU Munich, Germany, Michael Rentrop, Melitta Fischer-Kern, Stephan Doering*

**Aim:** The Structured Interview of Personality Organization (STIPO) developed by Clarkin, Caligor, Stern and Kernberg(2004) is an instrument to assess domains of personality functioning and levels of personality organization based on Kernberg's model of personality pathology that complements the symptom-oriented diagnosis. In this presentation, the STIPO will be introduced and its use as an instrument to assess structural change will be discussed. **Methods:** In a randomized-controlled trial of 104 patients with borderline personality disorder comparing Transference-Focused-Psychotherapy (TFP) to treatment by experienced community psychotherapists (ECP), the STIPO was administered before and after one year of therapy. **Results:** In the TFP group, patients showed significantly superior changes in overall level of personality organization compared to patients in the ECP group after one year of psychotherapy (Doering et al., 2010). The changes in the domains "Identity", "Object Relations", "Primitive Defenses", "Coping and Rigidity", "Moral Values", "Aggression", and "Reality Testing" are presently being analyzed and group differences will be presented at the panel. **Discussion:** The patterns of changes in the specific domains will be related to the treatments, in particular to the psychotherapeutic focus in TFP in treating patients with BPD: the syndrome of identity diffusion, disturbed perception of self and others and the use of primitive defenses. Changes in personality structure are considered important in measuring mechanisms of change and outcome beyond symptoms in TFP.

## Psychometric properties of the Italian version of the Inventory of Personality Organization (IPO) in a community sample and in clinical subjects

*Emanuele Preti - University of Milan-Bicocca, Italy, Antonio Prunas, Chiara De Panfilis, Fabio Madeddu, Sergio Dazzi*

**Aim:** This work aims at exploring the psychometric properties of the Italian version of the Inventory of Personality Organization (IPO; Clarkin, Foelsch & Kernberg, 2001), a self-report instrument for the assessment of personality organization, according to Otto Kernberg's model. **Methods:** 633 university students and people from the community (males 37.5%; mean age=36.70 ys; SD=±14.04; range: 18-74) and 70 patients referring to mental health services in Northern Italy completed a set of questionnaires including the IPO, the Attachment Style Questionnaire (Feeney et al., 1994), the Severity Indices of Personality Problems (Verheul et al., 2008), the Borderline Personality Disorder Checklist (Giesen-Bloo et al., in press), the Response Evaluation Measure 71 (Steiner et al., 2001), the Symptom Checklist 90-R (Derogatis, 1977). **Results:** factor-analysis conveyed results similar to those of the original version of the scale and supporting a 3-factor solution. The three IPO subscales showed good levels of internal coherence (Cronbach's alphas between.81 and.87), and good test-retest reliability (time frame: one month; ICC ranging between.87



and.91). Patterns of correlation with the criterion measures emerged in line with theoretical expectations. Discussion: Our results suggest that the Italian version of the IPO is a reliable and valid tool for the assessment of personality organization according to Kernberg's model.

#### Attachment disorganization in patients with Borderline Personality Disorder and its association with clinical features

*Anna Buchheim - University Innsbruck, Austria, Susanne Hörz, Stephan Doering, Melitta Fischer-Kern*

**Objectives.** Goal of this study was to measure attachment status in BPD patients using two independent established interview measures (Adult Attachment Interview (AAI, George et al. 1985); Adult Attachment Projective Picture System (AAP, George et al. 1999) and associating attachment classifications to clinical features. The AAP is an economic, reliable and valid measure to assess attachment status (George & West 2001). **Hypotheses.** This is the first study testing convergent validity of the AAP in BPD patients. Along prior findings (Agrawal et al. 2006) we expected a high proportion of unresolved trauma using both measures. Furthermore we assumed that disorganized patients (unresolved trauma) show higher levels of BDP symptoms (SCID-II), more life-time PTSD diagnoses (SCID-I), a lower global psychosocial functioning score (GAF) and a lower level of personality disorganization (STIPO). **Methods.** From a sample of 92 BPD patients (Doering et al. 2010) in an out-patient-setting, n=53 patients were administered with both attachment and clinical measures at the beginning of psychotherapy. **Results.** As expected more than the half of the patients (53%) were classified as unresolved in both measures with a high correspondence ( $\kappa = .73$ , 87% correspondence). According to our hypotheses patients with disorganized attachment showed significantly more life-time diagnoses, a lower GSF score and lower level of personality organization compared to organized patients. However disorganized patients did not show more BDP symptoms. **Conclusions.** The AAP is a valid measure for assessing attachment disorganization in BDP patients. Attachment disorganization seems appropriate for the understanding of underlying features clinical features of BPD.

#### **Panel**

Change

#### **Moderator**

Geoff Hooke -  
Perth Clinic,  
Australia

#### **Use of Progress monitoring, feedback and the meaning of clinical training to improve patient care.**

*Discussant: Andrew Page - University of Western Australia, Perth*

The advent of patient progress monitoring has produced even more data available to guide treatment and review the outcomes of patient treatment. This is on top of what data already exists in outcome measurement. This panel will review this new level of data, and begin to see what this adds to the existing knowledge base, and how can it be used, and in what combinations. Studies from Germany and Australia will explore factors influencing treatment outcome. Starting with the training of therapists, and not only their skill base, but what role does personality of the therapist, play in determining effectiveness in assessment and treatment. This paper aims to answer the question of, are there characteristics of therapists that do predict their effectiveness as clinicians. Interpersonal behaviour, motivation, theoretical orientation, own psychological problems, are some of the factors explored. The second paper discusses the variables available to review risk profiles of patients and presents further data on an inpatient group, monitoring system. It will examine whether trajectories of a level of suicidality item, can be established and whether profiles of this variable are meaningful. Additionally, the paper will aim to identify risk profiles, by the addition of psychiatrist data, and attempt to predict risk increases during treatment. The third paper aims to look at the effect of patient progress monitoring on outcomes after discharge from care and to examine the risk factors for patients who have a poor outcome. The value of readmission data in this context will be reviewed.

#### **Therapist profiling (part- II) – what predicts training and treatment success of novice therapists best?**

*Julia Eversmann - University of Osnabrueck, Germany, Schöttke, H., Wiedl.K.H*

Controlling allegiance and patients' symptom distress, differences in the effectiveness of applied psychotherapeutic techniques can be partly traced back to the personality of the therapist (Lutz, et al. 2007, Okishii, et al. 2003, Wampold, 2006). Could this be regarded as an argument for a psychotherapeutic talent? Considering the basic relational skills as a part of a psychotherapeutic talent (Orlinsky, et al. 2005) the aim of this study is to answer the question which characteristics of therapists do predict the training and treatment success of novice therapists best? At the beginning of their training novice therapists of three

training courses were rated with special regard to their interpersonal behaviour (TRIB-Scale, therapy-related interpersonal behaviour scale; Eversmann, 2008) during a group discussion. Additional criteria like motivation, theoretical orientation, own psychological problems, the quality of the perception of self and others were assessed during an interview. All pretraining-criteria were related to a general of criteria for training and treatment success assessed at the end of the 5-years training period (i.e. drop-out rates, reliable and clinically significant improvements, intent to treat- and completer-analyses, treatment courses). The results concerning the predictive power of those criteria across a time period of 5 years will be discussed on the background of current efforts to optimize treatment and training quality.

Report on an Inpatient Progress Monitoring and Feedback System that is also identifying variables of risk: Can profiles of risk be developed and what can be predicted from this information.

*Geoff Hooke - Perth Clinic, Australia, Andrew Page*

Aim: Outcome measures have routinely been collected in inpatient treatment. Now through the addition of patient progress monitoring, more variables are being collected in a frequent fashion. Patient risk has always been assessed by the treatment team and we now have more data to assist in the assessment of risk. This paper will examine whether the response to a suicide question, on a daily basis, can be profiled and what this tells us? Can trajectories of this question be established over an inpatient's length of stay, and can any predictions about risk and self harm, be delineated from the combination of this variable and other risk assessments conducted by the treatment team. Additionally, information on monitoring in an inpatient setting, using group treatment, will be updated. Method: The degree of suicidality collected from progress monitoring will be collated with other variables, like category of observation as determined by consultant psychiatrists. Examination of these will determine what profiles can be produced and whether these profiles can predict level of risk, over and above staff assessments alone. Discussion: The paper will discuss the value of these risk factors when applied to an inpatient treatment facility, as well as progress on an inpatient group monitoring system.

The effects of providing feedback during therapy on need for treatment following treatment termination

*Shannon Byrne - University of Western Australia, Perth, Andrew Page, Geoff Hooke, Elizabeth Newnham*

Aims: Monitoring patient progress and providing feedback to clinicians and patients about progress during therapy is effective in reducing depressive symptoms for patients who do not make expected improvements. However, it is unknown whether these benefits of feedback, evident at the completion of therapy, endure beyond treatment termination. Therefore, our aim was to examine the effect of feedback on need for treatment following completion of a group psychotherapy program. Need for treatment following treatment termination was indicated by readmission to psychiatric care. Method: A naturalistic historical study compared the patterns of readmission following completion of a ten-day cognitive behaviour therapy program for two patient cohorts. For the first cohort, patients did not receive feedback on progress during the group program. For the second cohort, patients and clinicians received feedback midway through the therapy period. The sample included inpatients and day patients, with primarily depressive and anxiety disorders, who routinely completed the World Health Organisation's Wellbeing Index during the group program. Results: Survival analyses will be conducted to compare the rates of readmission for the two patient cohorts. The patients who did not receive feedback during the group program are expected to have a higher risk of readmission following treatment termination compared to patients who were privy to feedback. Discussion: The findings will be discussed with reference to the longer term implications of providing feedback during therapy and the ability of readmission to reflect treatment outcomes in this context.

## **Panel**

Alliance

### **Moderator**

Adam Horvath -  
Simon Fraser  
University,  
Burnaby, Canada  
90

## **New perspectives on the alliance.**

In this panel we present four studies involving the concept of the alliance. Beyond the shared interest in the topic, each research extends the horizon of the more traditional research on this concept both methodologically and conceptually. In the first paper P. Ulvenes looks at the interaction between therapist activity and the alliance, AC Del Re's presentation explores the problems and solutions in exploring mediators and moderators in meta analytic reviews; C. Flückiger uses multi level analysis to probe the possible effect and interaction of types of treatment, aspects of research design, and times of assessment

on alliance and outcome relation in individual psychotherapy. Horvath in the last paper analyzes the problem of the proliferation of alliance assessment and its impact on research.

**Building alliance: therapist behaviors that predict working alliance with cluster c patients.**

*Pål Ulvenes - Norwegian University of Science and Technology, Trondheim, Norway, Lene Berggraf, Asle Hoffart, Bruce Wampold, Tore Stiles, Martin Svartberg, Leigh McCullough.*

**Aim:** Psychotherapy research has consistently found a positive relation between outcome and alliance ratings (Horvath, Del Re, Flückiger and Symonds 2011). However, less clear is what therapist behaviors and interactions with the patient fosters the working alliance. This presentation will report findings from a study investigating the relationship between therapist behavior and interactions between therapist and patient with ratings on the alliance. **Method:** 50 patients with cluster C diagnosis received either 40 sessions of CBT or STDP. The patients completed WAI at session 4 and session 20. All sessions were videotaped, and analyzed using the Psychotherapy Process Q-Set (PQS). The value of the PQS items from session 1-4 and 5-20 was used to explain variability in alliance scores at session 4 and 20. **Results:** Preliminary results indicated that therapists who were supportive early in therapy had higher alliance ratings (i.e., at session 4) than therapists who are more confrontational. This pattern seemed to have changed later in therapy (i.e., alliance measured at session 20), where therapists who had a more confrontational approach in the preceding sessions had a higher alliance rating than therapists who had a more supportive approach. Therapists who were able to switch from a supportive approach early in therapy, to a confrontational approach at mid-face of therapy had a high alliance score at both time points. **Discussion:** The preliminary findings point to specific behavior by the therapist, and to qualities of the interaction that explain variability in alliance. The results indicated that the optimal pattern is to support the patient in early phase of treatment followed by increases in confronting the patient.

**Treatment and Design as Moderators of the Relationship of the Alliance and Outcome: A Multilevel Longitudinal Meta Analysis**

*Christoph Flückiger - University of Bern, Switzerland, Del Re, AC; Horvath, A; Wampold, B, & Symonds, D*

**Objective:** Prior meta-analyses indicated a moderate but robust relationship between alliance and outcome across a broad spectrum of treatments with a wide variety of presenting issues, contexts and measurements. However, there is little theoretical agreement or empirical findings about the influence of the research design and treatment on the alliance/outcome relation. The purpose of the present study was to determine whether various aspects of the research operations moderate the relationship between alliance and outcome. **Method:** Using data from a recent meta analysis conducted by Horvath and colleagues (2011), the present longitudinal multilevel analysis investigated the following moderators of the alliance-outcome correlation: (a) randomized controlled trial (RCT) or not, (b) use of disorder-specific manuals, (c) specificity of outcomes, (d) alliance focused treatment or not, (e) cognitive and/or behavioral therapy (CBT) or not and, (f) time of alliance assessment. **Results:** RCT, disorder-specific manual usage, specificity of primary and secondary outcomes and CBT did not moderate the alliance-outcome correlation. In treatments with a focus on the therapeutic alliance, the early alliance-outcome correlations were slightly higher, than in those treatments without an explicit focus on the therapeutic alliance. Over the course of therapy, these initial differences disappeared. The alliance-outcome correlations in general increased over the course of therapy. **Conclusion:** Independent of various moderators that were connected with the research design, the therapeutic alliance remained a robust predictor of outcome, even in those treatments, that were not explicitly focused on this therapeutic factor.

**Methods in meta-analyses: Handling within-study dependencies at the moderator level.**

*AC Del Re - University of Wisconsin-Madison & VA Long Beach Health Care System, USA, Flückiger, C, Horvath, A, Hoyt, W. T. & Symonds, D*

Since the 1980 numerical synthesis of research results - meta analysis - has been playing an increasingly important role in psychotherapy research. While the basic concepts behind combining research are relatively simple (Glass, 1976), as this method is used to address more fine-grained research questions such as the role of moderators and mediators in the relation between process and outcome, new methodological and conceptual challenges have arisen. In this paper I will explore the problem that arises when a research report provides effect size information between process and outcome at several levels (e.g., rater of the

alliance and therapy outcome is measured in the beginning, middle, and terminal phase of treatment). In order to combine the results of several studies we strive to make certain that each set of data contributes a single effect. But in doing so opportunities to explore important potential moderators (e.g., time the process variable, alliance, was assessed) are lost. The recent meta analysis of the relation between alliance and therapy outcome (Horvath, et al., 2011) will be used to illustrate these kinds of problems and several alternative solutions will be demonstrated. Glass, G. V. (1976). Primary, secondary, and meta-analysis. *Educational Researcher*, 5(10), 3-8. Horvath, A.O., Del Re, A.C., Flückiger, C., Symonds, D. (2011). The alliance. In J. C. Norcross & B. E. Wampold. *Relationships that work*. New York, NY: Oxford University Press.

The complex world of alliance assessments: Will the “real alliance” please stand up?

*Adam Horvath - Simon Fraser University, Vancouver, Canada, DelRe, AC; Flückiger, C; Symonds, D.B.*

Research on the alliance has been growing at a very rapid rate over the last four decades: from less than 30 publications in the '70s to over 2,000 in the last decade. Along with the increase in publications, the number of ways of assessing the alliance has risen from 4 instruments to over 60 ways of measuring the concept. But are these measures target the same concept? Without a consensually endorsed definition of the alliance it is becoming more and more difficult to pull together the many strands of this growing body of research (Horvath, DelRay, Flückiger, & Symonds, in press). The presentation will examine the degree of diversity among alliance measures used in the research literature, along with the growing confusion about what the pioneers of the modern alliance concept have actually said about the subject. I will then explore the possibility that the diversity in the field has in fact “solved” the problem of defining the alliance in therapy. The case will be made for the risks involved in proliferation of alliance measures.

## **Panel**

Psychodynamic

### **Moderator**

Per Høglend -  
University of Oslo,  
Norway

## **Technique, alliance, gender, and countertransference in dynamic psychotherapy**

*Discussant: Ken Critchfield - University of Utah, Salt Lake City, USA*

The outcome of psychotherapy is probably determined by many factors such as for example patient characteristics, expectancies, alliance, specific techniques, and countertransference. In most studies only one or two factors are investigated. However, these factors may interact in complex ways. In this panel we present analyses of the three way interaction of transference work, therapeutic alliance, quality of object relations, and outcome over time. That is the effects of transference work in the context of therapeutic alliance and quality of object relations. The content components and emotional valence of transference interpretations will also be presented as well as the therapists' countertransference feelings.

Psychotherapy: Common factors or techniques ?

*Per Høglend - University of Oslo, Norway, Randi Ulberg, Anne Grete Hersoug, Glen O. Gabbard, Paul Crits-Christoph*

Objective: 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 presentation the interaction between quality of object relations, transference interpretation, and alliance is estimated. Method: 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.

Does therapeutic alliance predict outcome over and above pre-treatment predictors and expectancies?

*Anne Grete Hersoug - University of Oslo, Norway, Per Høglend, Steinar Lorenzten, Glen O. Gabbard*

Patient characteristics and alliance are well established predictors of psychotherapy outcome. In previous studies these variables have been studied separately. This is the first study to explore both patient characteristics and alliance in the same statistical model. This study investigated the associations between

the therapeutic alliance and outcome adjusted for baseline variables that were correlated with early alliance. Among baseline patient characteristics, there was a broad range of potential predictors of the alliance. The data are from the First Experimental Study of Transference (FEST), a dismantling randomized clinical trial with long-term follow-up (N = 100). Both the additive and unique effects of pre-treatment patient characteristics, expectancies and alliance were included in the statistical model. Change was determined using Linear Mixed Model analyses. Short- and long-term predictive ability of the total model was examined. The expectation- alliance-outcome mediational chain was also analyzed. The alliance predicted outcome over and above the other predictors. The quality of the alliance was significantly associated with clinician-rated outcome of dynamic functioning and global functioning, but not with self-reported interpersonal problems and symptom severity.

#### Transference interpretations and process between therapist and patient

*Randi Ulberg - University of Oslo, Norway, Per Andreas Høglend*

Gender differences in response to transference interpretations (TI) are previously reported from the First Experimental Study of Transference-interpretations (FEST). 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 process between therapist and patient is analyzed with Structural Analysis of Social Behaviour (SASB) (Benjamin and Cushing, 2000). The SASB arranges categories of interaction in a circle defined by an underlying vertical axis of interdependence (dominance/submission versus independence) and a horizontal axis of affiliation (attack versus love). The present study focuses on the emotional valence of transference interpretation in women and men.

#### Countertransference feelings in psychodynamic therapy: transference interpretations and patients with personality disorders

*Hanne-Sofie Dahl - University of Oslo, Norway, Jan-Ivar Røssberg, Per Høglend*

Although countertransference (CT) phenomena have been given much attention within psychotherapy theory, single-case studies, and clinical anecdotes, empirical research is still conspicuous by its absence. In the FEST-study the therapists' emotional reactions were assessed using the Feeling Word Checklist- 58; a self-report questionnaire, comprising 58 feeling words. Six therapists, who treated 75 patients, with weekly, psychodynamic therapy, over a year, completed the checklist after each session. To establish the number of subscales in the checklist a principal component analysis with promax rotation was conducted. The analysis revealed four clinically meaningful subscales named: Confident, Inadequate, Parental and Disengaged. Earlier results from the FEST-study showed that patients with personality disorders (PD) responded more positive to therapy with transference interpretations, than without this kind of interventions. We compare therapist reported CT feelings in the two treatment groups and examine the therapists' CT feelings when they work with PD patients.

#### **Panel**

Supervision  
Culture

#### **Moderator**

Arpana Inman -  
Lehigh University,  
Bethlehem, USA

#### **Role of Culture in Supervision: Implications for psychotherapy training and practice**

*Discussant: William West - University of Manchester, UK*

As the fields of counseling and psychology have continued to evolve, there is a general consensus that culture and cultural aspects of identity (e.g., race and gender) play a pivotal role in psychotherapy and supervision interactions and its outcome (Inman, 2006). Relatedly, research has highlighted effective and ineffective cultural practices that impact successful supervisory process and outcome (Burkhard, et al., 2006; Dressel, Consoli, Kim, & Atkinson, 2007; Mori, Inman, & Caskie, 2009). Yet how issues related to power and privilege as well as hierarchies are negotiated within different cultural contexts remain elusive. Through the intersection of theory and research, this panel will highlight the cultural influences on supervision from three different perspectives. The goal of the first paper is to present a transnational cultural competency model in supervision and counseling that cuts across cultures. The second paper will highlight the role of the Asian Indian culture in the supervisor-supervisee relationship and the third paper will present findings from an empirical study conducted in the United Kingdom on the feminist influence on the supervisory relationship.

## A Transnational Framework for Multicultural Supervision and Counseling Competence

*Arpana Inman - Lehigh University, Bethlehem, USA, Nicholas Ladany*

**Aim:** The primary aim of this presentation is to present a transnational theoretical model that highlights the influence of different cultural systems on the supervisory relationship within the context of the supervisory triad (Supervisor- Supervisee- Client) and applicable across cultures. **Method:** Focuses on clinical and consultative roles of the members in the supervisory relationship, the influence of the multi-systemic lens to highlight supervisory process (e.g., covert and overt response modes, working alliance, interpersonal and intrapersonal dynamics) and outcomes (knowledge, awareness, and skills). The model is deemed to be useful in engaging the supervisory triad in a collaborative manner to examine the role that culture plays. **Results:** Important aspects to be considered are: Issues of communication; addressing cultural differences in understanding and responding to supervisory and clinical issues; recognizing the fluidity of culture; and assessing systemic influences on the supervisory process. **Discussion:** Models of competence, involving increased cultural collaboration between professionals, need to be devised to facilitate a good supervisory process and outcome.

## Reflections on Psychotherapy Supervision and the Supervisor-Supervisee Relationship from India

*Kiran Rao - NIMHANS, Bengaluru, India*

**Aim:** To highlight some of the cultural nuances of psychotherapy supervision in India. **Method:** The presentation will be qualitative and based on the experiences of the presenter as a psychotherapy supervisor and coordinator of psychotherapy training at a premier mental health training institute in India. Case examples will be used to highlight the processes. **Results:** The developmental trajectory of a beginner therapist will be outlined. Observations will be drawn from both one to one supervision and group supervision. **Discussion:** Cultural aspects of the Supervisor-Supervisee relationship and socio-cultural concerns that emerged in supervision pertaining to the practice of psychotherapy will be highlighted.

## The hidden culture: An examination of the feminist influence on the supervisory relationship

*Rosie Dansey - University of Manchester, UK*

**Aim:** The aim of the research was to explore the supervision experience of a small group of therapists, mainly focusing on experienced practitioners, to discover what was valued in the supervisory relationship over time. **Methods:** A post modern qualitative, bricoleur approach was taken incorporating autoethnography, feminism, heuristics, narrative and reflexive. Nine individual semi-structured interviews and one focus group interview were undertaken. The data was analysed from a heuristic framework, initially using thematic analysis, but the heuristic process dominated. Taking a feminist perspective ensured that in aiming for transparency and trustworthiness; I was requesting that participants checked whether I had represented them correctly, in essence becoming co-researchers. **Results:** The findings show the importance of challenge from the supervisor but in safe, secure relationship of mutuality and collaboration. Therapists entered their first supervision relationship without knowledge of what supervision was and thus immediately there was a power imbalance. **Discussion:** Is the feminist influence on supervision a valuing of a collaborative, power sharing relationship? Is supervision always unsatisfactory when there is a power imbalance? Some training institutions in the UK give supervisors the power to pass or fail supervisees. Does this make difficulties in forming a collegiate relationship in early supervision? Is it the responsibility of the trainer or the supervisor to teach supervisees about supervision?

## Panel

Therapist

### Moderator

Shigeru Iwakabe -  
Ochanomizu  
University, Tokyo,  
Japan

## Cultural Factors Influencing Therapist Strategies and Interventions: Three Case-based Approaches to Studying Change Process

*Discussant: Nuno Conceicao - Lisbon University, Portugal*

**Aim and Contents:** Therapist interventions are always influenced by cultural factors and underlying worldview of the therapist. Even the most simple therapist responses such as restatement and question-asking can bear very different meanings because of implicit cultural rules and standards that govern appropriate and acceptable interpersonal behaviours underlying therapist-client relationship. This proposed panel presents three studies that examined how cultural forces interact with therapist interventions and facilitates the discussion on methodological issues associated with case-based methods, identifying potential avenues for future research. Succession of papers: Eunjung Lee (Toronto, Canada) will present a

single case study of a dyad from two different cultures focusing on therapist's responsiveness. Tetsuo Fukushima et al. (Tokyo, Japan) will discuss the results from a qualitative study on therapist' affirmation strategies in working with those clients from a collectivist cultural context. Andres Roussos et al. (Buenos Aires, Argentina) will present a study that classified therapist strategies in two single cases. Their goal is to illustrate the interaction between therapists' intentions and interventions, characterizing the "therapeutic cultures" of psychodynamic and cognitive orientations. Nuno Conceicao (Lisbon, Portugal) will be a discussant examining methodological issues related to case-based qualitative methods in studying therapeutic change process as well as cultural forces at interplay. This is a truly international panel in which each presenter representing and discussing different cultural views and influences while focusing on therapist interventions as a convergent topic.

Therapists' intentions and interventions, psychodynamic and cognitive "therapeutic cultures".  
*Andrés Roussos - Universidad de Belgrano, Buenos Aires, Argentina, Ignacio Etchebarne, Vanina Waizmann*

Aim: The goal of this presentation is to illustrate the interaction between therapists' intentions and interventions, characterizing the "therapeutic cultures" of psychodynamic and cognitive orientations. Methods: Trained judges, using the MCPI, a multi level classification of psychotherapeutic interventions, analyzed the transcriptions of the sessions independently. The types of interventions were compared with the therapist's session intention in 44 clinical sessions belonging to psychoanalytic and cognitive psychotherapeutic treatments, conducted by Argentinean therapists. For the analysis of the interventions and the therapists' intentions both the patient and the therapist's speech were taken into account. Results: Preliminary results indicate that specific interventions only represent a small proportion of the therapeutic activity (less than 17%). On the other side, intentions are more theoretically oriented. Their interaction generates a diversity of actions that goes beyond the theoretical framework and characterizes the change process of each therapeutic dyad. Discussion: Both single cases suggest that theoretical frameworks are strongly influenced by cultural aspects. The cultural imprint exceeds theoretical guidelines, leading common aspects of the therapist's actions.

Therapist responsiveness and topic changes in a cross-racial dyad: A single case study  
*Eunjung Lee - University of Toronto, Canada*

Given the increasing diversity in society, a therapist's capacity to effectively work with a culturally diverse population becomes essential in psychotherapy. In the literature, a therapist's successful responsiveness is proposed to be a mediating factor to a positive therapeutic alliance and therefore is predictive of positive outcome (Hardy, Stiles, Barkham & Startup, 1998). Studies on therapists' responsiveness show that the therapists selectively respond to their clients to optimally deliver effective treatment, according to the clients' interpersonal style or attachment styles (Hardy et al., 1998). How about topics of in-session communication in cross-racial therapy dyads? Aim: The current study inquires whether the therapist's responsiveness is similar or different in response to the client's presentation of topics that could be either cultural or non-cultural in cross-racial dyads. Methods: From data pool of six cross-racial dyads during time-limited therapy, one single case with most cultural dialogues was selected for an intensive micro-process analysis. The first three consecutive sessions were video-taped and fully transcribed in verbatim. The therapist and client also completed self-rated working alliance and cultural competence measures. Using the Conversational Analysis (CA: Heritage, 1992), this study explores communicative characteristics of the therapist's responsiveness in turn-by-turn interactions with the client with respect to cultural vs. non-cultural topics in sessions. Results: This fine-grained analysis yields rich data in addressing cultural and non-cultural topics in cross-racial therapeutic interactions. Discussion: Results of the study can be used for training therapists to be more sensitive in their responsiveness to various cultural contents that their clients present in therapy.

Varieties of therapist affirmation responses: A culture-specific imperative or transcultural therapeutic factor?

*Tetsuo Fukushima - Otsuma Women's University, Tokyo, Japan, Shigeru Iwakabe, Masaya Ito*

Aim: In Japanese culture, interpersonal harmony and group identity are emphasized over assertiveness and self-expression. This cultural emphasis often results in psychological problems such as passivity and low self-esteem that are not only part of clients' presenting problems but also a hindering factor impeding the progress of psychotherapy as clients are too hesitant to disclose their inner experience and overly deferent

to their psychotherapists. Therefore, one of the important tasks for therapists in Japan is to skillfully use affirming responses. The goal of the present study was to identify and classify different affirming responses and delineate the context in which they were used and their immediate effects on client behaviours. Method: Two cases in which therapists' affirming responses played a key therapeutic role were chosen. One case was an integrative psychotherapy with a female client in her late 20s with a strongly negative sense of self. The other case was client-centered therapy with a female client in her 50s with interpersonal injury due to her husband's infidelity. Three sessions were taken from each case and their transcripts were analyzed using consensual qualitative research method. Results: Affirmation responses were differentiated from validating and empathic responses, and were classified in four categories (affirmation of existence, experience, and internal resources, and relational sharing). Furthermore, four therapeutic principles of affirmation were derived. Affirmation responses followed clients' responses that negated some aspects of themselves. Discussion: The directions of future research as well as clinical implications will be discussed in relation to cultural issues in psychotherapy.

## **Panel**

Culture

### **Moderator**

Eunsun Joo -

Duksung Women's  
University, Seoul,  
Republic Of Korea

## **Psychotherapy in Korea: Issues of History, Working Alliance, Couples and Therapists' Experiences**

*Discussants: Poornima Bhola - St. John's Medical Collge Hospital, Ulsoor, India and Harold Chui - University of Maryland, USA*

Though several decades have passed since the concept of Western psychotherapy was introduced to Korea, little is known abroad regarding current psychotherapy practices and research in Korea (Joo, 2009). The Korean Society of Psychotherapy Research (KSPR) was established in November 2010 to enhance the quality of psychotherapy research in Korea. In this panel organized by the active members of KSPR, scholars will introduce studies concerning psychotherapy in Korea and show how Western concepts of psychotherapy are applied in Korea. Ji Hee Lee & Sangmin Lee will provide information about the historical background of psychotherapy in Korea. Jea Eun Oh will present his research on the impact of psychosocial development and attachment style on couples in Korea. Seungmin Park will describe the working alliance in Korea. Finally, Simon, Joo et al. will provide results of experiences reported by Western-trained Korean therapists practicing in Korea.

### **History and Current Status of Counseling in South Korea**

*Ji Hee Lee - Korea University, Seoul, Republic Of Korea, Sang Min Lee*

Although the counseling profession was introduced into South Korea in the 1950s by American delegates of education, counseling has been only lately recognized as a specialized field that requires distinctive knowledge and skills. During the last two decades, increased societal needs to deal with psychological and behavioral problems led to a rapid rise in the number of counselors as well as the counseling programs and faculty positions in graduate schools, which have exponentially increased. This quantitative growth is now facing new challenges from inside and outside of the counseling field. In this presentation, we describe the history and the current status of counseling in South Korea, followed by a discussion of challenges and future prospects.

### **The Impact of Psychosocial Development and attachment styles on subsequent partner selection and marital satisfaction in South Korea**

*Jea Eun Oh - Soongsil University, Seoul, Republic Of Korea*

This study explores the impact of the psychosocial development and attachment styles of individuals on subsequent partner selection and marital satisfaction. A sample of 100 cohabiting Korean married couples (N=200) and 100 couples planning to marry (N=200) were collected via convenience sampling. Data were assessed using four psychological measures consisting of 162 questions. Our Findings indicate that similarities exist between partners in partner selection in both married and planning to marry couples in terms of psychosocial development and attachment styles. When couples match in terms of the psychosocial tasks of development, there is a significant relationship to subsequent marital satisfaction and marital crisis. Likewise, attachment-matching couples are associated with higher psychosocial development, higher marital satisfaction, and lower rates of marital crisis. There were significant differences observed between the husband and wife's marital satisfaction and marital crisis across the husband's attachment styles. These results have clear and practical implications for marital counseling both theory and practice.



## The Trends and Issues of Research on the Working Alliance in Korea

*Seung-Min Park - Soongsil University, Seoul, Republic Of Korea, Eun-Ha Kim*

Many researchers have consistently documented that the working alliance is predictor of good outcome of the counseling. The purpose of this study was to examine the trend of research on the working alliance in Korea, and to propose suggestions for the further studies. Theses and articles which were published in Korea over the calendar years 1999 to 2004 were collected by searching in the Korea National Assembly Library and Korea Education and Research Information Service(KERIS). 45 theses and 38 academic articles were selected for this study. We adopted the content analysis method, which Buboltz et al.(1999) used to analyze those studies published in the Journal of Counseling Psychology (1973-1998). Both inductive and deductive procedures were used to determine the theme categories used in the content analysis. we determined the classification system of articles inductively by first reviewing the contents of the theses and articles. After doing so, we discussed our general impressions of the theses and articles. Both information-gathering routes provided us with several possible categories on which to vote. A majority decision resulted in a category's inclusion in the analysis. A total of 83 theses and articles were coded into the 3 content categories : Research themes, subjects, methodology. Based on these results, it is concluded as follows : 1) Korea's researches of working alliance have been focused on counseling process factor. 2) In spite of that working alliance is the predictors of counseling outcomes (Horvath, Symonds, 1991; Martin, Garske, & Davis, 2000), process-outcome studies were hardly conducted in Korea as compared with process studies. In the future, it would be valuable to examine whether working alliance affects counseling outcomes or not.

## The Personal and Professional Experiences of Western Trained Psychotherapists Practicing in Korea

*Simon Seung-wook Lee - Nibbutta Forest Psychotherapy Clinic, Seoul, Republic Of Korea, Eunsun Joo, Yeon Ju Lee, Young Joo Hwang, Jung A Lee, Ga Young Chae*

Traditionally, Koreans relied on a mix of shamnistic rituals and Oriental medicine when treating psychological disorders. However, as Korean society becomes more modernized and Westernized, many Koreans rely on these traditional methods, which creates conflict between mental healers and psychotherapists who have been trained in Western mode of therapy. Due to the publics' need for psychotherapy, currently, the number of Western trained psychotherapists returning to Korea are increasing. The researchers are interested to explore the unique experiences of these practitioners practicing in Korea who were trained and have experience treating Western clients. Hermeneutic qualitative methodology to understand the participants' meaning of the experience will be used. Especially van Mannen's method will be employed to analyze the data collected by in-depth half-conducted interviews. The research questions are 1) what were the participants' experience of treating clients in the West? 2) what are the participants' experiences of treating clients in Korea? 3) what are participants' opinions for the development of Korean-culture appropriate psychotherapeutic approach? Based on the results, the researchers hope to provide suggestions for the development of culture-specific psychotherapy model.

### **Panel**

Change

### **Moderator**

Robert King -  
Queensland  
University of  
Technology,  
Brisbane,  
Australia

### **Resistance to Treatment**

*Discussants: Robert King - Queensland University of Technology, Brisbane, Australia and Aaron Michelson - Palo Alto University, Palo Alto, CA, USA*

Resistance to treatment has been a key concept to understand and deal with obstacles to therapeutic efforts from both the patient and therapist. Even though it has been criticised because its supposed authoritative stance and its "individual psychology" perspective, it reflects the understanding that despite their best intentions, the patient and sometimes also the therapist are not always fully committed to the shared and explicit therapeutic tasks and goals they have agreed on. The identification of how and when, and the understanding of why participants resist or fall short of the therapeutic purposes helps to deepen and re-launch the therapeutic process. Strategically, the treatment of resistances is also a good entrance to explore the pathological patterns that determine problems that motivate patients consultations. This panel will discuss general and particular issues regarding the understanding and management of resistances. The contributions will come from different type of research and disciplines: a meta-analysis about resistance to psychotherapeutic treatment, an exploratory research on resistance to treatment among psychosomatic patients, and a quantitative/qualitative study of resistance to medical treatment among hypertensive patients.

Resistance to psychoanalytic treatment among patients with psychosomatic disorders.

*Jaime Yasky - University of Queensland, Brisbane, Australia*

Preliminary results of a 18-month exploratory study will be presented. Several psychoanalytic treatments of patients presenting psychosomatic disorders, a population known for their high rates of resistances and early drop outs, are being studied by the treating psychologists through a regular supervision group. The objective of this study is to identify, understand and find better ways to treat resistances, coming from the patient or the therapist, applying immediately such findings to the treatments as a mean to test their validity and simultaneously enhance the effectiveness of such treatments, following the inspiration of the Action Research tradition and the psychoanalytic method. Some general issues and observations regarding the understanding and management of resistances will also be discussed.

Cooperation and Resistance towards medical treatment in Hypertensive patients who require lifestyle changes. Exploration of patient's schemas and personal constructs.

*Pablo Herrera - Pontificia Universidad Catolica de Chile, Santiago, Laura Moncada, Cesar Escobar, Margarita Morande*

Arterial Hypertension (HT) is a global public health concern. Standard treatment is effective, but patient adherence is low, and its promotion has been considered by the WHO as a priority for improving patients' health worldwide. This project aims to complement current adherence research from a clinical psychology perspective, considering non adherence as a manifestation of resistance to treatment. Resistance is conceptualized as a multidimensional phenomenon, product of: deficit in patient's psychological resources, patient's motivational conflict, and as a relational variable that emerges between patient and caregiver. Research Objective: to explore, describe and relate hypertensive patients' personal constructs and schemas regarding their cooperation and resistance to medical treatment, patients' personality, interaction patterns with the caregiver, and patients' adherence to medical treatment. Methods: Mixed qualitative and quantitative methods. 40 patients' and 7 caregivers' in depth interviews are being analyzed using grounded theory methodology; also, patients' relational patterns are being codified using the operationalized psychodynamic diagnostic system (OPD-2). This data will be used to compare patients with different degrees and patterns of adherence. Results are in process.

Resistance/Reactance Level: A Meta-analysis of Directiveness and Outcome

*Larry Beutler - Palo Alto University, USA, T. Mark Harwood, Aaron Michelson, Xiaoxia Song, John Holman*

Psychotherapists from all professions and perspectives periodically struggle to effectively manage a patient's resistance to change. This article provides definitions and examples of patient-treatment matching applied to patient resistance or reactance. We report the results from an original meta-analysis of 12 select studies (N = 1,102) on matching therapist directiveness to patient reactance. Our findings support the hypothesis that patients exhibiting low levels of trait-like resistance respond better to directive types of treatment, while patients with high levels of resistance respond best to nondirective treatments ( $d = .82$ ). Limitations of the research reviewed are noted, and practice recommendations are advanced. Keywords: resistance, meta-analysis, treatment outcome; directiveness; therapy relationships; therapy process.

## Panel

Assessment

### Moderator

John M. Klein -  
University of Trier,  
Germany

## The impact on the ups and downs of progress and outcome in psychotherapy: Change patterns, word distributions and comorbidity

*Discussant: Gregory Kolden - University of Wisconsin, Madison, USA*

Patient-focused psychotherapy research is a relatively new, but increasing area in the field of psychotherapy. Patient, personality and disorder characteristics as well as change patterns influence the change process as well as outcome of therapy. In order to analyse treatment courses models and concepts are needed to determine important predictors, and background variables of positive and negative treatment. This panel addresses these issues on different methodological pathways to model change (continuous as well as discontinuous) and to identify patterns of change in patient subgroups or individual patients First, in this panel data of therapeutic alliance and video ratings to evaluate change in psychotherapy courses will be presented. Second, the effect and challenge of personality disorders in the treatment of patients with anxiety and depression will be analysed. Last, the usage of text analysis as a method for psychotherapy research will be discussed.

## Sudden gains and losses and the therapeutic alliance

*Torsten Ehrlich - University of Trier, Germany, Wolfgang Lutz*

AIM: Discontinuous patterns of change in psychotherapy can be found in many patients. In that context, sudden gains and losses from one session to the next have shown to influence the overall outcome of treatment. Sudden gains and losses were studied in relation to cognitive change or CBT specific techniques as well as therapeutic alliance and external events. It seems, that sudden gains occur most frequently very early in treatment, whereas sudden losses are distributed more equal across the treatment. Extending on this research, in this study the meaning of the therapeutic alliance in relation to sudden gains and losses over the course of treatment was investigated. Methods: The sample includes 1,500 patients with an average treatment length of about 30 sessions from three University outpatient centers in Germany and Switzerland. The analysis of the therapeutic alliance was based on the session reports of the patients as well as the therapists. For a subsample, certain sessions were video rated by independent observers using several coding systems. Results: About one third of the patients in the sample experienced at least one shift throughout the course of treatment. Patients with no shifts, only gains or losses and those who experience both kinds of shift differ in their amount of alliance ruptures. Also, the alliance improves within gain sessions and decreases within loss sessions ( $d=.4$ ) Discussion: The implication for clinical practice of an on-time treatment progress evaluation in order to identify, prevent or solve alliance impasses as soon as possible will be discussed.

## Impact of personality styles of personality disorders on outcome of psychotherapies for depression and anxiety disorders

*Julia Lange - Universität Osnabrück, Germany, Karl Heinz Wiedl, Henning Schöttke*

Aim: It was a longstanding belief that comorbidity of personality disorders in axis-I disorders was found to be a negative predictor for treatment outcome (Reich & Green, 1991; Reich & Vasile, 1993). Recent research shows that the presence of personality disorders has no negative impact on the treatment of anxiety disorders (Dreesen & Arntz, 1998), depression (Mulder, 2002) or somatoform disorders (Leibbrand et al., 1999). We investigate the role of personality disorders on outcomes of cognitive behaviour therapy and psychodynamic therapy. Method: We investigated a sample of 100 psychotherapeutic outpatients with depression (ICD-10: F3.X) or anxiety disorders (F4.X). The Personality Self Portrait (Oldham & Morris, 1990, 2008) was used to obtain information regarding the presence or absence of axis-II disorders. Therapy outcome was assessed with the symptom check list SCL-90-R (GSI) and the inventory of interpersonal problems (IIP). Results: The patients with personality disorders recovered from depression and anxiety disorders as well as patients suffering from pure depression or anxiety disorders. Patients with co-morbid personality disorders show higher symptom severity before and after the treatment but the decrease is parallel. We found no different treatment effects for cognitive behaviour therapy or psychodynamic therapy of personality disorders. Discussion: There is evidence for the assumption that comorbidity of personality disorders does not affect the treatment of axis-I disorders.

## What words say about therapy progress: a single case analysis of PTSD based on video transcripts

*John Klein - University of Trier, Germany, Alda Gonçalves, Wolfgang Lutz*

Aims: using a single-case study design we tested possible gains of text analysis for the evaluation of psychotherapy. The way patients speak about their problems mirrors the patients' view about their own problems. By monitoring patients discourse we are able to tap changes along the psychotherapy process and thus to track "up and downs" in treatment. Method: data of an 51-year old female patient in treatment for PTSD at University outpatient centre in Germany were used. Several ad verbatim session-transcripts of an 30-session treatment were analysed using the LIWC2007. The analysis of the therapeutic alliance and the patients symptoms was also considered and were on the session by session evaluation protocol. Results: the usage of cognitive process words were linked with an decrease in symptoms severity. Self references were associated with social bounding and involvement. The usage of the "I"-phrase form were connected to an increase of depressive symptoms. Discussion: There is evidence to assume, that text analysis add some crucial information to traditional questionnaire-based assessments of the therapy process.

## Panel

Development

### Moderator

Martha Koukkou -  
University of  
Zurich,  
Switzerland

## Interactions between Individuals: The Role of Belief and Hierarchy.

*Discussant: Lorena Gianotti - University of Basel, Switzerland*

The panel reviews hypotheses and results of a large-scale research project that addresses the impact of socio-cultural and scientific beliefs of natural and professional care-givers on the subjective experience of bio-psychosocial well-being (quality of life) in different groups of individuals at crossroads of life. The tested hypothesis is: The subjective experience of bio-psychosocial well-being is crucially influenced by the contents of autobiographical memory (especially the coping and reality controlling strategies) that humans create out of the (by definition hierarchical) interactions with the socio-cultural and scientific realities in which they were born and live. The potential of all kinds of caregivers for functioning interactions, for dialogs with the developing individual depends on their autobiographies which include internalized socio-cultural and scientific beliefs about human nature. The panel includes three panelists: Two panelists will present results collected using questionnaires in (1) male draftees and female volunteers of the Swiss army (Tanner and collaborators) and (2) high school students before their graduation examination (Suter and collaborators). The third panelist (Koukkou and Lehmann) will review findings and conceptual issues about the brain functions with which humans internalize the socio-cultural and scientific beliefs of their socio-cultural realities, and discuss how and why the internalized beliefs influence the individual's subjective experience of well-being. The importance of these findings for research and practice of psychotherapy will be stressed.

### Subjective Experience of Quality of Life and Autobiography in Male Draftees and Female Volunteers of the Swiss Army.

*Ramona Tanner - University of Zurich, Switzerland, Lea-Sophie Richter, Pascal Bärtsch*

Aim: Lately, an increasing number of Swiss Army male draftees has applied for the legal option to do civil instead of military service. In parallel, however, an increasing number of female volunteers has applied to do military service. The question arises whether the autobiography and the subjective experience of quality of life is similar in the two soldier groups. Methods: Draftees of the Swiss Army (males obliged to serve) and female volunteer soldiers answered, after three months of service, the WHO questionnaire for quality of life (WHOQOL-100) and questionnaires assessing memories of parental educational style (ESI, separate father and mother) and of the subject's relations with age-important social realities (teachers and peers; BIV). Results: For male and female soldiers, good quality of life correlated positive with memories of supporting and approving interactions with age-important social realities. The two groups did not differ on the ESI and BIV questionnaires, but they differed in that father's approval influenced psychological well-being more strongly in women than men. Also, women experienced a significant better quality of life than men during their service. Discussion: Based on the proposals of a model of the brain functions that create autobiography[1], we discuss the gender differences and similarities in quality of life and in autobiographical memories as reflecting changed beliefs about the roles of men and women in Switzerland.

### Subjective Experience of Quality of Life and Autobiographical Memory in High School Students before the Graduation Examination.

*Angela Suter - University of Zurich, Switzerland, Dennis Wight*

Aim: We hypothesize that growing up in a globalized and competitive post-industrial society forces developing individuals to create reality-controlling and problem solving cognitive-emotional strategies that primarily do not aim at maintaining bio-psychosocial well-being in cooperative interactions with age-important social realities (parents, teachers, peers), but mainly aim at avoiding negative effects of competing with the age-important realities. Strategies as parts of the autobiography can non-consciously influence the quality of life. Methods: High school students before graduation examination answered the WHO Quality of Life questionnaire (WHOQOL-100) and 3 questionnaires assessing memories of the educational style of the parents (ESI, separate for father and mother) and memories of the participant's relations with age-important social realities such as teachers and peers (BIV). Results: Good quality of life (assessed with WHOQOL-100) correlated positively with memories of supporting and approving interactions between the individual and the age-important realities (assessed with ESI and BIV). However, although males and females did not differ on the ESI and BIV questionnaires, females showed significantly lower quality of life than males. Discussion: Based on the proposals of a model of the brain functions that create autobiography out of the interactions of the developing individual with its social realities[1], we discuss the

results as reflecting the globalized and competitive social realities in which the high school students live. Reference: [1] Koukkou & Lehmann, pp. 287-415 in Koukkou et al. (eds) Erinnerung von Wirklichkeiten: Psychoanalyse und Neurowissenschaften im Dialog, Vol. 1. Cotta, Stuttgart 1998.

### Subjective Experience of Quality of Life: The Role of the Contents of the Autobiographical Memory.

*Martha Koukkou - University of Zurich, Switzerland, Dietrich Lehmann*

The physiogenesis of the subjective experience of bio-psychosocial well-being and the pathogenesis of the experiences that motivate an individual to ask for psychotherapy are the explicit or implicit topics of research and theory of all human sciences. Empirical findings from integrative, living systems-theory oriented human brain sciences are synthesized into a model of the brain functions that create autobiography (Lehmann & Koukkou: pp. 219-232 in M Mancina (ed.) Psychoanalysis and Neuroscience. Milano: Springer 2006; Koukkou M & Lehmann D: pp. 111-157 in M Issidorides-Radovich & G Vaslamatzis (eds): Dialogue of Psychoanalysis and Neurobiology. Athens, BETA Iatrikes Ekdotis 2010). The findings show: (A) The contents of the autobiographical memory (personal meaning of subjective experiences and associatively connected cognitive-emotional coping and reality-controlling strategies) are generated by the brain's intrinsic capacity to form experience-induced neuronal connectivity that represents the quality of the interactions of the developing individual with the socio-cultural reality in which it lives. (B) Subjective experiences of bio-psychosocial well- or mal-being are formed by the individual's cognitive-emotional strategies, and to a large extent non-consciously influence personal well- or mal-being. We discuss: (A) How and why the brain functions that create autobiography lead to the bio-psychosocial problems that can be treated with psychotherapy, and (B) How and why scientific assumptions that view such problems as natural components of human existence limit the researcher's and therapist's potential to develop more effective therapies and, even more important, primary prevention strategies.

#### **Panel**

Depression

#### **Moderator**

Tobias Krieger -  
University of  
Zurich,  
Switzerland

### **Vulnerability Factors in Unipolar Depression**

*Discussant: Timothy Strauman - Duke University, Durham, USA*

Clinical depression is one of the most common problems seen in clinical practice. Despite the availability of efficacious treatments for acute depression empirical research suggests that the currently available psychotherapies do not reach the aspired long-term efficacy. Various studies have indicated that the occurrence of negative events is a robust predictor of depression. However, not all individuals who experience negative events report depressive symptomology. Thus, in order to better understand the etiology of depression, researchers have begun to examine transactional models and proposed diathesis-stress models of depression. Such models posit that the occurrence of negative events triggers psychological vulnerabilities, which in turn contribute to the onset and/or maintenance of depressive symptomology. Factors contributing to depression vulnerability can be more proximal (e.g., cognitive conflicts, mood regulation) or more distal (e.g., self-critical personality style) in nature. Investigating these vulnerability factors may help to optimize psychotherapy for depression by developing and improving interventions that focus on specific vulnerabilities. The goal of the panel is to present findings from 4 studies that address vulnerability factors for depression and/or change in depression vulnerability. The first paper will examine the role of mood regulation in depression. The second paper will report preliminary findings in a trial including vulnerability factors at the implicit level. The third paper will examine cognitive conflicts in depressive patients. The fourth paper will present a brief intervention focused on cognitive conflicts (dilemmas) in depression.

### **Mood Regulation and the Vulnerability to Depression**

*Timo Brockmeyer - University of Heidelberg, Germany, Martin Grosse Holtforth, Nils Pfeiffer, Annette Kaemmerer, Hinrich Bents*

**Aim:** Mood regulation deficits, experiential avoidance, and cognitive reactivity have been proposed as vulnerabilities to the development and maintenance of depression. Goal of the current study was to investigate the relationships between these variables in at-risk individuals and healthy controls. **Method:** Twenty formerly depressed patients were compared with 20 never-depressed controls. Mood regulation difficulties, emotional avoidance and cognitive avoidance were assessed via self-report measures. Participants then unscrambled sentences forming either positive or negative statements before and after a

negative mood induction. The number of negative statements unscrambled was used as an index of negative thinking. Changes in negative thinking following sad mood were used as an index of cognitive reactivity. Results: Mood regulation difficulties predicted cognitive reactivity and emotional as well as cognitive avoidance in formerly depressed patients. In addition, mood regulation difficulties explained the differences between formerly depressed patients and never-depressed controls regarding these variables, even after controlling for level of depression. Discussion: Findings suggest that mood regulation deficits may contribute to depression vulnerability via increased emotional and cognitive avoidance, as well as by cognitive reactivity.

### The Chastising Undercurrent: Implicit Self-Criticism in Depression

*Tobias Krieger - University of Zurich, Switzerland, Prisca Feinaigle, Martin Grosse Holtforth*

**Aim:** Theorists of various theoretical orientations have suggested that individual differences regarding excessive concerns about autonomous achievement confer increased vulnerability to depression. Accordingly, an association between self-criticism/autonomy and depression has been supported by empirical research in different clinical contexts. In the dual-process approach to depression (Beevers, 2005), implicit and explicit cognitive processes are assumed to underlie differential responses to stressful life events. A corresponding assumption is that psychotherapy should ideally change self-critical schemata not only at an explicit but also at an implicit level in order to protect a patient from depressive relapses. We assume that explicit and implicit self-critical evaluations change differently in depressed patients following psychotherapy. In the current study we test the prediction that implicit and explicit self-critical associations a) differ between depressed patients and healthy controls, and b) change differentially in successful and unsuccessful psychotherapies for depression. **Method:** We studied in a longitudinal design how treatment affects explicit and implicit processing and how implicit measures are related to explicit measures. Automatic self-critical associations were assessed in depressive patients with the Implicit Association Test (IAT) before and after treatment as well as in healthy controls. **Results:** Our results show that depressed patients cross-sectionally differ not from healthy controls regarding implicit self-critical associations. Furthermore changes of implicit self-associations seem to occur largely independent from changes at the explicit level. **Discussion:** We will discuss this preliminary results regarding theoretical consequences, consequences for clinical practice, as well as future research.

### Personal Dilemmas as Cognitive Vulnerability Factors in Unipolar Depression

*Guillem Feixas - University of Barcelona, Spain, Victoria Compañ, Adrián Montesano, Luis Angel Saúl*

**Aim:** Early studies on the cognitive factors affecting depression proved the prevalence of negative views of self, the world and the future and other attributional biases. More recent approaches focused on the processing of self-referential stimuli, memory (both implicit and explicit) and attentional biases. Little has been done, however, on the study of the conflictive nature of schemas involved in construing self and others. Based on Personal Construct Theory, this work presents some evidence of the interest of studying the role of implicative dilemmas (ID) (a type of cognitive conflict). Typically, an ID is a cognitive structure for which change is desired (e.g., using a patient' construct, moving from "being depressed" to "staying out of bad moods") is linked to a congruent construct for which change would result in invalidation (from "concerned about others" to "selfish"). **Method:** IDs were explored in a group of 41 patients. Assessment was carried out by well trained psychologists and it included careful diagnosis of Major Depressive Disorder using SCID-I, and the Repertory Grid Technique (RGT). RGT was designed to explore the subjective construing of self and others of individuals, and it has been refined to identify IDs. **Results:** 70.7% of patients presented with at least one ID in their grids. **Discussion:** Compared to non-clinical samples (ranging from 33-53%) the prevalence of IDs in notorious. This is a first step on a line of research studying the role of IDs as cognitive factors in depression and to develop therapy methods to solve them.

### A Brief Intervention Focused on Cognitive Conflicts (Dilemmas) for Depression: A Therapy Manual

*Luis Angel Saúl - Universidad Nacional de Educación a Distancia, Madrid, Spain, Guillem Feixas, Joana Senra, Eugenia Fernandes*

**Aim:** Various studies suggest that cognitive conflicts are more prevalent in depressive than non-clinical samples. Those cognitive structures are very relevant in explaining the blockage in the change process and

recidivism that is typical in unipolar depression. However, cognitive therapy for depression is not focused on cognitive conflicts but rather on more explicit distortions appearing in patients thought and language. A general therapy manual has been recently created to work with cognitive conflicts but it is no specific for depression. Moreover, this notion of internal conflict is fairly familiar for clinicians of various theoretical orientations. To develop a therapy manual for depressive patients focused on the conjoint identification and work with cognitive conflicts in order to solve them. This manual could be applied in clinical trials and other studies. Also, it would permit to assess treatment integrity. Results. The manual consists of 12-16 sessions as a function of a few well defined conditions (e.g., involvement of a significant other). It is illustrated with a case study. Discussion. The efficacy of various psychological treatments for unipolar depression is well established nowadays. However, recurrence rates for depression are still very high. The presence of cognitive conflicts with respect to change might well be a factor in hindering a sense of identity free of symptoms, and thus a more efficient and enduring change process. Our therapy manual focused on those conflicts enables clinicians of diverse orientations to add a potentially effective ingredient in their treatments for depression.

## **Panel**

Body

### **Moderator**

Alfred Künzler -  
Onco-Psychology,  
Psychiatric  
Services, Cantonal  
Hospital, Aarau,  
Switzerland

## **Health patients in somatic clinical settings: Psychological functioning and interventions**

*Discussant: Hansjörg Znoj - University of Bern, Switzerland*

Somatic issues and patients, though prevalent in psychological practice, have not received much attention from psychotherapy research. While APA and the Journal of Clinical Psychology have put psychological services in somatic settings on their agendas, research on and evaluation of psychotherapy with somatic patients is still scarce. This panel hence addresses an underrepresented field also in SPR. Its scope is to show that the application of and research on psychotherapy in clinical somatic settings is challenging, possible, and sensible. Wnuk and colleagues report on the psychological functioning of obesity patients ready for surgery. Relating psychological symptoms, emotional functioning, quality of life and somatic diagnoses allows for better understanding psychological difficulties that play a role in obesity. Künzler et al. report on newly diagnosed cancer patients, where psychological co-morbidity as well as the use of psychooncological therapy is common. In the reality of restricted resources it is important to know, who the users of psychosocial support are, whether the high-distressed get support, and which individuals benefit from that support. Tefikow and colleagues in a mety-analytic approach also give answers to some of these questions. Their field, however, is the peri-operative care of open heart surgery patients. They report positive impact of psychological interventions on psychological and somatic outcome criteria. Finally, Moneta and Tschacher present data based on body-oriented group psychotherapy with chronic pain and fibromyalgia patients. They argue, theoretically and empirically, for an "Embodiment"-approach when treating (psycho-)somatic patients.

## **Psychological Functioning in Obese Bariatric Surgery Patients: Encounters between the worlds of Psychotherapy and Health**

*Susan Wnuk - Western Hospital, Toronto, Canada, Rachel Strimas, Sanjeev Sockalingam, Raed Hawa*

Aim: Obesity, defined as a body mass index greater than 30, is becoming a recognized global health problem that involves significant psychological, interpersonal, medical and socioeconomic factors. Obesity is associated with several medical comorbidities, including Type II Diabetes, heart disease, and sleep apnea. While not considered a psychological disorder in and of itself, obesity is associated with higher rates of depression, anxiety and eating disorders than those found in normative community samples, and this may have implications for long-term post-surgery weight-loss maintenance (Stunkard, Faith, & Allison, 2003). These psychological difficulties therefore indicate the importance of accurate psychological assessment and treatment for this population. The purpose of this study was to understand the relationship between psychological symptoms (particularly eating disorder symptoms and behaviour), emotion, and quality of life in a pre-surgery bariatric population. Method: Data were collected from a pre-surgical bariatric population who underwent assessments to determine their suitability for bariatric surgery for weight loss. Patients completed measures of psychological symptom severity (e.g. depression, anxiety, eating disordered behaviours), emotional functioning (e.g. emotion regulation, alexithymia), quality of life, and underwent semi-structured psychodiagnostic assessments to determine diagnoses. Results: To examine the relationship between these variables, regression analyses will be conducted to understand the

differential predictive power of psychological symptoms and emotion functioning on quality of life. Data comparing the results of these measures to norms, where available, will be presented. Discussion: The results have important implications in understanding and addressing the psychological difficulties that contribute to obesity.

#### Utilisation and Benefit of Individualized Psychooncological Therapy

*Alfred Künzler - Onco-Psychology, Psychiatric Services, Cantonal Hospital, Aarau, Switzerland, Steve Delfino, Jürgen Barth*

Aim: Up to 50% of cancer patients show psychological co-morbidity. Therefore comprehensive cancer care includes psychooncological therapy. Our study compares users vs. non-users of individualized psychooncological therapy in order to evaluate referral procedures. Secondly, we assess individual effects of psychooncological therapy in order to identify those cancer patients who do or do not benefit. Methods: Analyses will be based on 130 newly diagnosed cancer patients, about half of which used individualized psychooncological therapy in the first year after cancer diagnosis (variable length and integrative type of psychotherapy). All cancer patients were assessed with standardized measures on several psychological dimensions (depression, anxiety, health-related quality-of-life, post-traumatic stress symptoms, sense of coherence). Pre-post comparisons and regression analyses are used to identify predictors of benefit from psychooncological therapy. Results: In an exploratory way we will identify variables that discriminate users from non-users of psychooncological therapy. Theoretically, these should be variables of psychological morbidity. However, psychooncological literature shows that this is not always the case. Secondly, we expect psychooncological therapy to improve cancer patients' mental health and adaptation to the cancer illness experience. Discussion: As medical treatments for cancer progress, patients are faced with the disease in the long run. Consequently, psychooncological therapy is increasingly offered - but seldom scientifically evaluated. Hardly any evidence exists for the often delivered individualized format. This study contributes to a scientific basis for individualized psychotherapy with cancer patients.

#### Effects of psychological interventions on psychological and somatic outcomes in peri-operative care of open heart surgery patients: Systematic review and meta-analysis of randomized controlled trials

*Susan Tefikow - Institute of psychosocial medicine and psychotherapy, Jena, Germany, Michaela Litzmann, Andreas Beelmann, Bernhard Strauss, and Jenny Rosendahl*

Aim: Effects of additional psychological interventions in peri-operative care of open heart surgery patients have been frequently examined; however, there is a lack of systematic reviews summarizing existing evidence. Therefore our project aimed at a systematic review and meta-analytic evaluation of current research. Methods: The meta-analysis was based on randomized controlled trials published after 1995, in which the effects of pre-, intra- and postoperatively applied psychological interventions for adult, elective open heart surgery patients on psychological and somatic outcomes have been investigated. We searched in electronic databases (MEDLINE, PsycINFO, CENTRAL, and Web of Science) for eligible primary studies. Authors, experts and scientific societies were contacted in order to identify unpublished studies. A manual search in reference lists and a prospective cited by analysis complemented the literature search. Data analyses were conducted using Comprehensive Meta-Analysis software. Results: We included 29 eligible primary studies (2659 patients). The analyses revealed small but significant positive intervention effects on psychological and somatic outcomes. Discussion: Psychological interventions which are added to standard surgical care can have a positive effect on psychological and somatic parameters in the peri-operative course of open heart surgery patients compared to treatment as usual or attention control groups. To investigate differential treatment effects, further research should focus on the identification of moderating and mediating variables in clinical trials.

#### About the Concept of "Embodiment" in Psychotherapy

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

Aim: This paper presents a theoretical approach of how body and the mind can be reunited in the concept of embodiment, which could be useful as a new approach in psychosomatic medicine. Embodied cognition, as defined by Barsalou and others, refers to the fact that somatosensory, visceral and conceptual processing overlap. Applying this concept to treatments of somatoform and associated disorders, we present evidence



suggesting that body-oriented psychotherapy can be more effective than pure verbal one for symptom reduction and adherence to treatment in fibromyalgia and somatoforme patients. Methods: A group of patients diagnosed with chronic pain and some with fibromyalgia syndrome were selected for this study. Patients completed the Symptom check list Spanish version at the beginning of a short treatment consisting of 5-8 group therapy sessions. At therapy end patients again completed a form about their improvements and failures in therapy. Results: Preliminary results indicate that embodiment psychotherapy can be in a short term, more effective than other therapies for symptom reduction and post treatment results. Discussion: Biological findings of symptoms in fibromyalgia and somatoforme patients appear to be multicausal and do not present a coherent picture. Nevertheless, a circuit of cognitive, physiological (arousal) and behavioral-emotional components seems to be involved in maintaining a maladaptive response towards environmental stimuli. Many of these patients commonly present high levels of distress and major drop-out from treatments offered, including verbal psychotherapy. We found that these patients responded well, in short term, to embodiment-informed group psychotherapy.

## **Panel**

Linguistic

### **Moderator**

Mikael Leiman -  
University of  
Eastern Finland,  
Joensuu

## **Dialogical sequence analysis and conversation analysis in dialogue**

*Discussant: Anssi Peräkylä - University of Helsinki, Finland*

Dialogical sequence analysis (DSA) and conversation analysis (CA) represent micro analytic approaches to studying discourse. CA has, to the date, focused on the observable interaction and speech practices, largely refusing to include the intra psychic mediation of such practices. In contrast, the main objective of DSA is to generate hypotheses of both external and internal patterns of action by examining utterances. In the panel, we aim at bringing these two methods together by using, as the data for parallel analyses, a single session in which a multi-professional team discusses the practical implications of a child neurological assessment for the child and her parents. The data presents a truly multi-voiced scene with a rich variation of rhetorical devices used by the participants to convey their subjective stance to the problem and its possible solutions. The first two papers introduce the points of convergence and divergence of DSA and CA by presenting the results of separate analyses on the target session. The third paper addresses the methodological problem of inferring intra psychic phenomena in psychotherapy process research. The relationship between the two methods will be discussed in the light of the two empirical illustrations.

### **Parallel use of DSA and CA**

*Leena Ehrling - Finnish Association for Mental Health, Helsinki, Finland*

In this study, the aim is to examine extensively the process and dynamics of creating intersubjective understanding. Therefore the same data, in this case a multi-voiced network meeting between parents and professionals in a clinical child neurological assessment process, is analyzed with Dialogical Sequence Analysis (DSA) and Conversation Analysis (CA). Both methodologies examine interaction as a reciprocal activity, but differ i.e. in their theoretical backgrounds and at the level of analysis. DSA evolved in the context of psychotherapy training and research. It involves an interpretative level of analyzing the data, thus reading also beyond the literal expressions of participants. CA is a social scientific methodology for studying the construction of interaction. The focus is on analyzing the interactional means through which participants aim at creating shared understanding about the situation and topic at hand. At the crux of CA is the idea of the sequential organization of interaction, which entails analyzing the relation of adjacent turns, the turn-by-turn construction of talk. CA studies in institutional contexts seek to identify the recurrent patterns of conduct and to show how participants thorough their interactional practices produce specific institutional tasks and identities. In CA the analysis focuses and remains on the literal level of talk. It is suggested that the parallel use of DSA and CA can enrich, verify and particularize the analysis, yet the practical relationship between the methods needs to be further developed and tested.

### **Formulations at a network meeting**

*Soile Tikkanen - HUCH, Jorvi Hospital, Espoo, Finland*

In ongoing therapy, case formulations may have different functions in and consequences for the therapeutic process. The presentation describes the use of case formulation in a non-therapy context, i.e., in a multi-voiced network meeting as a part of a clinical child neurological assessment process. The case of a four year old girl was selected from a database of child neurological team assessment processes at a Finnish University Hospital. A clear problematic pattern of parent-child interaction was manifest at the first session

of assessment. Toward the end of the assessment, a network meeting was arranged, attended by the parents, the assessing team and personnel from the day care, special education, and rehabilitation. The neuropsychologist had created a baseline case formulation of the problematic interaction pattern and used it as a tool for navigating through the tension-filled discourse of the network meeting. Dialogical sequence analysis (DSA) was used to analyse the dynamics of the meeting. The conflicting perspectives of parents and professionals created different situations that called for using the formulation to guide the process. Transcribed vignettes are used to illustrate how the original formulation developed within the session and how it was used to solve an imminent impasse between the parents and the multiprofessional team.

Are inferences of intra psychic processes acceptable in research?

*Mikael Leiman - University of Eastern Finland, Joensuu*

Dialogical sequence analysis (DSA) developed originally as a tool to assist early reformulation in psychotherapy, having its roots in the practice of cognitive analytic therapy. Its concepts target recurring patterns of action in the different domains of client experience, including present and past events, relationships to others, and ways of relating to self. Examining such domains with the client cuts across the divide between extra and intra psychic phenomena. In clinical use, DSA helps therapists in formulating questions and hypotheses to which clients can respond by giving illustrations, but also by disconfirming the therapist's inferences. Psychotherapy process research is based on recorded interactions that position the researchers as outsiders, formulating their inferences without the immediate feedback from clients or therapists. This raises the question of the validity of inferring intra psychic processes from recorded data. Conversation analysis recognizes this issue and stays within the immediately observable forms of interchange. When DSA has been brought into the context of process research, it cannot ignore the methodological problem of generating formulations that can only be judged against the data set upon which the formulations are based. The paper discusses the methodological issues involved and possible ways of dealing with them.

## **Panel**

Depression

### **Moderator**

Marianne  
Leuzinger-  
Bohleber -  
Sigmund-Freud-  
Institut, Frankfurt,  
Germany

## **Three ongoing studies on the outcome of longterm-treatments of chronic depressed patients: The Tavistock Depression Study, The German LAC - Depression Study and The Zürich Depression Study**

*Discussant: Martin Hautzinger - Universität Tübingen, Germany*

This panel is based upon the ongoing work of three major research evaluations of the use of psychoanalytic psychotherapy in the treatment of chronically depressed patients. The relapse rates for depressed patients after any form of short term treatments are high: 75% within 5 years; depression is one of the major problems for which patients seek help from psychotherapy. At the same time there are powerful demands worldwide that therapies be evidenced and supported by positive outcome research findings. These are the reasons why several major therapy outcome studies on longer term treatments such as psychoanalytic psychotherapy are being undertaken. These include the Tavistock Adult Depression Study, The German Depression Study and the Zürich Depression Study. In the panel the design of these three studies will be described. First results will be presented. The panel will go on to examine some of the problems encountered in these studies which seek to reconcile clinical psychoanalytic and formal research methodologies. A formulation of a psychoanalytic model of depression and its treatment will be discussed. A psychoanalytic treatment can be compared with those conducted with a cognitive behavioral approach permitting lines of convergence and divergence to be identified. The panel will provide a unique opportunity to hear detailed outcomes of the longterm treatment of a large series of patients who share many similarities at the psychiatric level of diagnosis, at the time of demonstrating the individual diversity related with the clinical psychoanalytic perspective.

### **Tavistock Adult Depression Study (TADS)**

*Felicitas Rost - Tavistock Clinic, London, UK, Naomi Law*

This ambitious programme of research is built around a pragmatic random allocation controlled outcome trial with several qualitative components. It evaluates 60 weekly sessions (18 months) of psychoanalytic psychotherapy compared with 'treatment as usual' in patients suffering from treatment refractory depression. The therapy is delivered by psychoanalytically-qualified staff in the Tavistock Clinic. Peter Fonagy is the Study's principal investigator [formerly, Phil Richardson, dec. 2007]. David Taylor is its clinical

director, and author of the TADS treatment manual. The Study began in 2002. It will report outcome findings in 2013-14 when all patients will have been followed-up for two years after the end of treatment. It has a total N of >125. The presentation will describe the design and the current state of the trial. It will go on to consider the challenges, including minimising attrition and ethical issues around under-treatment and patient preference, which arise in RCT's of complex treatments where the subject's whose emotional disorder is characterised by high levels of despair, distress, risk and ambivalence.

### Neuronal Correlates of Changes in Perception of Interpersonal Relations in the Course of Psychodynamic Psychotherapy in Depressive Patients: An fMRI study

*Heinz Boeker - Psychiatric Hospital, Zurich University, Switzerland, Holger Himmighoffen, Elena Hofmann, Georg Northoff, Andre Richter*

In this study with depressive patients we explore changes in brain activity during the processing of aversive stimuli before and after twelve months of psychodynamic psychotherapy. The experimental stimuli are related to the patient's significant others, defined by means of the results in the SPC, OPD, IIP and IMI. In depressive patients the negative bold responses in midline structures while anticipating individualized aversive stimuli might be stronger than in healthy subjects. Furthermore it is hypothesized that aversive stimuli modulate the resting state in depressive patients less strongly in comparison to healthy subjects. Both effects might be mitigated by psychodynamic psychotherapy. Furthermore this study wants to measure the effects of psychodynamic psychotherapy on symptomatology and the psychodynamic dimensions "psychic structure", "conflicts", "interpersonal relationships" and "defense mechanisms".

### Design and first findings of the German LAC -Depression Study, comparing the outcome of psychoanalytical and cognitive-behavioral treatments of chronic depressed patients

*Alexa Negele - Sigmund-Freud-Institut, Frankfurt, Germany, Bernhard Rüger, Ulrich Bahrke, Lisa Kallenbach*

**Aim:** Although much research supported the effectiveness of short-term therapy for depression studies on long-term psychotherapy outcome are missing. The goal of this ongoing study is to examine the differential effectiveness of cognitive-behavioral and psychoanalytical long-term psychotherapy in a sample of chronically depressed patients. The treatments' efficacy in reducing depressive symptoms as well as general distress and increasing psychosocial functioning are assessed among other variables. The present paper also investigated which variables might mediate the outcome, including the patients' preference for either treatment approach. **Methods:** The study combines a randomized-controlled design with a more naturalistic approach, where patients are offered to be either randomly allocated or choose one of the two treatment approaches, namely psychodynamic or cognitive-behavioral long-term psychotherapy. Patients completed depression and comorbid symptom measures at multiple time points: at baseline, across treatment (after one, two and three years) and at posttreatment. Up to now, 300 chronically depressed patients were included. Outcome measures also include the Operationalized Psychodynamic Diagnostic and the Heidelberg Structural Change Scale. **Results:** To assess the differential effectiveness of the two treatment approaches, multiple analyses will be conducted, including the assessment of change in depressive symptoms (BDI, QIDS, DEQ, LIFE), comorbid symptoms and general distress (LIFE, SCL-90-R) as well as psychosocial functioning (SOFAS, IIP). **Discussion:** Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

### First results applying the OPD-2 (Operationalized Psychodynamic Diagnostics) in the LAC Depression Study

*Ulrich Bahrke - Sigmund-Freud-Institut, Frankfurt, Germany, Nicole Pfenning-Meerkötter*

**Aim:** Empirical studies hint at the fact that long-term psychoanalytic processes induce changes at the structural level of personality, which are associated with more stable and enduring treatment effects. Up to now, there are clearly missing empirical studies, comparing the effects of long-term psychoanalytic and cognitive-behavioral psychotherapy on structural change in personality. Therefore, one of the aims of the German LAC-Depression study is to assess the differential effectiveness of cognitive-behavioral and psychoanalytic therapy on structural change in a large population of chronically depressed patients. **Methods:** The study combines a randomized-controlled design with a more naturalistic approach, where patients are offered to be either randomly allocated or choose one of the two treatment approaches, namely psychodynamic or cognitive-behavioral long-term psychotherapy. Patients completed depression

and comorbid symptom measures at multiple time points: at baseline, across treatment (after one, two and three years) and at posttreatment. Up to now, 300 chronically depressed patients were included. Outcome measures also include the Operationalized Psychodynamic Diagnostic and the Heidelberg Structural Change Scale. Furthermore, analyses will be conducted to compare the impact of long-term psychodynamic and cognitive-behavioral therapy on structural change outcome measures. Results: Results comprise the description and comparison of the two intervention groups with regards to patients' structural level and type of intrapsychic conflict at the pre-measurement time point. First findings will be presented, investigating symptom and structural changes. Discussion: Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

## **Panel**

Computer

### **Moderator**

Henriette Loeffler-Stastka - Medical University Vienna, Austria

## **Between Top-down and Bottom-up models in operationalization of psychoanalytic constructs: Methodological questions for dismantling studies.**

*Discussant: Imre Szecsódy - Karolinska Institutet, Stockholm, Sweden*

Panel description: The aim of the panel is to present two different ways of operationalizing psychoanalytic construct in order to dismantle change processes. We start with the Top-down-Model coming from computer technicians in collaboration with psychoanalysts: psychoanalytic theory is used as the base for technical information-processing in order to create computational models for operationalizing decision- or motivational processes. The second way of detecting change processes is to use a bottom-up model: the second presentation focuses on moderators and mediators driven by empirically derived operationalized constructs. Going further, our third presentation shows the application of a mathematical model using empirically derived operationalized psychoanalytic process parameter. Discussion focuses on the possibilities of this collaboration and on methodological questions concerning operationalization of psychotherapeutic process parameter.

### **The Top-down method: Psychoanalytically-Inspired Decision Unit for Automation Systems With Operationalizable Parameters**

*Clemens Muchitsch - Vienna University of Technology, Austria, Andreas Perner, Dietmar Bruckner*

The complexity of technical systems is constantly increasing. To manage the amount of data several strategies have been followed and a lot of achievements were made especially in artificial intelligence. The contribution of this article is an introduction to a decision unit based on psychoanalytical models and a description how the findings can be used in future applications. The neuro-psychoanalytical theories used, cover a comprehensive model of human intelligence and presents structures for all aspects of human decision making. The psychoanalytic-inspired decision unit outperforms standard planning and control units in various respects. Amongst others, scenario and experience-based planning, drive-based intention models, and the 3-tier (neuro-symbolic, thing presentations, word presentations) data processing architecture, are very promising methods. In order to validate the model, a simulation environment was implemented holding various agents with the neuro-psychoanalytical decision unit. This first implementation shows the possibilities of the system and gives a great outlook for future investigations of the capabilities.

### **The bottom-up method: Dismantling the change processes within psychoanalytic treatments in patients with borderline personality disorder**

*Henriette Loeffler-Stastka - Medical University Vienna, Austria, Stigler K, Schleifer G*

Objective: A method, measuring changes in patient characteristics as well as simultaneously identifying factors of therapeutic techniques used during psychoanalytic therapy, was applied. Methods: In a parallel group design, comparing classical psychoanalysis (PSA) with transference focused therapy (TFP), the patients' characteristics, such as affect parameters (AREQ), quality of object relations (QORS) and personality traits (SWAP 200) were measured biannually. Therapeutic actions (PQS) and affective (re)actions of the patients (AREQ) were then analyzed in relation to changes found in the patients' characteristics. Results: During the first year of therapy, the therapeutic method PSA and younger patient age were both associated with improvements in the variable "SWAP Borderline", in comparison to transference focused psychotherapy. For the long run of three years of therapy, both methods were similar effective. Transference interpretations, closely followed by affective changes in the patient, have proven to be effective modes of interaction. Discussion: Exploring the change processes in the patients'

characteristics, and linking these changes to specific therapeutic treatment strategies is of clinical importance not only when starting treatment but also for its long term progress.

### Visualization of the bottom-up method: Computational Analysis of Measures from Operationalized Courses of Treatment

*Dietmar Bruckner - Vienna University of Technology, Austria, Ernst Schwartz, Katharina Stigler, Henriette Löffler-Stastka*

This interdisciplinary research endeavor builds a mathematical model of the psychoanalytical course of psychotherapy of patients severely suffering from personality disorder. The current status of treatment is manually analyzed every six months using different assessment tools like AREQ, SWAP, etc. The aim is to identify parameters serving as indicators for treatment success to find prototypes for both prospering and non-prospering courses of treatment. The assessment of beneficial and hindering factors for psychoanalytic treatments should help the practitioner in the process of conducting psychotherapy and also help in decision-making during therapy itself. This evaluation is achieved by using a new computer-based model based on a Hidden Markov Model. In a first step, each state consists of a single emission (corresponding to an analysis result of a patient's status) and a single transition leading to the next state. Afterwards the size of the model is reduced by merging the states (and their emission and transition probabilities). Merging strategies are based on various mathematical distance functions, the states' and transitions' count and variance and the like. During merging, prototypes of similar courses crystallize out of the data that let the analyst compare his actual patient with and predict future progress.

### Panel

Assessment

### Moderator

Robert Lueger -  
Creighton  
University, Omaha,  
NE, USA

### Demoralization and Remoralization With Psychotherapy: Contributions of the Phase Model

*Discussant: Kim de Jong - Erasmus University Medical Center/ GGZ Noord-Holland Noord, Rotterdam/ Heiloo, The Netherlands*

Since its introduction nearly two decades ago (Howard, Lueger, Maling, & Martinovich, 1992), the Phase Model has informed the focus and selection of treatment outcomes for assessing the effects of psychotherapy. The Phase Model holds that psychological deterioration progresses in an inverse relationship in which unmet challenges to life functioning are followed by symptoms, which uncontrolled and unmanaged, result in demoralization. The reverse process characterizes improvement concomitant with psychotherapy: remoralization involving hope, a sense of connection with another, and positive affect and energy; symptom remediation; and rehabilitation of functioning deficits. The Phase Model has received support in empirical studies, but the remoralization phase has been difficult to measure and to distinguish from symptomatic improvement. This panel will explore the demoralization process and the remoralization process through the empirical work of psychotherapy researchers. Implications for conceptualization, measurement, and reconsiderations of the Phase Model will be discussed.

### Phase Progression in the Process of Deterioration

*Jennifer Callahan - University of North Texas, Denton, USA*

**Aim:** While previous research on deterioration has focused on identifying individuals at risk for negative outcomes, little is known about the nature or pattern by which deterioration occurs. This paper reports two studies testing the applicability of the phase model to deterioration. Study One examines the phases of deterioration during treatment while Study Two examines the process of deterioration in a non-treatment seeking, but significantly distressed, sample. **Method:** In Study One, the course of therapy was monitored for 135 clients with measurements of subjective well-being, symptomatic distress, and functioning occurring at each session. Of the monitored clients, 38 clients reliably deteriorated during therapy and were further examined to determine the phase progression in the deterioration process. In Study Two 914 individuals were monitored weekly using the same measures with 158 evidencing reliably deterioration and the onset of clinically significant distress. Data from these 158 individuals were used to examine the phase progression of their deterioration. **Results:** In both samples, symptomatic distress was the first phase to demonstrate reliable negative change. Clients in Study One did not demonstrate support for a sequential nature of either of the remaining two phases in the deteriorating process. However, Study Two individuals did evidence a sequential progression marked by subsequent decline in functioning and ultimately the onset of demoralization. **Discussion:** Preliminary support for a phase model of deterioration was found. Monitoring

the process of deterioration and applying appropriate interventions when needed may be useful in halting the process of deterioration and potentially improving end treatment outcomes for these clients.

### An attempt to experimentally distinguish remoralization from symptom reduction

*Wiede Vissers - Radboud University, Nijmegen, Netherlands*

**Aim:** Previous studies that tested the Phase Model were not able to sufficiently differentiate between remoralization and symptom reduction. Whether or not remoralization and symptom reduction can be distinguished was therefore investigated experimentally. **Method:** Patients suffering from panic disorder with agoraphobia (N = 78) were randomly assigned to a 4-week treatment strictly focused on remoralization (RT), a 4-week exposure treatment (ET), strictly focused on symptoms, or a waiting list. **Dependent variables** were change on remoralization (the Subjective Well-being Scale; Howard et al. and the Remoralization Scale; Vissers et al, 2010) and reduction of panic symptoms (the Panic-Agoraphobia Scale; Bandalow, 1995). **Results:** Significant improvement was found for the intended effects of the treatments. RT increased remoralization and ET reduced symptoms. In addition, significant unintended effects of the treatments were found as well. RT significantly affected symptom reduction and ET significantly affected remoralization. **Discussion:** It is unlikely, at least for patients suffering from panic disorder with agoraphobia, that remoralization and symptom reduction can be distinguished empirically. This difficulty may explain why earlier studies on the phase model have not been able to confirm the assumptions underlying the phase model.

### Distinguishing Remoralization from Symptoms and Functioning

*Robert Lueger - Creighton University, Omaha, USA*

**Aim:** The three components of the Phase Model - Remoralization, Remediation of Symptoms, and Rehabilitation of Functioning - have been measured with several self-report outcomes assessment systems including Integra/COMPASS, CORE, TEAM, and the BHQ. This paper reports the convergent/discriminant function analysis of the measurement of remoralization from remediation of symptoms and rehabilitation of functioning. **Method:** A large panel of more than 500 outpatients provided at least three assessments of remoralization, symptom remediation, and functioning as part of psychotherapy outcome measurement. Therapists provided assessments on the same dimensions. A convergent/discriminant analysis was conducted to determine contributions of construct and method of measurement. **Results:** Within modes of measurement, the constructs of remoralization, remediation, and rehabilitation showed high levels of correspondence. Correlations across modes of measurement were not high at matched waves of assessment. Self-reported remoralization and therapist rated remoralization showed significant differences. **Discussion:** The challenges of measuring the components of the Phase Model as non-overlapping constructs limit the fullest test of the predictions of the Phase Model. Alternatives include focusing on a single measure of Remoralization as proposed by Jerome Frank, or using partially procedures to control shared variance.

## **Panel**

Neuroscience

### **Moderator**

Wolfgang Lutz -  
University of Trier,  
Germany

## **Mechanisms of change from neuroscience and meta-analytic perspectives**

*Discussant: Timothy J. Strauman - Duke University, Durham, USA*

Although the efficacy and effectiveness of psychotherapy has been broadly demonstrated in psychotherapy research, much is still unclear about the underlying mechanisms of the therapeutic endeavor and how they determine psychotherapy outcome. Knowing more about the mechanisms of change is important both for enhancing the overall efficacy of psychotherapy and for matching specific interventions to the needs of individual patients. Perspectives from multiple research disciplines can be brought to bear on the important question of how psychotherapy works. The goal of this panel is to present findings from three studies that address different perspectives on that topic. The first paper examines a neuroscience perspective and will assess electrocortical correlates and affective impact of a cognitive microintervention in a dysphoric sample. The second paper will assess the neural basis of implicit and explicit self evaluation and discuss its impact as a possible biomarker of depression. Finally, the third paper will focus on a meta-analytic perspective and will illustrate the relationship between therapist congruence and treatment outcome.

## Affective impact and electrocortical correlates of change in psychotherapy - Investigating a cognitive microintervention

*Luisa Zaunmüller - University of Trier, Germany, Wolfgang Lutz*

**Aim:** The effectiveness of psychotherapeutic interventions is well established for a broad range of disorders. However, much is still unclear about the mechanisms and factors underlying psychotherapy outcome. An alternative design for investigating the impact of specific factors or techniques is to study psychotherapeutic microinterventions that target smaller units of cause and effect in psychotherapeutic settings. The present study aimed to investigate the efficacy and electrocortical correlates of cognitive restructuring, delivered as a 90-minute psychotherapeutic microintervention. **Methods:** Participants who reported either moderate or low levels of dysphoric symptoms were randomly assigned to a restructuring microintervention or to one of two comparison conditions. The effects of the experimental conditions were examined using recordings of event-related potentials as well as self-reported mood change. In the EEG paradigm, participants viewed unpleasant pictures, with the instruction to either restructure the picture content or to simply attend to it. Following each trial, participants were asked to rate the intensity of their emotional response as well as their success of following the instruction to either “reframe” or to “attend”. **Results:** The results showed that the restructuring microintervention, compared to two other conditions, had specific effects which were reliably detected, particularly on the ERP measures. In particular, participants who received the cognitive microintervention manifested significant enhancement of mean frontal LPP amplitude following the “reframe” instruction. **Discussion:** The observed changes may reflect a strengthening of executive control processes mediated by the PFC, which in turn may help to dampen the perceived emotional intensity of unpleasant stimuli.

## The neural basis of implicit self evaluation- a possible biomarker of depression?

*Yvonne Egenolf - University of Bern, Switzerland, Maria Stein, Thomas Koenig, Martin Grosse Holtforth, Thomas Dierks, Franz Caspar*

**Aim:** Dysfunctional processing of self-referent information has long been hypothesized to reflect cognitive vulnerability to depression. The dual process model of depression (Beevers, 2005) assumes that depression is manifested as a negative bias in implicit information processing that is not sufficiently corrected by explicit processes. However, existing empirical evidence is mostly based on explicit information processing and thus provides limited support for this assumption. We employed event related potentials (ERPs) to investigate the existence of two distinct forms of information processing assumed by the dual process model. **Methods:** 25 healthy subjects performed of the self-relevant Implicit Association Test (sIAT) while brain activity was measured with 70-channel EEG. Individual ERPs of the implicit and explicit condition were used for group-analyses of differences in topography(TANOVA) and amplitude (GFP). The neural generators of the topographical differences were estimated by using the LORETA inverse resolution method. **Results:** The ERP analysis showed significant topographical differences in the late ERP, which were driven by higher activation in the anterior cingulate cortex, the subgenual cingulate gyrus and the middle frontal gyrus. **Discussion:** The results suggest that the processing of information, which is incongruent with the implicit self-evaluation of the individual, is associated with additional activation of brain regions that were implicated in conflict monitoring and cognitive control. Taken together, we find evidence for separable neural networks corresponding to explicit and implicit information processing modes. Thus, EEG activations correlating with implicit self-evaluation might serve as a functional biomarker for depression.

## Congruence/Genuineness in Psychotherapy: A Meta-analytic Review

*Gregory G. Kolden - University of Wisconsin, Madison, USA, Marjorie H. Klein, Sara B. Austin, & Chia-Chiang Wang*

**Aim:** Congruence has both intrapersonal and interpersonal facets; it is a personal characteristic of the therapist as well as an experiential quality of the relationship. The central question addressed in this paper is the relation between therapist congruence and treatment outcome. Moderators of this relationship are also examined. **Methods:** In order to be included in the meta-analytic review, a study had to report quantitative information adequate to calculate an effect size (ES). This resulted in 14 articles reporting 16 studies on 863 clients. **Results:** Estimates of ESs ranged from -.26 to.69. The mean weighted ES for congruence with outcome was .24 ( $p < .001$ ; 95% CI = .12 to .36). This is considered a small to medium sized effect, accounting for about 6% of the variance in outcome, and providing evidence for congruence as a

noteworthy facet of the therapy relationship. Significant moderators of the association between congruence and treatment outcome included rater perspective (measurement variable), therapist clinical experience (therapist variable), client education (client variable), theoretical orientation, therapeutic setting, and psychotherapy format (treatment variables). Discussion: Therapist practices that are likely to foster congruence and thus improve therapy outcomes are discussed.

## **Panel**

Psychodynamic

### **Moderator**

Claudio Martínez  
Guzmán -  
Universidad Diego  
Portales, Santiago,  
Chile

## **Verbal and Non-verbal Mutual Regulation in the Psychotherapeutic Process**

*Discussant: Eva Banninger-Huber - Universität Innsbruck, Austria*

The psychotherapy is a joint creation between patient and therapist which is being developed by means of multiple verbal and non verbal exchanges during the therapeutic process. Throughout these exchanges a mutual regulatory process is shaped. In this process, both partners enact their embodied relational styles, enabling their transformation within the relationship. Mutual regulation is thought to be expressed as sequences of interaction in which the regulatory behavior of each member of the dyad can be predicted from that of another (Beebe, 2006; Jaffe, et al., 2001), and it can be a productive way to look at the processes of change in psychotherapy. The panel will be presenting three studies from this perspective: The first one performed an microanalysis of vocal patterns in relevant episodes of seven psychotherapies with the end to identified micro-regulatory sequences in the therapeutic interaction. The second presentation look at the associations between discursive and material voices within a psychotherapeutic dialogue with the end of shed light on the embodied dimension of the regulatory process. Finally, the third focused on the interactive interplay of facial-affective behavior between patients and therapists in a psychodynamic first interview and the relation of this interplay to regulatory patterns of the patient.

## **Vocal Regulatory Micro-sequences: Vocal Quality Patterns in the Psychotherapeutic Change Process**

*Alemka Tomicic - Universidad del Desarrollo, Santiago, Chile, Claudio Martínez*

The results of the application of the Vocal Quality Patterns codification system to a sample of 22 change episodes and 21 stuck episodes taken from different sessions of seven psychodynamic oriented psychotherapies are presented. The general purposes of this study were to determine and compare the characteristics of the vocal quality of therapists and patients in change and stuck episodes, and to depicts patient-therapist interaction sequences of vocal properties, both in order to analyze micro regulatory process that emerge within the psychotherapeutic interaction. Using logistic regressions and Lag Sequential Analysis procedures, it was possible to show that the psychotherapeutic change process is embodied in the modes of vocal expression of their participants and, that the way by which these different modes of vocal expression are coordinated within the interaction makes it possible to observed regulatory micro-sequences that participate in the therapeutic change process.

## **Voices and Sounds: A Study of the Embodied Quality of the Regulatory Process in a Long Term Psychoanalytic Treatment.**

*Claudio Martínez - Universidad Diego Portales, Santiago, Chile, Alemka Tomicic, Maritza Domínguez*

How does the so called dialogical voices , which represent an individual's discursive position, correspond to the sound characteristics by which these voices are performed? The thesis behind this question points out that these positions or "voices" are self-states that are structured in the language of an individual and discursively expressed verbally and nonverbally. In psychotherapeutic dialogue, the relationships between these discursive positions with its own sound materiality constitute an expression of regulatory and self-regulatory process of its participants. We analyzed 60 segments of speech taken from a long-term psychoanalytic psychotherapy. The segments corresponded to the main discursive positions of the participants. The Vocal Pattern Quality coding system (VQP; Tomicic, et al., 2010) was used to characterize the speech in terms of sound quality. Mixed analysis are performed to determine the association between participants' discursive positions embodied in different sound patterns. The results showed consistent and discordant associations between discursive voices and its sound. The sense-making of these associations for regulation in the psychotherapeutic process is discussed.



## Is the Dyadic Facial-affective Regulation between Patient and Therapist in a Psychodynamic First Interview Shaped by the Patients' Relationship Patterns?

*Doris Peham - Universitat Innsbruck, Austria*

This contribution will focus on the interactive interplay of facial-affective behavior between patients with different mental disorders and therapists in a psychodynamic first interview and the relation of this interplay to dysfunctional relationship pattern of the patient. Facial behavior is assumed to convey important affective information – both in an intrapsychic and an interactive sense - mainly on an unconscious, implicit level. Several studies so far have shown that the dyadic facial interplay is related to significant processes within psychotherapy (for an overview Benecke et al., 2005; Rasting & Beutel, 2005). In this study the psychodynamic interviews of 90 patients and therapists were videotaped and patients' relationship patterns were rated according to the relationship axis of the Operationalized Psychodynamic Diagnostics (OPD; Task Force OPD, 2008). Diagnoses of patients were assessed with the Structured Clinical Interview of DSM-IV (Witcher et al., 1997). Applying the Facial Action Coding System (Ekman, Friesen & Hager, 2002) the facial-affective behavior of the patients and therapists was objectively coded and analyzed with THEME, a t-pattern analysis to detect hidden time patterns in behavior (Magnusson, 2000). The analysis is currently still ongoing. We expect to find significant correlations between the patients' way of behaving and experiencing themselves repeatedly in relationships and the frequency and quality of dyadic facial patterns between interviewer and patient. Results will be discussed with respect to the implicit dyadic regulation between therapist and patient and its implications for therapeutic work.

### **Panel**

Psychodynamic

### **Moderator**

Hanspeter Mathys  
- University of  
Zurich,  
Switzerland

### **The Case of Alexandra: What are her concerns in the psychodynamic initial interview?**

For people suffering from mental problems the first meeting with a psychotherapeutic expert is crucial for an eventual decision to enter psychotherapy. Retrospective inquiries have shown those initial interviews to be considered helpful, where the clients felt the therapist understood their problems and concerns (Kerz-Rühling, 2005). Accurate comprehension and adequate formulation of the consulters' concerns seem to be crucial aspects for the quality of initial interviews. From a psychodynamic perspective we are interested not only in explicit reported problems and concerns but also in implicit aspects that are not accessible to the con-sulter. The ongoing qualitative study reported in this panel follows the guidelines of method triangulation (Flick, 2004). Videorecorded interviews with clients looking for counseling regarding an eventual psychotherapy are being transcribed and subsequently analyzed using the content analysis, the narrative analysis system JAKOB, conversation analysis and credit analysis. On the basis of the initial interview of Alexandra the panel aims to show, how these different qualitative methods with their specific findings lead to a multiperspective view and how they attribute to a deeper comprehension on consulters' concerns. The first paper will examine the explicit and the second the implicit concerns in the initial interview. The third paper investigates into how a shared understanding of Alexandra's concerns is produced, and the fourth will examine the negotiation process regarding the development potential to deal with Alexandra's concerns.

Alexandra's concern in the focus of a content analysis

*Marius Neukom - University of Zurich, Switzerland*

In our paper we present the results of an inductive content analysis that is focusing the concern of the consulter Alexandra on the linguistic, intentional level. What is Alexandra's concern in the first session? Where and how does she explain it? The consulter talks firstly of a particular symptom (anxiety before exams) and a specific discomfort (exhausting doubts concerning her career choice as an actress). Secondly, she mentions a specific cause (a recent mental breakdown). Thirdly she's explaining what kind of support she desires (help to better deal with her anxiety and decision guidance according to her career choice). Statements to all these three aspects are considered as part of the concern.

"... like some kind of jealousy". Findings of the JAKOB narrative analysis

*Lina Maria Arboleda - University of Zurich, Switzerland, Marc Luder*

Aim & Method: Based on the question how consulters talk to their therapists about their conscious and unconscious expectations about therapy, the transcript of an initial interview was analyzed with the JAKOB Narrative Analysis, conceived by Boothe (2004) and further developed at the Chair of Clinical Psychology,

Psychotherapy, and Psychoanalysis at the University of Zurich (Arboleda et al., 2010; Boothe et al., 2010; Boothe et al., 2002) as a systematic interpretative tool for research, documentation, and practical examination of everyday narratives in psychotherapy. After an analysis of lexical word choice and the development of the narrative dynamics from the start to the end, these findings are related to the psychodynamic conflict dynamics identified, based on the wish/anxiety/defense movement. The transition from the level of the lexical text to the operationalized development of psychodynamic hypotheses represents a move from the level of narrative construction to the level of psychological regulation. Problems of interest in our investigation are: Whichever is the implicit concern of the consultee during the initial session? How does the conflict dynamics relate to the explicitly told concern? How is the wish/anxiety/defense dynamics presented in the narratives? Does the condition of innerpsychic conflict have an influence on the acceptance of therapy? Results & Discussion: We assume that through the analysis of the narratives we can generate hypotheses in regard to the consultee's decision in favor or against therapy. The conflict dynamics within the stories may be interpreted as an evidence of latent wish-anxiety-themes in reference to a possible therapy.

#### The case of Alexandra: A conversational analytic approach

*Michael Frei - University of Zurich, Switzerland*

**Aim:** If the first meetings in a consultation with a psychotherapeutic expert are crucial for the formation of the consultee's decision to enter psychotherapy, and if those interviews are considered helpful by the consultee where she feels understood, then the mutual production of a shared understanding of the consultee's concerns is a crucial point in early consultations. This study, considering the psychodynamic distinction between explicitly voiced and implicitly enacted concerns, investigates into how such a shared understanding of consultees' concerns is produced, or how such enterprises in producing shared understanding fail. **Method:** Videorecorded sessions with consultants looking for psychotherapeutic counseling are being transcribed and subsequently analyzed using conversational and interactional analytic routine. This provides the methodological background to investigate not only into the explicitly avowed concerns, but also into the implicit, in the regulation of the interaction embedded concerns that are not necessarily accessible to the consultant. **Results and Discussion:** From a conversational analytic point of view, the production and clarification of Alexandra's concerns can be understood as a function of the consultant's concern. In the case of Alexandra, the production and clarification of her explicit concerns are also the consultant's concern. Typically, psychodynamic therapists, in one way or another, also address the in the interaction enacted, implicit concerns. How this happens in this case will be a further point of discussion.

#### "Am I good enough? Am I needed at all in this profession?" Alexandra's little credit for herself – The perspective of credit analysis

*Valérie Minh-Thi Keller - University of Zurich, Switzerland, Marie-Luise Hermann*

**Aim and method:** In the context of psychotherapy, the concept of giving credit describes the therapist's positive attitude towards the patient's resources and developmental potential to deal with his concerns. The recently developed method of credit analysis, which is based on qualitative content analysis, examines the way the consultee gives himself or others credit or discredit, i.e. for personal achievements outside therapy. It furthermore illustrates the therapist's willingness to invest into the therapeutic work by encouraging and challenging the patient within the therapeutic session – interventions that influence change positively. The analyst's attitude is formed as a reaction to the manner the patient presents himself and gives himself credit during the interview. The goal of the study is to investigate the negotiation process that takes place in the initial interview of the patient 'Alexandra' and to link the findings to the working alliance and her affirmation of psychotherapy. **Results and Discussion:** We will present the negotiation process in terms of the therapeutic concerns Alexandra and her therapist choose to be worth crediting. We will discuss the way Alexandra constantly discredits herself and in contrast gives credit to her environment, and how this leads to a gentle and stabilizing therapeutic attitude with few acts of giving credit by the therapist.

## **Panel**

Practice

## **Moderator**

Nick Midgley -  
Anna Freud  
Centre, London,  
UK

## **The therapist's perspective on participation in research: learning from experience**

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

One of the reasons for the well-known 'gap' between clinical practice and research has traditionally been the reluctance of therapists to take part in research. However as research becomes ever-more important, an increasing number of therapists are gaining experience of participating in research studies. This panel will look at the therapist's experience of participating in research in a range of contexts: from practice-research networks to Randomised Controlled Trials; prior to starting and having completed a study; and with therapists from different traditions working with both adults and children. Implications of this wide range of studies for the research-practice gap, and for the training of therapists, will also be discussed.

"Learning from research": Therapists' perspective of the impact of research on the therapy process and professional development

*Soti Grafanaki - Saint Paul University, Ottawa, Canada*

**Aim:** The impact of research procedures on client and therapists has often been neglected in psychotherapy research. Most projects do not investigate how research influences the therapy process and those participating in studies. This presentation will focus on the experience of six person-centred therapists, during a longitudinal study on congruence, and their insights on the impacts of research on therapists' engagement and professional development. **Methods:** Data from six systematic case studies are presented. Therapists' narratives have emerged after the first, sixth and last (12th) therapy sessions and were collected at the end of Brief Structured Recall (BSR) interviews. During the study, participants had to fill in a number of measures (after every therapy session) (HAT, SEQ, BLRI, WAI) in addition to participating in the three BSR interviews. **Results:** Participants recognized the positive impact of qualitative process measures, especially the participation in the BSR interviews. Participants highlighted the importance of including methodologies that encourage reflexivity and provide feedback. The importance of client's participation in the process was highlighted. The emerging themes of research impacts on therapist development are presented. **Discussion:** The analysis of findings revealed that there is a complex parallel process that unfolds: that of therapy and another of research. The potential benefits of acknowledging both in the way we disseminate our findings and conduct new studies will be discussed, along with implications for training and practice. The specific benefits of participating in systematic case studies and qualitative methodologies will be discussed.

The experience of therapy trainees and therapists participating in research

*Mark Widdowson - University of Leicester, UK*

**Background/Aims:** The researcher is conducting practice-based research into the process and outcome of transactional analysis (TA) psychotherapy for the treatment of depression. As part of this study, the researcher wanted to ensure that the project and protocol would provide adequate support to participating therapists to minimise the potential for problems with data collection or therapists dropping out of the study. This presentation will focus on the findings of this part of the study. **Method:** The researcher conducted a number of focus groups with TA therapy trainees to explore the following questions: what are your perceptions of psychotherapy research? What experiences have you had with psychotherapy research? What stops you or puts you off getting involved in psychotherapy research related to your practice? What concerns would you have about getting involved in psychotherapy research? What preparation and support would you need in order to get involved in psychotherapy research that would involve collection of data about you and your practice? The researcher has also requested that part their experience of participating in the research and will be investigating the experiences of participating therapists. **Findings:** The data from both the focus groups and the initial experiences of the participating therapists has been analysed using thematic analysis and the findings of this analysis will be presented. **Discussion:** The implication of these findings for research and training will be discussed.

Child psychotherapists' attitudes to being involved with a large-scale clinical trial.

*Isabel Henton - Anna Freud Centre, London, UK, Nick Midgley*

**Background/Aims:** Previous research has often commented on the 'gap' between practice and research, and the reservations that many psychotherapists have about being involved with systematic research. In particular, clinicians have often been particularly cautious about Randomised Controlled Trials (RCTs), which are often criticised for being based on a 'drug-trial' model of research that is not appropriate to the

study of a complex interaction such as psychotherapy. Method: This study is a small-scale, qualitative exploration of the attitudes of psychodynamic child psychotherapists to being involved, many for the first time, in a large-scale randomized controlled trial. Findings: Based on interviews at the start of their involvement with the RCT, the study explores the complex relations between clinical training and practice and formal, scientific research. Discussion: The implications of these findings for training and the research-practice relationship will be discussed.

Can clinicians truly become involved with research when they are initially opposed to it? Report on an experience with a practice research network.

*Jean-Michel Thurin - Inserm U 669 & French Federation of Psychiatry, Paris, France, Monique Thurin*

Background/Aims: France was for a long time the only European country without research in psychotherapy. The collective expert report of Inserm (2004) about the evaluation of psychotherapies caused a true storm when it first appeared. However, after a period of time, reflections about the possibility of other methodologies than that of the RCT began to be explored. Method: An innovative project was proposed to Inserm, taking into consideration the complexity and the various characteristics of the cases which are truly seen in routine clinical practice, one which would respect the clinical approach, make use of both qualitative and quantitative data, and that would be based on a collaboration between clinicians and researchers. This project was approved and funded by Inserm and the Health Department. Today, more than 200 clinicians work within the framework of a practice-based research network using a design based on intensive process-outcome single case studies. The network organization allows the aggregation of the data in a cumulative way and thus a comparative analysis of the differences and analogies between cases and the identification of some key factors that can explain the differences in their results. Findings: In this presentation we present the main characteristics of the project, the difficulties which we had to solve, how most of them were solved and others not. We also discuss the effects of this research as reported by clinicians on their practice and knowledge and their potential implications for training.

## **Panel** Narrative

**Moderator**  
Kathrin Moertl -  
York University,  
Toronto, Canada

## **Narrative in Psychotherapy: Triangulation Strategies based on the Case of Sarah (Part II)**

The psychotherapy research labs at York University in Toronto have encouraged international research groups to work with Emotion Focused Therapy session data and apply various methods of analysis. After the intensive case analysis of Lisa, Sarah is now the second case that has drawn the attention from Italian, German, Austrian, Portuguese and Canadian process researchers. The first panel of two (moderated by Lynne Angus) presented three narrative approaches on Sarah. This second panel will proceed to present empirical data on Sarah focusing on the results collected by the aeose project ('all eyes on shift events'). The aim of the project is not only to compare findings produced by different methods, but to especially work on triangulating strategies in psychotherapy process research. Valentina Gandini will start with adding the empirical findings of the Control Mastery Theory on Sarah. Kathrin Moertl will present triangulation strategies of the four included methods in the aeose project and discuss their application to further projects. Sven Schneider will then talk about the challenges of transferring methods from different scientific areas into the field of psychotherapy research. We will discuss the promising possibilities of carrying together different research findings and mapping them to common concepts. At the same time we want to critically evaluate the borders of triangulation and pick up on possible postpositivist pitfalls in this endeavour.

All eyes on Shift Events - The Control Mastery Theory point of view

*Valentina Gandini - TU Dresden, Germany*

The basic idea of this study is to analyze the same material (6 sessions of two different cases, Lisa and Martha) of a previous study (Moertl, Schneider and Molinaro, All eyes on Shift Events, Panel Presentation, Bolzano, 2009. Asilomar, 2010) using the concepts of the Control Mastery Theory (Weiss, Sampson, 1986). The first phase of the project will focus on segmenting independently a priori the sessions following the CMT and locating test-segments in the text. The segmentation of the transcripts and the localization of tests will follow a small Manual (Gandini, Panel Presentation, Asilomar, 2010). Only in a secondary phase it is planned to put the analyses in comparison with the previous study. The aim of this work is to observe how the Control Mastery Theory can locate itself in parallel with the analyses of different methods on the concept of "Shift Events" on the material of the previous triangulate study realized by Moertl, Schneider

and Molinaro. The goal of the study is to put methods in communication on the concept of “Shift Events”, trying to understand if and how the concept of test from the CMT can contribute on this concept.

Triangulation: how to build upon each others studies.

*Kathrin Moertl - York University, Toronto, Canada*

In reference to the immense production of knowledge in psychotherapy research, Horvath critically stressed the point that it is time our studies stop representing single bricks randomly thrown over the ground and begin placing the bricks to form a wall. The current work on meta-analyses brings together results that share the same methodology and methods. However, there is little consideration of how to bring together results that focus on the same phenomenon but that apply different methods and operate within contrasting methodologies. The aeose project (‘all eyes on shift events’, Moertl, Schneider, Molinaro, 2009, 2010) seeks to create a new conceptualization of how to bring together these types of results, introducing a new specific approach of triangulation. While the first step is always the concrete and independent analysis of the material applying the distinctive methods (the stonemason’s job), the discussion of these results by all involved researchers is the second step (the bricklayer’s job). The triangulation process uses the results of each project as raw material which are then analyzed, assembling them as a new conceptualization. The researchers must be careful though not to focus only on the evident overlaps of the results in a post-positivist manner, but include each other’s differences and contradictions for the conceptualization. Our attempt to do so will be presented including the four aeose methods at present (qualitative-narrative, TCM and local complexity, CIPRS, CMT). Also, we will discuss possible future directions synthesizing more results from the presenters of the first panel on Sarah.

Method 9 from outer space – aspects of transferring methods from other scientific areas into the field of psychotherapy research using the example of Synergetics

*Sven Schneider - Ulm University, Germany*

To tie in to Denzin’s broad definition of triangulation as „the combination of methodologies in the study of the same phenomenon“ (1978), one aspect of the aeose project (‘all eyes on shift events’, Moertl, Schneider, Molinaro, 2009, 2010) is the transfer of methods, terminology and transdisciplinary theories from other fields. This is a challenge as well as a logical consequence for the evolution of psychotherapy research methods. Synergetics as an interdisciplinary science explaining self-organization processes of open complex systems, is one example of a successfully adopted method in the field of psychotherapy research. Founded by Hermann Haken (1978) with its seeds in laser theory, Synergetics was integrated into the concept of Systemic Therapy to conceptualize self-organization processes within a bio-psychological and social system (Schiepek 1999). The key to the successful transfer of this method is an approach to the „complex system client“ from a theoretical and from an empirical direction at the same time (Freund et al. 2004). In the past it was shown that most Synergetic mathematical models are applicable to the psychotherapeutic process. Thus, within the aeose project, we used the non-linear statistical method on data retrieved through computer-based content analysis (LISA and SARAH case). This presentation will focus on the critical discussion of benefits and validity of the approach of triangulating qualitative and quantitative psychotherapy research methods with a third method transferred from a different field.

## **Panel**

Experiential

## **Moderator**

Laura Moncada -  
Universidad de  
Chile, Santiago

## **Research in Mindfulness**

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

This panel will present three different studies: First, a sample of 100 therapists in training completed the Five-Factor Mindfulness Questionnaire, the Differentiation of Self Inventory-Revised, and a measure of meditation experience. Trainees' supervisors completed the Countertransference Factors Inventory-Revised. Results indicated that countertransference management qualities are predicted by the linear combination of mindfulness, self-differentiation, and meditation experience, but among these three predictor variables, only meditation experience is a significant predictor. To second, we will give an overview over the MBHP training program, invite attendees to experience some mindfulness practices, discuss perspectives for research (e.g., 1. Are MBHP-trained therapists more mindful than a control group, 2. Do mindful therapists provide better therapies, 3) and further developments of mindfulness and psychotherapy. The third, shows 8 therapists in a weekly Mindfulness training during 10 sessions of three hours each time and a control group with 8 therapists as well. In both groups were males and females and their ages ranged 25 and 40 years

old. All the therapists had training as psychotherapists before and those who participated from the experimental group were currently working at least with 3 patients. The variables studied in the therapists were: attention, empathy, stress, self-care and therapeutic skills. Three tests were used to measure quantitative variables ( empathy ( Epstein, 1972 ) stress (Sheldon ,Cohen et al. 1983) and self care ( Durruty, Yañez & Wenk, 2005 ) while the others were investigated through a qualitative interview. The results of this study are being analyzed at this time.

### Therapist Mindfulness, Meditation Experience, and Differentiation of Self as Predictors of Countertransference Management Qualities

*Jeffrey Hayes - Penn State University, University Park, USA*

Existing research has established that specific therapist qualities, such as self-integration and conceptual skills, facilitate the management of countertransference. This study sought to extend existing research by examining several previously unexamined factors that were postulated to enhance countertransference management, namely therapist mindfulness, meditation experience, and self-differentiation. A sample of 100 therapists in training completed the Five-Factor Mindfulness Questionnaire, the Differentiation of Self Inventory-Revised, and a measure of meditation experience. Trainees' supervisors completed the Countertransference Factors Inventory-Revised. Results indicated that countertransference management qualities are predicted by the linear combination of mindfulness, self-differentiation, and meditation experience, but among these three predictor variables, only meditation experience is a significant predictor. Mindfulness itself was a function of meditation experience, in terms of whether counselors have any meditation experience, how many years they have practiced it, and how much time per week they devote to it.

### MBHP- Mindfulness Basics for Helping Professions

*Gerhard Zarbock - IVAH - Institut für Verhaltenstherapie-Ausbildung Hamburg, Germany*

Mindfulness can offer a remedy for many risks and burdens of the psychotherapeutic encounter. It enables the therapist to meet the patients in a shared space of mutually promoted mindfulness. Furthermore mindfulness offers therapists new ways for emotion regulation, coping with work related stress and enhancement of their work-life-balance. MBHP (Mindfulness Basics for Helping Professions) teaches mindfulness basics to therapists in the areas of their professional in-session, between-sessions, post-session and their private lives. MBHP centers around five axioms, i.e. 1. Monkey mind (the necessity to cultivate and train attention), 2. Five Facets of mindfulness (concentration, observing, naming, non reacting, non judging), 3. Mindfulness as self attunement (building a bonding relationship to oneself), 4. Experiential vs narrative self-focus, 5. First-, second- and third-person-perspectives of experiencing. The single group MBHP training sessions are centered around one of the above five axioms and contain theoretical input, practice and feedback for therapists. Progress is monitored using the Five Facets of Mindfulness Questionnaire by Baer and colleagues distributed at the beginning and at the end of a MBHP- course. At the conference we will give an overview of the MBHP program and invite you to experience some mindfulness practices directed at the therapeutic role and encounter. Furthermore we will discuss perspectives for research (e.g., 1. Are MBHP-trained therapists more mindful than a control group, 2. Do mindful therapists provide better therapies, 3. Do mindful therapists show more job satisfaction, less daily work stress and less burn out symptoms?).

### Impact of a Mindfulness training on variables of attention, empathy, stress, self-care and therapeutic skills in Chilean therapists from Santiago de Chile

*Laura Moncada - Universidad de Chile, Verónica Guzmán, Elisabeth Wenk, Anahi Alvarado, Camila Muñoz, Francisco Rivera, Tatiana Romo, Patricia Villaroel*

There are several research in Mindfulness in the medical and psychological fields. Less have been found concerning to the person of the therapist which is the area of our interest. In this research 8 therapists received a weekly Mindfulness training during 10 sessions of three hours each time and in parallel there was a control group with 8 therapists as well. In both groups were males and females and their ages ranged 25 and 40 years old. All the therapists had training as psychotherapists before and those who participated from the experimental group were currently working at least with 3 patients. The variables studied in the therapists were: attention, empathy, stress, self-care and therapeutic skills. Three tests were used to measure quantitative variables ( empathy ( Epstein, 1972 ) stress (Sheldon ,Cohen et al. 1983) and

self care ( Durruty, Yañez & Wenk, 2005 ) while the others were investigated through a qualitative interview. The results of this study are being analyzed at this time.

## **Panel**

Emotion

## **Moderator**

Jon Trygve

Monsen -

University of Oslo,

Norway

## **Affect Integration in psychotherapy: A theoretical and empirical examination of the Affect Consciousness construct and its relevance for psychotherapy and psychotherapy research.**

The importance of affect regulation, -modulation or -integration for higher order reflection and adequate functioning is increasingly emphasized across different therapeutic approaches and theories of change. These processes are probably central to any psychotherapeutic endeavor, whether explicitly conceptualized or not, and in recent years a number of therapeutic modalities have been developed that explicitly target them as an area of change. However, there still is important unclarity in the field regarding the understanding and operationalization of affect integration, particularly when it comes to specifying underlying mechanisms, the significance of different affect states, and the establishment of operational criteria for measurement. The present panel addresses these topics from both theoretical and empirical perspectives, reporting findings from three separate studies of the construct validity of the Affect Consciousness construct. A potentially more complex and exhaustive understanding of integration of affect, cognition and behavior and its relevance for psychotherapy research is thus indicated.

Conceptualizing affect integration: the Affect Consciousness construct.

*Jon T. Monsen - University of Oslo, Norway, Ole André Solbakken, Roger Sandvik-Hansen*

The importance of affect regulation, -modulation or -integration for higher order reflection and adequate functioning is increasingly emphasized across different therapeutic approaches and theories of change. However, there still is important unclarity in the field regarding the understanding and operationalization of affect integration, particularly when it comes to specifying underlying mechanisms, the significance of different affect states, and the establishment of operational criteria for measurement. The present study explored the construct validity of AC in a Norwegian clinical sample including estimates of reliability and assessment of structure by factor analyses. External validity issues were addressed by examining the relationships between scores on the ACSs and self-rated symptom- and interpersonal problem measures as well as independent, observer-based ratings of personality disorder criteria and the Global Assessment of Functioning (GAF) scale from DSM-IV.

Affect integration in psychotherapy: Affect Consciousness as a predictor of change.

*Ole André Solbakken - University of Oslo, Norway, Roger Sandvik-Hansen, Odd Erik Havik, Jon T. Monsen*

Affect integration as conceptualized and operationalized through the Affect Consciousness construct were used to predict overall changes in the course of psychotherapy. AC scores on three levels, i.e. overall AC, overall scores on integrative capacities, and overall scores for specific affects were examined in relation to general outcome on self- and observer rated measures (GSI; SCL-90-R, IIP-Global; IIP-64 and total number of criteria on axis II of the DSM-IV; SCID II). Finally, the specific predicive power of overall scores on integration of specific affects were assessed by examining patterns of expected, systematic relationships to changes on the eight subscales of the IIP-64 for affects corresponding to the main dimensions of the interpersonal circumplex.

Affect integration in avoidant and borderline personality disorders.

*Eivind Normann-Eide - Vestfold Psychiatry, Tønsberg, Norway, Tone Normann-Eide, Merete Johansen, Jon T. Monsen, Jens Egeland, Theresa Wilberg*

In the present study, the relationship between affect consciousness (AC) and psychopathology was examined in a sample of patients with avoidant and borderline personality disorders. Assessments were made pre-treatment and at 36 months follow-up. The results showed that low AC was related to interpersonal problems and low self-esteem, but unrelated to symptom distress and number of SCID-II criteria. Despite a significant reduction of psychopathology, all associations were maintained after three years. Examination of particular affects showed that low affect consciousness for interest/joy/tenderness and anger/contempt/disgust formed well delineated patterns of convergent/discriminant correlations across the communion and agency dimensions of the interpersonal circumplex.

## Panel

Personality

### Moderator

Carolyn Morf -  
University of Bern,  
Switzerland

## Unpacking Personality Processes in Personality Disorders: Knowledge Transfer between social/personality Psychology and Psychotherapy

*Discussant: John Ogrodniczuk - University of British Columbia, Vancouver, Canada*

Interpersonal difficulties can be pervasive in some personality dispositions, especially when these patterns take extreme forms, as for example in narcissistic and borderline personality disorders. These difficulties have been explored not only in clinical, but also in social/personality psychology. Although both fields could profit from each other in terms of theorizing and empirical research, still little exchange takes place. The goal of this panel is to cross the disciplinary divide between social/personality psychology and psychopathology/ psychotherapy research in understanding personality disorders. The research presented in this symposium examines the extent of these interpersonal difficulties, contextual factors that amplify or ameliorate them, and some of the underlying mechanisms. The studies use a range of methods - from laboratory experiments, actor-partner analysis in dyadic pairings, to intensive longitudinal designs and a comparison between clinical and nonclinical populations. The first paper examines the pervasiveness of impairment associated with the personality traits narcissism and perfectionism and their link to personality disorders. The second paper addresses the dynamics of narcissists' romantic relationships and the interpersonal factors that make them more viable. The third paper shows that perceived rejection significantly explains the rage characteristic of borderline personality disorder. Discussions center on protective factors, the possibility of breaking maladaptive patterns, and pinpointing potential areas for intervention.

### Improving Narcissists' Relationships: The beneficial Role of Commitment

*Carolyn Morf - University of Bern, Switzerland, Loredana Torchetti, Madoka Kumashiro*

**Aim:** Narcissists make poor relationship partners: they lack intimacy and display a game-playing love style. The current research examined factors to improve narcissists' relationship behaviors and overall relationship quality. **Method:** 76 married couples provided reports of commitment, relationship maintenance behaviors (e.g., accommodation, forgiveness, etc.) and relationship quality and well-being. **Results:** Analysis revealed that being committed prevented high narcissistic men from engaging in their otherwise actively destructive behaviors in response to potential conflict (e.g., threatening to leave the partner). They were also more forgiving in the face of relationship transgressions, and they reported more dyadic adjustment and trust. Moreover, although there were no direct effects of narcissists' commitment on partners' dyadic adjustment, there are indirect effects via their less negative behaviors. Beyond own commitment, narcissistic men also benefitted more than nonnarcissists from having more committed partners--they behaved less destructively and had higher dyadic adjustment. Partners also crucially contribute to the functioning of these relationships by accommodating, forgiving, and sacrificing more than partners of low narcissists. **Discussion:** In sum, higher commitment is beneficial for the relationships of narcissistic men and their female partners, but does not appear to help narcissistic women. Implications of the findings for possible interventions, as well as the therapeutic relationship, are discussed in terms of mechanisms that may raise commitment and a communal orientation in narcissists.

### Narcissism, Perfectionism and Personality Disorder Traits: Correlations with Symptoms, Alexithymia and Interpersonal Functioning. A Comparison between Clinical and Non-clinical Participants

*Giancarlo Dimaggio - Terzo Centro di Psicoterapia Cognitiva, Rome, Italy, Teresa Calarco, Antonino Carcione, Paul H. Lysaker, Roberto Pedone, Ilaria Riccardi, Nicola Marsigli, Beatrice Sabatelli, Alessandra Paviglianti*

**Aim:** Traits such as narcissism and perfectionism are likely a root cause of many symptoms, interpersonal difficulties and poor awareness of one's own emotions (alexithymia), and many other difficulties experienced by persons with personality disorders. **Methods:** To explore this issue this study administered NPI for assessing narcissism, MPS (perfectionism), ADP-IV (personality disorders), TAS 20 (alexithymia); IIP-47 (interpersonal problems), SCL-90-R (symptoms) to 95 participants with mental disorders and 95 non-clinical persons. We first explored intercorrelation between trait narcissism and perfectionism (global scores and sub-scales) across all participants. As well, and after having controlled for demographic variables, correlations among all other measures were also examined within both clinical and non-clinical samples. **Results:** The study is currently under progress. Preliminary results for a sub-sample of the joint clinical-nonclinical sample indicate that narcissism and perfectionism are largely independent constructs,



with some minimal overlap between subscales found. Trait narcissism was found to significantly relate to some personality disorders and specific interpersonal difficulties, whereas high and widespread correlations were found among perfectionists and personality disorders, symptoms, alexithymia and interpersonal problems. Discussion: Results are interpreted as suggesting that the presence of narcissism, though related to some interpersonal difficulties, was associated with much less functional impairments, whereas perfectionism may be a common feature underlying many aspects of personality disorders.

#### Perceived Rejection as a Trigger for Rage in Borderline Personality Disorder

*Geraldine Downey - Columbia University, New York, USA, Kathy Berenson, Eshkol Rafaeli, Karin Coifman, Nina Leventhal*

**Aim:** To empirically test the longstanding clinical observation that the rage characteristic of borderline personality disorder (BPD) is reliably triggered by perceived rejection. **Method:** Extending basic personality research on rejection sensitivity and self-regulation to a clinical sample, we examined the within-person contingent relationship between perceived rejection and rage in participants diagnosed with BPD compared to healthy controls in two studies: a priming-pronunciation experiment and a 21-day experience-sampling diary. **Results:** Despite the differences in these two assessment methods, the indices of rejection-contingent rage that they produced were interrelated as expected, and provide evidence corroborating the clinical claim that perceived rejection significantly explains the rage associated with the BPD diagnosis. **Discussion:** The findings illustrate the potential for interventions of conceptualizing BPD symptom patterns in terms of stable, contextualized "if...then..." contingencies, or personality signatures. This contextualized conceptualization of personality is proposed by the Cognitive-Affective Processing System framework (CAPS; Mischel & Shoda, 1995). The possibility of breaking maladaptive patterns both at the level of the trigger situations and of the network of cognitions and affects associated with these situations is discussed in terms of our efforts to identify self-regulatory skills that can be targeted in therapy to help people with BPD respond more adaptively to perceived rejection.

#### **Panel**

Narrative  
Culture

#### **Moderator**

Sean Murphy -  
Adelphi University,  
Garden City, NY,  
USA

#### **Cross-Linguistic Studies in Narrative, Emotional Expression and the Referential Process**

*Discussant: Wilma Bucci - Adelphi University, Garden City, NY, USA*

This panel will examine the similarities and differences in the operation of the Referential Process and its measurement in English, Italian and Chinese. We have previously argued that the Referential Process is a common factor operating in uncovering psychotherapy treatments (Bucci, 2010). Through the Referential Process, emotional experiences are activated during an arousal phase, represented in language during a symbolizing or narrative phase and reflected on during a reorganizing phase. The operation of this process has been shown as a marker of therapeutic change in process research (Bucci & Maskit, 2007). This panel will focus on Referential Activity (RA), an index of the vividness and clarity of language, as the central measure of the Referential Process. The first paper will show Italian language measures of the Referential Process as markers of therapeutic change that closely match findings previously found in treatments conducted in English. The second paper replicates a psychotherapy analogue study of the emotional impact of telling a narrative, previously conducted in English, with a Chinese speaking population, and discusses similarities and differences between the Chinese and American sample results. The third paper identifies linguistic markers of Referential Activity, using the Linguistic Inquiry Word Count Program (LIWC) (Pennebaker, et al., 2001, 2007), that are common to English and Italian. The cross-cultural features of the theory of the Referential Process as well as how it may be represented similarly and differently in various languages will be discussed. We hope this presentation will evoke audience response regarding different cultural perspectives.

#### Italian Measures of the Referential Process: Clinical and Linguistic Implications

*Rachele Mariani - La Sapienza Università di Roma, Italy, Alessandra De Coro, Bernard Maskit, Wilma Bucci*

**Aim:** Psychotherapy process research using English measures of the Referential Process have shown promise in establishing these measures as markers of therapeutic change (Bucci & Maskit, 2007). Though the theory of the Referential Process has been proposed as a common mechanism underlying therapeutic change across languages, few investigations have been undertaken to evaluate the role of the Referential Process in treatments conducted in languages other than English. **Methods:** Three psychodynamic

treatments conducted in Italian were audio taped over a two year period. The audiotapes were transcribed according to transcription standards for the Discourse Attributes Analysis Program (DAAP) and run using Italian versions of linguistic measures of the Referential Process. Results: The analysis of the three cases showed results that were remarkably similar to those found by Bucci & Maskit in their study of treatments conducted in English (2007). The interaction between phases of narrative expression and reflection in both studies appear to be crucial elements of therapeutic change. Discussion: Though Italian measures of the Referential Process contain a number of features unique to the Italian language, these measures appear to behave similarly to those validated in English. In addition to demonstrating the clinical validity of measures of the Referential Process in Italian the similarity of the results of this study to those found in treatments conducted in English suggests that though linguistic markers of the Referential Process may vary from one language to another, the underlying psychological process and its role in therapeutic change is common across different cultures.

**Emotional Disclosure in Chinese Speakers: A Psychotherapy Analogue Study**  
*Hui-Mei Nan - Adelphi University, Garden City, NY, USA, Wilma Bucci, Sean Murphy*

**Aim:** Based on previous therapy analogue studies conducted with Caucasian and Asian-American samples (Welsh & Bucci, 2006; King & Bucci, 2008), this study looks at the emotional impact of talking about early and recent autobiographic memories in a group of native Chinese speakers. We predicted that, as in the previous two English-speaking samples, the Chinese speakers would report increased emotional intensity after telling memories, but at a lower level of intensity. **Method:** Thirty-four native Chinese speakers from Chinese cultural communities in N.Y. were asked to retrieve and talk about their early and recent memories, describe their emotions, and give subjective ratings of emotional intensity at three times: when the event occurred (T1); how they felt about the event prior to telling it (T2) and how they felt after telling the event in detail (T3). **Results:** The T1 ratings across the three samples were surprisingly consistent in the high range. Contrary to expectation, only female Chinese participants in the early memory condition reported the same pattern of intensities as in the other two samples. **Discussion:** The gender effect in our sample was more salient than in the previous two samples and is probably due to an interaction of gender and cultural norms in this group. In future research, these narratives will be analyzed using Chinese versions of linguistic measures of the Referential Process that are in the process of being developed.

**The Language of Psychotherapy Process: Cross-Linguistic Markers of Narrative and Referential Activity Using the Linguistic Inquiry Word Count (LIWC)**  
*Sean Murphy - Adelphi University, Garden City, NY, USA, Wilma Bucci, Bernard Maskit*

**AAim:** The systematic study of psychotherapy process is complicated by treatments conducted in different languages and the problems posed by translating measures from one language to another. Though measures of Bucci's theory of the Referential Process have been created in several languages, common markers of Referential Activity (RA) across languages have not previously been identified. **Methods:** Two samples of language segments in English (n=772) and Italian (n=995), that included psychotherapy and other narrative material, were reliably segmented and scored by judges for RA. These segments were then run using the LIWC (Pennebaker et al., 2001, 2007) in both English and Italian to identify categories of language common to both languages. **Results:** LIWC predictors of RA fell into four main categories: Narrative elements (words referring to persons, places and the movement of actors were positively related to RA); Tense (high RA tends to occur in the past tense); Fluency (high RA language shows less pausing and filled speech); Abstract language (high RA is negatively related to words referring to cognitive processes). Models constructed using the same LIWC variables in both languages explained 18% of the variance of the RA scores in the English sample ( $r=.43$ ) and 14% of the variance of the RA scores in the Italian sample ( $r=.37$ ). **Discussion:** The linguistic factors identified in this study add to the validity of RA as a psychological construct with common characteristics across languages and may facilitate the development of measures of the Referential Process in other languages.

**Panel**  
Cognitive

**Moderator**  
Michelle Newman  
- The Pennsylvania  
State University,  
University Park,  
USA

**Techniques and Mechanisms of Action from CBT for anxiety disorders**

*Discussant: Bruce Arnow - Stanford University, Stanford, CA, USA*

Few studies to date have examined the specificity of techniques with respect to mechanisms of action in CBT for anxiety disorders. As a result, little is known about differential prediction of change from treatment as well as the mechanisms of action as a result of psychotherapy. First, Michelle Newman will present data on change in expectancy as a moderated mediator of cognitive behavioral therapy versus purely cognitive therapy and purely behavioral therapy for generalized anxiety disorder. Second, Alicia Meuret will present data on moderators and mediators of outcome from CBT for panic disorder. Next, Thomas Ritz will present data on the efficacy of Muscle tension versus breathing retraining and relaxation on blood injury phobia. Finally Bruce Arnow will serve as a discussant of these results.

**Expectancy as a Moderated Mediator of Cognitive Behavioral Treatment Outcome in Generalized Anxiety Disorder**

*Michelle Newman - The Pennsylvania State University, University Park, USA, Aaron Fisher*

Despite the plethora of research demonstrating the efficacy of CBT in individuals with GAD, clinically significant change is evident in fewer than 50% of treated samples (Newman, 2000). For that reason, it is important to examine specific mediators of treatment outcome, as well as moderated mediators, which may help determine specific targets for treatment (Kramer, Wilson, Fairburn, & Agras, 2002). To date, no research has examined moderated mediators of treatment outcome in GAD. The purpose of the present study was to examine whether baseline expectancy predicted change in ratings of expectancy across sessions 4-7 of a 14-session treatment and whether change in expectancy would be more likely to occur within combined cognitive behavioral therapy compared to a purely cognitive, or a purely behavioral treatment. Sixty-nine individuals who met GAD criteria were randomly assigned to one of three treatment conditions. Weekly diary data and weekly ratings of expectancy were assessed. Outcome was assessed using the ADIS, Hamilton Anxiety Scale, Penn State Worry Questionnaire, and State Trait Anxiety Inventory at post-treatment. Results showed that baseline expectancy moderated treatment conditions such that in the 2 conditions that contained cognitive interventions (cognitive therapy and cognitive behavioral therapy), the higher the baseline expectancy, the more likely were participants to have increases in expectancy during treatment (which then predicted increased change at post treatment). Also, the 2nd contrast revealed that within the cognitive conditions, cognitive behavioral therapy performed even better than cognitive therapy in terms of predicting greater changes in expectancy during treatment.

**Hyperventilation in BII phobia: A case for breathing retraining?**

*Thomas Ritz - Southern Methodist University, Dallas, TX, USA, Alicia E. Meuret, Erica Ayala*

Breathing beyond the body's metabolic demand (hyperventilation) is linked to the experience of a variety of physical symptoms typical of respiratory alkalosis. Traditionally, it has been viewed as a component of the fear response and some theorists have assigned it a key role in the etiology and/or maintenance of panic disorder. However, a potential role of hyperventilation in other anxiety disorders has attracted little attention. Given that hyperventilation leads to a reduction in cerebral blood flow, it could pose a risk factor for fainting responses seen in patients with blood-injection-injury (BII) phobia. In recent research, we found that a substantial portion of BII-phobia patients hyperventilate when exposed to feared stimuli. In two laboratory studies involving a total of N=72 patients, we observed significant drops in PCO<sub>2</sub> in response to viewing films of surgery scenes compared to other emotional films or scenes of labored breathing. The source of the PCO<sub>2</sub> drops appeared to be particularly deep, rather than fast, breaths. The depth of breathing was also related to a variety of sensations including dizziness and lightheadedness. In a subsequent pilot study we tested the effects of a brief breathing retraining, which instructed in the use of slow, shallow, abdominal breathing, on BII patients' response to surgery film exposure. Comparison interventions were applied muscle tension or pure relaxation (n=20 in each group). Overall, the techniques resulted in reductions in anxiety, disgust experience, and physical symptoms. Patients undergoing breathing instructions reached higher levels of PCO<sub>2</sub> during exposure than the other groups. Both the instructions in breathing and muscle tension lead to similar reductions in anxiety, whereas changes in relaxation instruction were minimal. Although a small proportion of patients showed actual fainting responses, none exhibited subsequent fainting behavior in the breathing retraining group at post-intervention. Breathing instructions were viewed by patients as equally helpful compared to applied tension in reducing the phobic

response. Findings suggest that breathing instructions may be a useful treatment component for BII phobia, especially in those patients that show pronounced hyperventilation.

### Examining Mediators and Moderators of Multidimensional Change during In-Vivo Exposure in Panic Disorder

*Alicia Meuret - Southern Methodist University, Dallas, TX, USA, Anke Seidel, Lavanya Bhaskara, Stefan Hofmann, Benjamin Rosenfield, David Rosenfield*

The aim of this study was to investigate how physiological and experiential dimensions influence each other during repeated in-vivo exposures. The extent to which prior coping skill training (cognitive appraisal, respiratory regulation) would moderate their physiological and emotional responding differently was also investigated. Finally, we examined the degree to which emotional and physiological activation and habituation was predictive of panic symptom reduction. We analyzed data of thirty-four patients with panic disorder and agoraphobia who underwent three in-vivo exposure sessions and a fourth exposure at 2-month follow-up. Cardio-respiratory physiology (heart rate, partial pressure of carbon dioxide [PCO<sub>2</sub>], and respiratory rate), symptom report, and anxiety were assessed repeatedly during exposure, in addition to between-session measures of panic symptom severity. Analyses revealed condition-independent quadratic changes in cardio-respiratory physiology characterized by initial activation followed by habituation. These findings suggest that the acquisition of the respiratory control coping skills did not dampen the autonomic surge that occurs during exposure. Curvilinear changes for cardio-respiratory and cognitive symptoms and anxiety were observed within sessions. Initial activation was followed by decreases beyond baseline levels at the end of each exposure session. Bidirectional mediation was found for changes in cardio-respiratory physiology mediating changes in cardio-respiratory symptoms, cognitive symptoms, and anxiety during exposure. This mediation pattern was stable across sessions and independent of treatment condition. Although significant patterns of activation (peak level minus baseline) and habituation (peak level minus post levels) were observed across exposures, neither the degree of activation nor habituation was consistently related to rates of improvement in panic symptom across sessions. Overall, the results suggest physiological and experiential pathways of change reciprocally influence each other, thus supporting the important role of the physiological dimension in exposure-based treatments of panic disorder.

### Panel

Assessment

### Moderator

Stevan Nielsen - Brigham Young University, Provo, USA

### Stages on the Way to Implementing Empirically Validated Practice at a Large Outpatient Treatment Facility

*Discussant: John Okiishi - Madigan Army Medical Center, Tacoma, USA*

For the last 14 years the clinical faculty at a large university counseling center has worked to measure outcome for each mental health treatment session provided to clients. To date 164,000 treatment sessions completed by 24,000 clients have been evaluated using the 45-item Outcome Questionnaire (OQ -45). Presentations will describe steps taken to use session by session outcomes. The first paper describes evaluating and comparing therapist outcomes and informing therapists about their outcomes. Significant differences in outcome were attributable to therapists. Therapists were encouraged by good outcomes, discouraged by bad outcomes, and they found information about their outcomes most useful if they could see a way to change their outcomes. The second paper describes qualitative research examining client reactions to assessment. Clients in focus groups described cooperation with the assessment process varying from resistance to tolerance to indifference to appreciation. Clients were most positive about assessment when therapists explained the outcome assessment process. The third paper will examine changes in therapist outcomes over time. Client outcomes among clients treated by trainees are compared to client outcomes among clients treated the same therapists when they achieved professional status. Outcomes improved with experience. The final paper will present preliminary results from auditing therapist real-time use of computerized assessment software. The audit trail reveals whether and when therapists examined their clients' outcome scores. Do outcomes in day-to-day practice differ when therapists examine session-by-session outcome?

### How To Best Characterize Effective Therapist Performances?

*Stevan Nielsen - Brigham Young University, Provo, USA, Dianne Nielsen*

Individual therapists were informed about their outcomes at a large university counseling center. Two hundred and fifty therapists had treated more than 15,000 clients were evaluated. Analysis techniques and

metrics for reporting therapists outcomes were evaluated. Three metrics yielded reliable findings and seemed easily understood to therapists. First, session-by-session outcome trajectories varied significantly among therapists through the first seven sessions of therapy. Improvement trajectories were significantly more rapid than average among clients treated by a few therapists and improvement trajectories were significantly less rapid than average improvement among clients treated a few other therapists. Second, average total change per client per therapist varied significantly in the sample. Clients treated by some therapists experienced significantly more overall change and clients treated by some other therapists experienced significantly less total change than average. Third, significant differences were evident in percentages of clients who experienced reliable and clinically significant improvement or deterioration. Therapists had varied reactions to the information about their outcomes. Therapists with better than average outcomes felt encouraged because their performance was validated. Therapists with worse than average outcomes felt discouraged because they interpreted their poorer outcome as evidence of personal failure. Information about outcomes was considered most useful by therapists who found the information actionable. Therapists considered information about their outcomes most useful when they believed they could improve their outcomes.

### Questioning the Answers: Client Perspectives on Practice-Based Evidence

*Dallas Jensen - Brigham Young University, Provo, USA, Mark Beecher, Tom Golightly*

The advent of managed care, among other things, has led to an ever-increasing emphasis on utilizing evidence based practices in mental health treatment settings. In response to the call for evidence based practices an increasing number of outcome measures have been developed for the purpose of gathering the necessary evidence to test various treatments. These measures have largely been reliant on research and theory from the perspective of mental health professionals in their creation and have focused mainly on measuring outcome based on reductions in symptomatic distress. While many of these outcome measures have been useful in assessing and improving treatments, it is important to answer the question of whether there are aspects important to treatment and recovery being missed by this type of evidence gathering. Further, it is important to explore client perspectives about what constitutes improvement in mental health treatment based on their experience in order to improve the quality of evidence gathering. To obtain client perspectives on evidence gathering, we conducted six focus groups consisting of clients receiving treatment in a university counseling center which conducts regular evidence gathering. After qualitatively analyzing the results of these focus groups we created a survey based on the results to further explore clients' perspectives on evidence gathering. Over 300 clients completed the survey. We will present results from both the qualitative and quantitative studies.

### Tracking Outcomes as Therapists Mature from Trainee to Professional

*Tyler Pedersen - Brigham Young University, Provo, USA, Kara C. Thompson, Zach Elison*

**Aim:** Past research examining the impact of therapist experience on patient outcome has presented contradictory findings. Some studies suggest that more experienced therapists produce better patient outcomes while others report no such effect. No study to date has tracked overall therapist effectiveness as therapists advance from trainee to professional. This study explored whether or not therapists increase in effectiveness as they move from pre-doctoral trainee to post-doctoral resident and ultimately to licensed professional. **Methods:** Patient psychotherapy outcome scores were tracked over 15 years for 13 therapists who had provided services in the same clinic and hence to the same patient population as pre-doctoral students, post-doctoral residents and as licensed professionals. Therapist effectiveness (outcome) was gauged using the OQ-45 and associated standard recovery criteria. Therapist experience was determined by two methods: status in training (pre-doctoral student, licensed professional, etc.) and months of training/experience. **Results:** Preliminary results suggest that patient outcomes do improve slightly as therapists move from trainee to licensed professional. However, these effects are small to moderate. **Discussion:** Results suggest that current training models and licensing procedures/requirements do not produce substantial improvement in patient outcomes. Other variables appear to account for more change than do therapists' experience. Further research needs to examine how on-going training can more effectively enable therapists to utilize their experience to improve patient outcome.

## What is the Actual Effect of Feedback?: Tracking Provider Use of the Session-By-Session Outcome Measurement

Jared Klundt - Brigham Young University, Provo, USA, Mark Beecher

Using outcome data to monitor the progress of treatment and the therapeutic alliance, also known as "client feedback" or "patient focused research" has yielded impressive results in individual psychotherapy. Providing feedback about client improvement to therapists yields reductions in premature terminations and improved psychotherapy outcomes. However, none of these benefits are applicable if the therapist is not reviewing the outcome data. We examined utilization of data over three years to determine how often therapists access outcome data available through computerized, real time assessment software (OO-Analyst software). OO-Analyst software logs who logs in, when the software accesses outcome data, and for which clients outcome data was accessed. The software allows cross-comparison of accessing data and client outcome. Examining these data will allow examination of the following questions: 1) How often are therapists actually viewing outcome data. 2) When therapist do view client outcome data, what is the effect?

### Panel Change

#### Moderator

Samuel Nordberg -  
Penn State  
University,  
University Park,  
USA

### Change in psychotherapy: Patient predictors of successful and unsuccessful treatment course.

Discussant: Martin Grosse Holtforth - University of Zurich, Switzerland

The last ten years have seen a significant increase in the number of published studies based on data collected in clinical settings. Often termed patient-focused research, such work attempts to explore what works for a particular client in psychotherapy. One aspect of this research is the exploration of predictors of change in psychotherapy. Predictors of change research addresses two vital research areas: first, can we provide clinically useful guidance regarding the expected trajectory of a particular client, based on their characteristics, and second, can we identify potential mediators and moderators of the change process to facilitate future research on the process of change? This panel will explore predictors of change in psychotherapy in several naturalistic settings- a university training clinic, managed care networks, and university counseling centers. Clinical implications, as well as future directions, will be discussed.

### Assessing symptom change in psychotherapy across several symptom domains simultaneously: Exploring new applications of multivariate statistics

Andrew McAleavey - Penn State University, University Park, USA

Research on naturalistic psychotherapy has frequently shown that clients in psychotherapy often report reductions in self-report symptomatic distress. However, most research on this subject pertains to single groups of symptoms (e.g., depression), which may not be the presenting problem for all psychotherapy clients, or general distress, which may obscure important differences between clients' experiences of psychological symptoms. Multi-dimensional self-report measures offer a more detailed (and perhaps more clinically-relevant) assessment of psychopathology, though methods for understanding change on multiple variables simultaneously have not been frequently used in psychotherapy research. Using data from a large American sample of college student psychotherapy clients, we will use one method of studying multidimensional change that represents a departure from some typical methods in the psychotherapy research literature: latent transition analysis (LTA). LTA is a discrete-time longitudinal extension of latent class analysis that permits the estimation of latent statuses representing groups of individuals that are similar to one another, and also estimates the likelihood of movement between those statuses over time. This model of multivariate change will be discussed as a tool for researchers in general, results of a large clinical sample will be presented and discussed, and the clinical implications of this conceptualization of symptomatic change will also be discussed. Preliminary results suggest that using this method is a viable and theoretically distinct departure from more common methods, which still produces results consistent with other analyses. On the whole, LTA represents a novel and widely applicable multivariate method for studying symptomatic change in psychotherapy.

Positive expectancy enhancement as a therapy change process – closer inspection of expectancy enhancement

*Sara Gueggi-Duerrenberger - University of Bern, Switzerland, Michael J. Constantino, Christoph Flueckiger, Hansjoerg Znoj, Franz Caspar, Martin Grosse Holtforth*

**Aim.** Previous findings provide evidence that psychotherapy is more effective when the patient has positive expectations regarding the treatment. Particularly early in treatment, expectations account for a large part of overall improvement. Hence it seems advisable for therapists to foster positive expectations during treatment. The goal of the present study is to develop a theoretical model of early change with positive expectancy enhancement as a therapy change process. **Methods.** Data from 60 patients of a heterogeneous sample of the university-based outpatient clinic in Bern were used. Therapists provided an integrative form of psychotherapy on the basis of comprehensive case formulations (Grawe, 1997). At intake, patients completed an assessment battery covering several domains of psychological functioning. In addition, after each session both patients and therapists completed session reports (e.g. therapeutic relationship, positive mastery experiences, engagement). Microprocess analysis of 180 sessions were done to rate early sessions with regard to expectancy enhancement. Videotaped sessions were rated by four trained masters-level students. Exploratory qualitative analysis of three exemplary sessions provided further understanding of the change process related to positive expectancy enhancement. **Results.** Results show that positive expectancy enhancement has a positive influence on positive mastery experience, which itself is related with positive engagement and therapy outcome. These relations seem to be moderated by pretreatment expectation for improvement. Positive expectancy enhancement early in treatment is best realized with mastery-oriented interventions and supporting statements. **Discussion.** Findings are discussed with respect to psychotherapy practice and potential directions for further research.

Profiles of university students: Predicting treatment-seekers and projecting outcome in university counseling centers.

*Samuel Nordberg - Penn State University, University Park, USA, Ben Locke, Louis Castonguay, Andrew McAleavey*

**Aim.** University counseling centers in the United States have limited resources to devote to triage and treatment. Given these restrictions, saving time and accurately allocating resources based on pre-treatment client-characteristics could dramatically improve outcomes. This study is a first attempt at generating profiles of students in and out of treatment, and predicting success or failure of treatment based on termination data. **Methods.** Data was collected as part of routine care at university counseling centers in North America. The Counseling Center Assessment of Psychological Symptoms (CCAPS) was administered at intake to students in counseling, and via online survey to student populations not-in-treatment. Data from 46,942 university students, in or out of treatment, were analyzed using unrestricted Latent Profile Analysis. Emergent groups were then validated against an additional 100,000 university students in treatment at counseling centers across North America. Lastly, treatment success or failure was examined by looking at profiles at termination, and identifying students who had moved from one class to another. **Results.** Nine latent profiles were identified- two capturing markedly severe distress, four capturing mental well-being, and three in various stages of moderate distress. Identified profiles appear to have good ability to distinguish between treatment-seekers and non-seekers. **Discussion.** This presentation will focus on some exemplar profiles of mental distress and well-being, and discuss the clinical and theoretical implications of the constellations of symptoms. Preliminary results regarding the predictive utility of the profiles for treatment outcome will also be discussed.

## **Panel**

Measures

### **Moderator**

Andrew Page -  
University of  
Western Australia,  
Perth

## **Treatment Goals, Quality Assurance and Predictors of Outcome**

*Discussant: Greg Kolden - University of Wisconsin, Madison, WI, USA*

Psychotherapy is not the simple-minded application of a treatment, but a complex set of treatments delivered in the context of a relationship that supports change. Understanding the complexity of the factors that moderate the efficacy of psychotherapy is a challenging, but necessary, step in mastering therapy. Some of the factors that come into play involve the activities that occur during psychotherapy, others relate to the relational context within which psychotherapy occurs, and others still include the system within which psychotherapy is conducted. This panel is part of a series of panels, which examine the factors that

affect psychotherapy outcomes in different settings and in different countries. Presenters, data sets and perspectives come from Australia, Germany and the US. First, in this panel will be a study in an Australian setting that examined the interaction between an individual's level of self-esteem and that of other group members. It explores the issue of how the self-esteem of other group members in a CBT treatment can affect an individual's progress, particularly when the gender balance of the group matches the individual's gender. The second paper discusses the effect of feedback on psychotherapy outcome in a large German outpatient population is presented, showing the degree to which outcomes can be improved by implementation of systems in which feedback tools are used during psychotherapy. Examples of advantages and disadvantages will be given, if such a system is used in comparison to the traditional review system. The final paper examines the relationship between the amount and quality of treatment goals on the one hand and the effectiveness of psychotherapies on the other in a German outpatient clinic. In particular, patients' treatment goals and therapeutic orientation were associated with treatment effectiveness.

**Self-esteem and group CBT outcome: When is it better to be a little fish in a big pond?**

*Andrew Page - University of Western Australia, Perth, Geoff R Hooke*

**Aim:** An individual's self-esteem is predictive of outcome in group CBT, but what is the effect of the relative levels of self-esteem of other group members? Do they exert a main effect or are there particular group compositions that facilitate outcomes and do these vary for men and women? **Method:** The outcomes of a CBT program for 805 clients predominantly with depression and anxiety treated at an Australian psychiatric clinic. Groups (of around 6-8 members) were divided according to the mean level of self esteem of all group members (high, medium, and low) and gender composition (predominantly male, predominantly female, and balanced). **Results:** An individual's level of self-esteem was related to outcome, but in addition, there was a main effect of the group level of self esteem for men and women, but only when they were in groups that were composed to other people of the same gender as them. Specifically, women did worse in predominantly female high self-esteem groups, whereas men did better in predominantly male high self esteem groups. In addition, these effects interacted with an individual's level of self-esteem. **Discussion:** The paper will discuss the implications for group psychotherapy when delivered to groups of men and women, where self-esteem varies.

**Final results of a German feedback study - The potential of decision support tools to monitor and to predict change and treatment length**

*Wolfgang Lutz - University of Trier, Germany, André Bittermann, Katharina Köck, Jan R. Böhnke*

**Aim:** Systems to provide feedback regarding treatment progress have been recognized as a promising method for the early identification of patients at risk for treatment failure in outpatient psychotherapy. This paper presents final results of a German feedback study. **Methods:** This study is based on data of approximately 1700 patients in outpatient psychotherapy treated with different treatment modalities in three federal states of Germany by 349 therapists. For these psychotherapies a feedback system about their status at the beginning of treatment as well as during the course of treatment was used to support clinical decisions about the indication as well as the continuation of treatment. Several different measures have been used to provide this feedback. Nearest neighbors techniques for modelling courses of psychotherapy were used to identify different subgroups of clients, generated by their category of feedback. **Results:** Approaches to monitor the course of treatment can be classified into two broad classes: Rationally and Empirically-derived decision rules. The applied rationally developed system in this study was able to identify the necessity of treatment for most of the patients at the initial assessment as well as during the course of treatment. The differential nearest neighbor approach was applied as well as an adaptive modelling approach in order to improve predictions of treatment progress and duration. **Discussion:** This study supports the use of feedback tools during psychotherapy. Examples of advantages and disadvantages will be given, if such a system is used in comparison to the traditional review system.

**Treatment goals: Are they irrelevant or of clinical significance?**

*Henning Schöttke - Universität Osnabrück, Germany, Julia Eversmann, Julia Lange, A. Sembill*

**Aim:** It seems to be intuitive to almost every clinician that the initial description of treatment goals by patients as well as the agreement between treatment goals specified by patient and therapist is crucial for the therapeutic process. Anyhow there is a lack of empirical evidence. The aim of this study is to answer the question if there might be a correlation between the amount and quality of treatment goals and the



effectiveness of psychotherapies of 435 patients treated in an outpatient clinic. Method: Treatment goals of patients and therapists were assessed and rated by the BIT-T 4.0 (Berner Inventory of treatment goals). The interrater-reliability can be considered as good ( $r = 0.72$ ). The effectiveness of both cognitive-behavioural and psychodynamic therapies was assessed via the FEP-2 (Lutz et al., 2009). Results: According to the results there seems to be a significant increase in the amount of treatment goals originally defined by patients ( $M=3.6$ ) and those developed by patients and therapists during the early treatment phase ( $M=9.6$ ,  $p<0.001$ ). However only patients' treatment goals are associated with the treatment effectiveness. The underlying therapeutic orientation is as well strongly related to the amount and quality of treatment goals ( $p < 0.001$ ). Discussion: The results will be discussed in light of the quality assurance in psychotherapy. It can be assumed that an individualization of therapeutic strategies in terms of adapting them more in accordance to patients' self-reported goals might enhance therapeutic outcome.

## **Panel**

Emotion

### **Moderator**

Antonio Pascual-Leone - University of Windsor, Canada

## **Facilitating Productive Emotion in Psychotherapy**

*Discussant: Leslie Greenberg - York University, Toronto, Canada*

"Emotional processing" is a term that has come to have more than one meaning depending on the author or theoretical framework in which it is cited. Theory in emotion-focused therapy (EFT) has articulated how one emotion actually changes another emotion, calling this process an "emotional transformation" (Greenberg, 2002). While one integral component of emotional transformations is the facilitation of a productive emotion in psychotherapy, there is an increasingly coherent body of process research which suggests that this occurs through a predictable pattern of change. However, the sequences or prerequisites of emotional change are complex, highly dynamic, and entail hierarchically nested contingencies before they can yield productive therapeutic events. This panel examines the process and contingencies of clients' productive emotional experiences. First, Pascual-Leone will present preliminary findings on the experimental manipulation of productive emotion using expressive writing. Second, Bischkopf presents a moment-by-moment pilot study of a drawing intervention in therapy and its relation to emerging productive emotion. Finally, Singh will present a completed study on sudden gains in EFT and their relation to productive emotion. The implications drawn from this panel point toward what therapists should know about how to facilitate useful emotional experiences while working with clients and under what conditions this seems to occur.

### **Productive Emotion in Expressive Writing: An Experimental Manipulation of EFT Change Processes**

*Antonio Pascual-Leone - University of Windsor, Canada, Fuschia Sirois, Samantha Metler, Terence Singh, Martin Crozier, & Lisa Porter*

**Aim:** Pascual-Leone and Greenberg's (2007) model showed that in therapeutic outcomes, key phases of emotion were likely to emerge in a sequential pattern. One question that followed was whether productive vs. unproductive emotions were the product of therapist interventions or if they reflected the inherent nature of certain states as facilitative of change. This study experimentally examines a key process in EFT by removing the influence of the therapist as a collaborative meaning-maker. **Methods:** The study follows seminal research of Pennebaker and Beall (1986) on expressive writing, but uses priming and process instructions to manipulate the specific types of emotions being expressed over 3 writing sessions. 75 participants who reported recently suffering from traumatic personal events were randomly assigned to 4 different conditions that facilitated: (a) productive (primary adaptive) emotion; (b) unproductive (secondary, primary maladaptive); (c) a sequence of unproductive followed by productive emotion (secondary, then maladaptive, then adaptive); or (d) a control. Saliva cortisol samples were taken as in-session measures of arousal. Intervention outcome was measured by symptom changes 2 and 4 weeks post intervention. **Results:** Preliminary analyses comment on: (1) the degree to which productive vs. unproductive emotion could be facilitated in the absence of a therapist (through priming and instruction); (2) in-session arousal as measured by saliva cortisol; (3) the relative outcome of experimental conditions. **Discussion:** This nature of emotional states (i.e., primary vs. secondary) is central to EFT's theory of change. This research comments on identified therapeutic processes by subjecting them to direct experimental manipulation.

## Emotional Processing in Art Therapy: An Exploratory Analogue Study

*Jeannette Bischof - Freie Universität Berlin, Germany, Katja Rück*

**Aim:** The aim of the current study was to explore the subjective experience and emotional processing in an art therapeutic setting. The micro analysis of the interaction between artist and their chosen artistic medium aims to represent the person's lived subjective experience as it unfolds through time. **Methods:** Six healthy volunteers were seen individually and asked to draw a painting. They could choose from a large variety of materials that were made available. The process of drawing was videotaped. A modified Change Interview was applied after the session. Furthermore, using a video-assisted Brief Structured Recall participants were asked to identify significant moments and to rate changes in their emotional experiences. **Results:** The identification of significant moments shows that the participants chose the most emotional positive experience as the most meaningful to them. The Qualitative Content Analysis employed demonstrates that the process of drawing can be understood as a complex form of self-communication involving both cognitive and emotional aspects. The analysis indicates that a dialogical integration process takes place between a) making the artistic object (automatic, direct and not conscious processes) and b) a reflexive-conceptual evaluation of the result. **Discussion:** The relation between mediated and immediate experience involves a "dialectical constructivist synthesis" and thus can be understood in the framework of the theory of change in experiential therapies. Implications of the creative process for accessing positive emotions and the process of meaning making will be discussed.

## Therapist Interventions and Productive Client Emotions in Facilitating Sudden Gain Onset

*Terence Singh - University of Windsor, Windsor, Canada, Antonio Pascual-Leone*

**Aim:** "Sudden gains" in symptom improvements between consecutive psychotherapy sessions have been repeatedly observed among depressed clients in psychotherapy. Approximately 45% of depressed clients experience sudden gains, and those clients who do experience sudden gains appear to have significantly better treatment outcomes than those who do not. Though the clinical significance of sudden gains among depressed individuals has grown increasingly apparent, currently little is known regarding the influence of therapeutic interventions on the onset of sudden gains. Recent work by Pascual-Leone and Greenberg (2007) has revealed the importance of certain "productive" client emotions (i.e., assertive anger, self-soothing, or grief/hurt) in facilitating good within-session outcomes. **Methods:** Working from the same dataset, Singh (2008) reported a further link between productive within-session outcomes and therapists whose interventions focused on an unmet need. Taken together, these findings provide a strong foundation upon which to explore change processes likely to facilitate sudden gain onset. This study is to investigate the relationship between therapist interventions, productive client emotions, and sudden gain onset. Using a quantitative methodology, 14 therapist-client dyads were examined moment-by-moment in 42 sessions of experiential therapy. Therapists' interventions were coded using the revised Coding System for Therapist Focus (Ellison & Greenberg, 2004), while clients' emotional experiences were classified with the Classification of Affective-Meaning States coding system (Pascual-Leone & Greenberg, 2007). **Results/ Discussion:** Findings will be discussed with an eye toward providing empirically-based recommendations directly applicable to the clinician's goal of promoting productive treatment outcomes among depressed clients.

## Panel

### Model

#### Moderator

Anssi Peräkylä - Helsinki Collegium for Advanced Studies, Finland

## Conversation Analysis in Psychotherapy Research

*Discussant: Mikael Leiman - University of Eastern Finland, Joensuu*

Conversation analysis (CA) is a qualitative method for the study of social interactions in informal and institutional settings. In recent years, this method has increasingly been used in research on psychotherapy process (see Peräkylä et al. 2008). In CA, utterances or other actions are analyzed in the context of the prior and the subsequent actions: "Next turns are understood by co-participants to display their speaker's understanding of the just-prior turn and to embody an action responsive to the just-prior turn so understood" (Schegloff 2007:15). In the context of psychotherapy, this endemic organization involves that anything a therapist or a patient does, is done and understood in the context of the previous turn of the other participant. The participants inevitably have to orient to and work with the understandings that they each bring about through their actions. Thus, psychotherapeutic work and psychotherapeutic change take place through relations between adjacent utterances. The three studies presented in the session show some key frontiers of current CA studies on psychotherapy: comparing different therapeutic approaches

(Nataliya Kondratyuk), identifying lines of action that span over sequences and sessions (Anssi Peräkylä), and studying gesture as part of psychotherapy (Ulrich Streeck). The discussant will be Mikael Leiman. Peräkylä A., Antaki C., Vehviläinen, S. & Leudar, I. (eds) (2007) *Conversation Analysis and Psychotherapy*. Cambridge: CUP Schegloff, E.A. (2007) *Sequence Organization in Interaction*. Cambridge: CUP.

### Therapeutic work with the present moment: A conversation analytical study of guidance into immediacy

*Nataliya Kondratyuk - Kyiv National Linguistic University, Ukraine, Anssi Peräkylä*

**Aim:** Theoretical assumptions of the existential psychotherapy constitute major principles of the therapeutic work with client's immediate subjectivity. The existing clinical and theoretical literature is, however, sparse when it comes to the ways in which these theoretical assumptions are put into practice in the actual therapeutic interactions. The aim of the present study is to study specific therapist's actions that constitute therapeutic work with the client's present moment experience in existential therapy, and to compare these actions with similar practices in cognitive therapy. **Method:** In this qualitative case study, teaching video examples of therapy sessions are studied by means of conversation analysis (CA). The study provides the first attempt of comparative psychotherapy process research from a CA perspective. **Results:** Existential therapist's practice of guiding a client into immediacy is described and compared with a corresponding action in cognitive therapy. The analysis shows how by means of specially designed questions and instructions therapist guides a client into immediacy of her living, and heightens her subjective immediate awareness. Through comparison, it becomes possible to outline more clearly what features of therapist's actions in existential psychotherapy are specific to this particular type of psychotherapy. **Discussion:** The potentials of the approach for comparative psychotherapy process research, and implications of findings for theory of psychotherapy, future research and clinical practice are discussed.

### After interpretation. "Third position" utterances in psychoanalysis

*Anssi Peräkylä - Helsinki Collegium for Advanced Studies, Finland*

**Aim:** To describe the third step in the sequence of utterances initiated by an interpretation in psychoanalytic dialogue. While the first step involves the interpretation, and the second involves the patient's response, the third step involves the analyst's utterance that comes after, and somehow deals with, the patient's response. **Method:** 58 sessions of psychoanalysis were audio recorded and transcribed. A collection of interpretations and subsequent sequences was made, and the instances of the collection were analyzed by CA methods. Regarding seven such sequences, a thematic analysis of the sessions following the focal interpretation was done. **Results:** In the third position, the analysts recurrently modify the tenor of the description from what it was in the patients' responses. The modifications involve intensification of the emotional valence of the description, or they show new layers of the patients' experience. The modifications of the tenor are usually accomplished in an implicit way, and they index a possibility for the patients to modify their understandings of the initial interpretation. In their subsequent utterances, however, the patients usually do not fully endorse these modifications of the tenor. In spite of this weakness of sequential uptake, the data available suggests that during the sessions that follow the perspective shifts, the participants work with the aspects of patients' experience that were highlighted in the modifications of the tenor. **Discussion:** The presentation suggests a conversation analytical approach for examining interactional projects and thematic threads that go beyond single sequences, spanning in this case over a series of encounters.

### Making meaning of gestural behavior in the psychotherapeutic dialogue

*Ulrich Streeck - Georg-August-Universität Göttingen, Germany*

**Aim:** In everyday encounters, we communicate by interpreting our utterances reciprocally, in the light of foregoing remarks, and nonverbal behavior plays a central role in this. This is also true for the psychotherapeutic dialogue which too unfolds not only as an „exchange of words“, but also in an enacted or embodied dimension. Verbal behavior on the one hand, and nonverbal, gestural behavior on the other, are integral parts of expression that interpret each other reciprocally (Goodwin). Our aim is to explore the role of nonverbal behavior in psychotherapeutic communication and how patient and therapist make meaning of gestural behavior in the context of their ‚exchange of words‘. **Method:** Data were derived from videotaped psychodynamic therapy sessions with patients with borderline personality disorder. In a first

step body-gestural behavior either of the patient or the therapist was identified. The gestural behavior was analyzed as sequence in the context of preceding and following verbal utterances (context). Results: Gestures may play an important role in therapeutic communication with borderline-patients. Often the meaning of what the patients express with words is not clear, but instead they might enact it. Patient and therapist then cooperatively work for establishing the meaning of the gestural behavior. Discussion: The conversation analytic approach including gestural behavior allows a deeper inside of how patient and therapist make therapy a 'joint creation'.

## **Panel**

Instruments

### **Moderator**

Ximena Pereira -  
Universidad del  
Desarrollo,  
Santiago, Chile

## **Applied instruments for clinical work in the psychotherapy process/outcome for individuals, couples and families**

In clinical contexts, implementing measures that can both evaluate the impact of interventions and be used as a predictive criteria for the psychotherapeutic process, face us with several challenges. Measures need to be brief as to be included as part of the clinical session; also, they have to provide information that can be used in further clinical interventions, the score interpretation has to be meaningful from the therapist and client perspective and their application procedure must be flexible as to allow its use in different clinical contexts. In this panel we will discuss four different instruments used in therapeutical and non-therapeutical contexts, evaluating different levels of functioning (individual, couples and family) that can be included either as a research tools but also as a clinical prospective tools. The advantages, restrictions, clinical contexts and psychometric properties will be presented and discussed as well.

The Usefulness of the Healthy Functioning Rating Scale SWAP-200 (HFRS-SWAP-200) to evaluate which Psychological Features can predict the course of the treatment in Individual Psychotherapy  
*Alessandro Ubbiali - Psyche-dendron Association, Milan, Italy, Chiorri C. , Hampton, Garofalo A. & Donati D.*

**Aim** The HFRS-SWAP-200 is a brief one-dimensional self-administered questionnaire, adapted into patient and clinician formats (HFRS-SWAP-200/P and HFRS-SWAP-200/T) and empirically divided in 5 subscales, describing some personal healthy functioning areas: Me&Myself, Me&Others, Conscientiousness, Psychological Attitudes and Meaningful&Emotional Relationships. The aim of this study was to investigate if some significant difference in the HFRS-SWAP-200 scores between patient and clinician, representing a disagreement in the evaluation of the individual healthy resources of the patient, may predict the course of psychotherapy. **Methods** A sample of 143 patients filled out a standard battery of self-administered tests together with the HFRS-SWAP-200. After six months from the beginning of the treatment, the sample was divided in two subgroups: 117(81.8%) patients still in psychotherapy and 26(19.2%) patients dropped out. These subgroups were compared with respect to: socio-demographic and clinical features and scores on self-administered measures. Differences (d) between HFRS-SWAP-200/P and HFRS-SWAP-200/T were computed. **Results** The subgroups did not differ with respect to socio-demographic, diagnostic features and scores on the standard battery. Instead, significant differences were found on HFRS-SWAP-200/T total scores, and on 2 out of 5 subscales (Conscientiousness and Psychological Attitudes). A substantial difference (d) between HFRS-SWAP-200/P and HFRS-SWAP-200/T may be predictive of dropout only if positive (i.e. patient overestimating his/her functioning with respect to therapist's ratings) and in the 'Psychological Attitudes' subscale. **Discussion** The results of this study support the joined use of the two HFRS-SWAP-200 formats in assessing the psychological features showing less agreement between patient and therapist and their implications in the course of psychotherapeutic treatment

The Family Semantics Questionnaire (FSQ): an Instrument for a Hermeneutic-Relational Evaluation of Personality and Psychopathology

*Attà Negri - University of Bergamo, Italy*

Some cognitive (Kelly, 1955; Guidano, 1987), systemic (Ugazio, 1998) and psychodynamic (Luborsky & Crits-Christoph, 1990; Benjamin, 1993) therapists state that individuals construct their world through polar meanings. Since each relational context (especially the family context) makes some polar meanings more salient than others, the personality and the potential psychopathology of an individual is linked to the specific semantic dimensions co-constructed as salient in her/his relational contexts. In accordance with Guidano and Ugazio, four Family Semantics (FS) are prevalent in Western culture: the FS of "freedom" (centered on fear-courage, independence-dependence polarities), of "goodness" (centered on good-evil,

guilt-innocence polarities), of "power" (centered on pride-shame, victory-defeat polarities), and of "belonging" (centered on inclusion-exclusion, joy-despair polarities). Each of these FS manifests itself in a prototypical personality and, only when it's difficult to take a defined position within them, also in a specific psychopathology (phobic, obsessive, eating and mood disorders respectively). To verify if the FS are consistent and significant constructs in people's self-defining process a questionnaire was constructed: the Family Semantics Questionnaire (FSQ). So far it has been administered to 400 non-clinical subjects. The factorial analysis identified four scales correspondent to the mentioned FS, so we can confirm that everyone defines themselves consistently with the four FS. The next step will be to administer the FSQ to a clinical sample to verify if not only the personalities are based on and connected to the four FS but also the main psychopathologies. The diagnostic and psychotherapeutic implications will be discussed.

#### Validation and Adaptation of the Shorter Psychotherapy and Counseling Evaluation Scale to the Chilean population

*Iván Armijo - Universidad Gabriela Mistral, Santiago, Chile, Cisternas, I., Leiva, P.*

The Shorter Psychotherapy and Counselling Evaluation Scale (SPaCe, Halstead, Leach and Rust, 2007) has demonstrated it's sensibility to change and good psychometric properties in European samples. Its particular characteristics: a short self-report measure (19 items), with four dimension scales (Depression, Anxiety, Apathy and Functional Cognitive Problems), that usually takes 5 minutes to be completed, seems particularly suitable for the Chilean Mental Health System, characterized by short therapeutic sessions and a Population of people (Including clients and therapists) that is non-friendly to the idea of filling psychometric tests. Three different samples: A first clinical validation sample (N=140), a clinical replication sample (N=100), and a Non clinical Sample (N=200) completed the Spanish version of SpaCe. The clinical samples were also evaluated by OQ45-2 (Lambert, 2000, 2002, 2003, 2005) in order to evaluate concurrent validity. Qualitative evaluations of therapist impression of the test were also recollected. Reliability, Construct Validity and Sensibility was also evaluated. In Chilean Samples, SPaCe shows high reliability index either for the global test (Cronbach's  $\alpha=0.95$ ) as for each sub dimension (Cronbach's  $\alpha$  above 0.80). High-Positive correlations with OQ scores ( $r=0.87$ ) and good reliability and specificity indexes were also obtained. Also, the therapist impressions are favourable for the inclusion of Space as a regular screening tool for Public Mental Health Services.

#### Measuring Couple's Conflict Dimensions (EDCP-22-R) and Dyadic Adjustment (DAS) in couples with self and peer version

*Ximena Pereira - Universidad del Desarrollo, Santiago, Chile, Iván Armijo, Luis Tapia*

Objective: To validate a peer version for the Spanish psychometric scale which assesses dimensions clinically associated with the conflict in couples and for the Dyadic Adjustment Scale. Method: A peer version of Conflict Dimension Scale (EDCP) and Dyadic Adjustment Scale (DAS) was developed. 100 couples answered both the self and peer version of EDCP and DAS. Data was analyzed evaluating test reliability (Cronbach), construct validity (factor analysis) and concurrent validity between the scales, the members of couples and marital status. Also, correlations between self and peer versions were computed and the relation between differences among self and peer reports in both test were calculated Results: We detected four dimensions associated with conflict: Addiction / Care (AC), Emotional Intimacy (IE), passionate love (PA), Power / Submission (PS) for the EDCP-22 peer version and four dimensions: Affect Expression, Dyadic Consensus, Dyadic Cohesion and Dyadic Satisfaction for the DAS peer version. Both instruments has shown good reliability of results, good ability to differentiate between types of partnerships, good concurrent validity between each other and between the partners. Its use in clinical practice and research is desirable.

#### Panel

Prevention

#### Moderator

Christopher Perry -  
Jewish General  
Hospital,  
Montreal, Canada

#### Dynamic psychotherapy of suicidal patients leading to recovery

*Discussant: Per Hoglend - University of Oslo, Norway*

The psychotherapy of suicidal patients presents special difficulties and opportunities. Our aim was to examine suicidal patients offered long-term dynamic psychotherapy and examine the therapeutic process in relationship to improvement and recovery in suicidality. Dr. Perry presents the results of the ICFP Long-term Dynamic Psychotherapy Study on a subsample of 31 patients with suicidal ideation, 8 of whom also made suicide attempts prior to therapy. An examination of the processes of psychotherapy – including alliance,

negative reactions to treatment, hostility and counter-transference –found relationships that were predictive of the rate of improvement in suicidality over an average of five years of follow-up. Dr. Bond then will present two case examples, one at the median and one at the high extremes of suicidal pathology in the sample. These illustrate how the therapists contain and utilize the negative reactions to treatment thereby leading to different rates of improvement. Dr. Metzger then will examine the relationship between change in defensive functioning during therapy and the rate at which suicidality improves and recovers. She outlines that improvement in specific defenses during treatment plays an important role in the process of recovery.

Alliance, reactions to treatment, and counter-transference in the process of recovery from suicidal phenomena in long-term dynamic psychotherapy

*J Christopher Perry - Jewish General Hospital, Montreal, Canada, Michael Bond and Michelle Presniak*

Objective: We studied therapeutic processes predicting improvement in suicidality in a naturalistic study of long-term dynamic psychotherapy. Methods: 31 patients in a psychotherapy study reported suicidal ideation with 8 reporting prior suicide attempts. Suicide ideation and attempts and components of therapy alliance were followed at 6 month intervals. Results: Suicidal patients had more psychiatric diagnoses, were treated longer and reported more negative reactions to treatment. Alliance moderated the effect of negative reaction to treatment on improvement and alliance also moderated the relationship between quality of patient-therapist interaction and improvement. Conclusions: Suicidal patients manifest hostility and negative reactions to treatment, indicating negative transference. Avoiding therapist errors emanating from negative countertransference improves the therapeutic interaction, leading to faster improvement in suicidality.

Utilizing negative treatment reactions in suicidal patients: two case examples

*Michael Bond - Jewish General Hospital, Montreal, Canada, Christopher Perry and Michelle Presniak*

Based on the study reported in the previous presentation, we selected two patients who had made recent suicide attempts prior to therapy to illustrate the findings about patient/therapist interaction and the issues of alliance, patient hostility and therapist negativity. One patient was an average case in the suicide attempting group, close to the median of most indices of that subgroup. She had several axis 1 disorders and significant borderline traits. Once in therapy, the patient made no suicide attempts and her suicidal ideation went to zero at the 2 year mark and remained there. She was deemed "recovered" by our model at 4.1 years for suicide attempts and 4.8 years for suicidal ideation. The second case was a severe borderline patient with the highest level of suicidal ideation in the group and an extremely lethal suicide attempt just prior to entering the study. She made one attempt after 2 years of therapy but no more after the next 8 years. Both cases illustrate the episodes of negativity that occur in therapies as well as the positive patient/therapist interaction that eventually lead to a reduction in suicidality.

Does improved defensive functioning during dynamic psychotherapy play a role in improvement in suicidality?

*Jesse Metzger - Jewish General Hospital, Montreal, Canada, Christopher Perry and Michael Bond*

Classical theory posits that working with the hysterical defenses of repression and dissociation—relieving inhibition of wishes, impulses, and conflicts—can effectively address a wide array of psychopathological symptoms. The aim of this study was to examine the degree to which change in defensive functioning relates to improvement in suicidality. The two groups of defenses of interest were action defenses (acting out, passive aggression, and help-rejecting complaining) and hysterical defenses (repression and dissociation). The study group of suicidal patients (n=14) was taken from the above study including patients who had psychotherapy sessions rated for defenses from the beginning to 2.5 years. Results indicate that, controlling for initial levels of suicidality, rates of decrease in the use of action and hysterical defenses over 2.5 years were associated with rate of decrease in suicidality over 5 years. The rate of decrease in use of action defenses was also related to that of hysterical defenses. The findings suggest that hysterical and action defenses work together in suicidal patients to produce suicidal phenomena, such that excessive inhibitions can give way, producing sudden, maladaptive action defenses which may result in suicidal ideation and/or behaviors. When the same analyses were performed for the suicide attempters only (N=5), the results were in the same direction, with similar magnitudes, suggesting that suicide attempters do not

differ substantially from ideators with respect to the effect of action and hysterical defenses on suicidality. Taken together, the results are consistent with the assertion that hysterical defenses bear an important relationship to symptomatic behavior, including not only maladaptive action defenses but suicidal ideation and attempts. Two cases will be discussed, illustrating the parallel between rates of improvement in these particular defenses and in suicidality.

## **Panel**

Computer

### **Moderator**

William Pinsof -  
Northwestern  
University,  
Evanston, IL, USA

## **Feedback Research: New Frontiers and Challenges**

*Discussant: Terje Tilden - Modum Bad Hospital, Vickersund, Norway*

Research that provides therapists (and clients) with feedback on client progress over the course of therapy has come of age within the last ten years. A solid body of scientific evidence supports the hypothesis that feedback improves outcomes. This panel builds on this body of research and explores new frontiers in feedback research, focusing particularly on: the extension of feedback research into couple and family therapy; the examination of how and when feedback is most helpful; the exploration of individual differences in therapist utilization of feedback; and lastly on potential problems and pitfalls in the use of feedback.

### **Feedback in Couple and Family Therapy: Guiding vs. Evaluating Treatment**

*William Pinsof - Northwestern University, Evanston, IL, USA*

This paper focuses on the STIC feedback system that has been developed to assess and track progress within client systems in family, couple and individual therapy. This multi-systemic and multi-dimensional system provides feedback that can be used to inform and guide therapy from the beginning to the end of treatment. It also provides feedback that can be used to evaluate the therapy as well as the therapists that provide it. Increasingly, it has become apparent that these two functions (informing/guiding versus evaluating) are not necessary synergistic and/or compatible. As well as highlighting the nature and uses of the STIC system, this presentation explores the specific challenges inherent in these two uses of feedback and makes recommendations for optimizing each one.

### **What do therapists do with feedback? Results of a German feedback study**

*Marie-Anna Rottger - University of Trier, Germany, Julian Rubel, Wolfgang Lutz*

**Aim:** Systems to provide feedback regarding treatment progress have been recognized as a promising method for the early identification of patients at risk for treatment failure in outpatient psychotherapy. This paper presents results of a German feedback study in terms of how the feedback is used by the therapists. **Methods:** The study is based on data of approximately 1700 patients in outpatient psychotherapy treated with different treatment modalities in three federal states of Germany by 349 therapists. For these psychotherapies a feedback system about their status at the beginning of treatment as well as during the course of treatment was used to support clinical decisions about the indication as well as the continuation of treatment. Several different measures have been used to provide feedback and also therapists have been asked about the usefulness of the feedback as well as how they reacted to it in terms of changes during treatment. **Results:** Feedback was seen by the therapists as a useful information for about 2/3's of their cases. For 1/3 it wasn't used and integrated into the therapeutic process. In most of the cases it was used, the information was discussed with patients, further work on treatment motivation was done and/or further work in patient strength and therapeutic relationship was invested. These therapist reactions will be related to the rationally derived decision rules and differential nearest neighbor approach in order to explore their impact on treatment progress and duration. **Discussion:** This study supports the use of feedback tools during psychotherapy. Examples of how therapists used the feedback tool as well as advantages and disadvantages will be given.

"Individual differences in therapists ability to use feedback in routine care and what to do about them

*Mitch Harris Harris - Brigham Young University, Provo, Utah, USA, Witold Simon, Michael Lambert*

Coming out of our program of research on the OQ-45, an extensive archival data base of research studies on progress feedback and clinical support tools was re-examined for the purpose of examining variability in patient outcome as a function of individual therapists and their use of feedback. The results of this re-examination suggest that not all therapists profit from feedback and that extreme differences in patient

outcome are substantial. These outcome linked therapist differences will be identified and explored and suggestions will be made about how these data can be used across clinical settings to improve outcomes. Implications for therapist training in the use of feedback will also be elucidated.

#### Feedback systems: Proceed with Caution

*Bruce Wampold - University of Wisconsin, Madison, Wisconsin, USA*

Despite the success and growing prevalence of feedback research in psychotherapy, this type of research and the practice that derives from this research is not without its potential pitfalls and drawbacks. This paper focuses on the potential problems involved in the use of feedback systems in the practice of psychotherapy. It presents a list of cautions in the use of feedback systems, highlighting the ways in which they can provide misleading information or inhibit good practice. The paper also highlights what kinds of knowledge is needed to improve the quality of feedback systems and the types of research that are likely to yield such knowledge.

#### Panel

Instruments

#### Moderator

Dan Pokorny -  
University of Ulm,  
Germany

#### Adjectives, Attachment, Relationship

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

Panel motto: Something is in the AIR. (1) We will present a cross-sample study comparing relationship patterns of parents in anxiety patients and borderline patients with control persons. Selected segments of Adult Attachment Interview AAI with 142 women were analyzed using the CCRT-LU relationship category system here. The selected questions concerned adjectives and examples describing the parents in the childhood of the interviewed person. (2) The paradigm of asking the relationship adjectives was used for the proposal of the interview form utilizing the facets of the RAP-Interview of Lester Luborsky and the AAI interview. This interview form was named Adjective Interview on Relationships, AIR. (3) The interview can be utilized both in research as well as a quick clinical application as we will show in the third paper. We will present international clinical using the translation of the category system CCRT-LU into numerous languages. The panel topics will be discussed from the Australian perspective by Brin Grenyer. Finally, we will tell what is in the air.

#### Attachment related Adjectives and Relationship Pattern with Parents in Anxiety and Borderline Patients.

*Alessandra Vicari - University of Ulm, Germany, Anna Buchheim, Dan Pokorny*

AIM: The clinical aim of the study was to investigate the association between disorder and relationship patterns with parents as remembered from the childhood. The methodical aim was to test our assumption that the Adult Attachment Interview AAI is a rich source of relationship elements suitable for the analysis using the category system CCRT-LU (Core Conflictual Relationship Theme, Leipzig-Ulm). For this sake, verbatim protocols of AAI with female anxiety patients, borderline patients and control persons from previous studies of Buchheim et al. were compared. METHOD: Two out of 18 AAI questions were selected for the analysis focussing on the adjectives describing the relationship to mother and father including illustrating examples. The object reactions of mother and father were classified by the CCRT-LU category system. The total sample size in the study was N=143 women. Results: (a) There were significant differences between the diagnostic groups. Characteristic patterns attributed to the parents corresponded well to the disorder symptoms. (b) More striking results were found in the mother patterns than in the father patterns. (c) Groups by attachment categories were significantly differing in relationship patterns. (d) The two-way analysis of variance pointed to the diagnostic group as a primary source of these differences. Discussion: The density of relationship elements found in answers to adjective questions in the AAI is very high. These focussed protocol segments had a relatively limited extent. This enabled the first author to conduct a cross-sample relationship study of this range.

#### Something is in the AIR. The Adjective Interview on Relationships.

*Dan Pokorny - University of Ulm, Germany, Alessandra Vicari*

The AIR (Adjective Interview on Relationships) is a child of two parents: the RAP interview (Relationship Anecdote Paradigm) and AAI (Adult Attachment Interview). In Lester Luborsky's RAP interview, the interviewed person tells relationship stories coming freely into his/her mind. The narrative material serves for the identification of the person's core relationship pattern. During the AAI, the person is asked – among



many other questions – to tell five adjectives and associated illustrating examples describing the relationship with the mother in the childhood; and similarly for the father. This questioning scheme can be generalized to any relationship objects; it constitutes a basic brick of the AIR interview. One or more bricks are combined within the interview. The selection of the relationship objects depends on the aim of the study in the research situation or on the actual patient's problems in the clinical practice. The narrative material is rated on the RO-dimension (responses of objects) of the category systems CCRT or CCRT-LU. The AIR should inherit from its "parents" the following five properties: The vivid interview form (RAP+AAI), the ability to capture the core pattern of "the others" (RAP), the high density of relationship components within the narrative material (AAI), the guaranteed presence of desired relationship persons (AAI), and the ability to address unconscious relationship contents (RAP+AAI).

AIR in the Research and Clinical Practice. An International Comparison.

*Zuzana Lakostikova - Masaryk University, Brno, Czech Republic, Robert Kulisek, Yolanda Lopez del Hoyo, Dan Pokorny, Michael Stigler*

The AIR (Adjective Interview on Relationships, introduced within this panel) is a simple semistructured interview form that can be used easily in the research and clinical practice. AIR offers an open architecture: The researcher designing the study or the interviewing therapist is free in the way how the relevant relationship objects are selected. There are two ways for the evaluation. The detailed analysis includes the transcription of the interview and the rating with the full relationship category system CCRT-LU. The quick clinical analysis can adopt the level of six superclusters of this system; this can be done without transcript nearly in real-time. We will present a pilot study comparing Slovak men having or not having a partner. Relationship patterns of real persons and figures from the own created projective test were investigated. Strong correlation between the AIR results and SCL-90 were found. Besides this "study on single cases" we will report clinical single cases in more European countries, and also discuss the activation of primary process during the interview.

## **Panel**

Psychodynamic

### **Moderator**

Stig Poulsen -  
University of  
Copenhagen,  
Denmark

## **Treatment outcome, client attachment, and therapy process in a randomized controlled trial of psychoanalytic psychotherapy and cognitive behavior therapy for bulimia nervosa**

*Discussant: Kenneth Levy - Pennsylvania State University, University Park, USA*

Several randomized controlled studies of various psychotherapeutic treatments for bulimia nervosa (BN) document the efficacy of cognitive behavior therapy (CBT) for BN (Fairburn, 2008) as well as longer term effects of interpersonal therapy (c.f. Hay, Bacaltchuk, & Stefano, 2004; Shapiro et al., 2007). Still, only 30 to 50% of clients with BN are fully recovered following CBT (Wilson, Grilo, & Vitousek, 2007). Thus, the development and testing of other treatment modalities as well as identification of moderators of outcome in CBT seem indicated. Psychoanalytic psychotherapy is largely untested as a treatment modality for BN. Only one randomized controlled trial of short-term psychodynamic psychotherapy for BN has been conducted (Garner et al., 1993), and no trials of longer-term psychoanalytic psychotherapy for BN have been performed. The Copenhagen Bulimia Trial is a randomized controlled trial comparing manualized two year weekly individual psychoanalytic psychotherapy to standard CBT for BN. The first paper presents the main outcome data of the trial. Besides the overall aim of testing the efficacy of the two treatment modalities, a particular research focus has been to identify client characteristics that might serve as criteria for differential assignment of clients to different types of treatment. Accordingly, the second paper focuses on client attachment as a potential moderator of treatment outcome within the two treatment modalities. Finally, the third paper presents a qualitative multiple case analysis of successful and unsuccessful psychoanalytic psychotherapies based on client interviews conducted after the treatments.

A randomized controlled trial of psychoanalytic psychotherapy and cognitive behavior therapy for bulimia nervosa

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

Aim: Whereas cognitive behavior therapy (CBT) is established as an efficacious treatment for bulimia nervosa (BN), the efficacy of longer-term psychoanalytic psychotherapy (PPT) has not previously been investigated. This paper presents the main outcome data of the Copenhagen Bulimia Trial, a randomized

controlled trial comparing CBT with PPT as treatments for BN. Methods: 70 adult clients, fulfilling the DSM-IV criteria for bulimia nervosa were randomly assigned to either individual CBT for 20 weeks or weekly individual PPT for two years. The Eating Disorder Examination (EDE) was conducted with all clients before treatment, 5 months after the beginning of treatment (end of CBT), and 24 months after the beginning of treatment (end of PPT). Primary outcome variables were a) full recovery from bulimia nervosa and b) remission of the bulimic symptoms defined as bingeing and purging less than twice per week over the last 28 days. Results: An intention-to-treat analysis showed that a statistically significant proportion of clients in CBT were remitted at 5 and 24 months, while for PPT the proportion of clients remitted was significant at 24 months. CBT was significantly superior to PPT in both intention-to-treat and completer analyses at both 5 months and 24 months and in both the proportions of clients recovered and remitted. Global EDE scores were significantly lower in CBT clients than in PPT at 5 months, but not at 24 months. Discussion: The results will be discussed with a particular focus on possible explanations for the relative lack of success of PPT.

#### Client attachment and treatment outcome in psychoanalytic psychotherapy and cognitive behavior therapy for bulimia nervosa

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

Aim: Theoretically as well as empirically, eating disorders have been related to insecure attachment. Furthermore, a growing psychotherapy research literature has addressed the link between client attachment and key aspects of treatment process and outcome. Client attachment has been posited as a potential moderator of treatment outcome that might be relevant to the choice of intervention type and strategy. This paper explores the relation between client attachment and treatment outcome in psychoanalytic psychotherapy (PPT) and cognitive behavior therapy (CBT) for bulimia nervosa. Method: In the Copenhagen Bulimia Trial, clients were assessed with the Adult Attachment Interview (AAI) at intake, after 5 months of treatment, and after 24 months. Treatment outcome was evaluated using the Eating Disorder Examination (EDE) at the same intervals. Results: Although the majority of clients had insecure attachment states of mind, 32% were secure on their intake AAI. Contrary to expectations, secure attachment was not related to better treatment outcomes. While overall, CBT was superior to PPT in alleviating eating disorder symptoms, CBT treatment results with preoccupied clients were poor compared to secure and dismissing clients. There was a significant interaction between type of attachment insecurity and treatment type in predicting the frequency of purging at outcome. CBT was less efficient in reducing purging with more preoccupied clients, whereas outcome in PPT was not related to attachment. Discussion: The discussion will focus on the surprising lack of effect of client attachment security and on how to make sense of the apparent mismatch between preoccupied clients and CBT.

#### A multiple case study of psychoanalytic therapies with good and poor outcome in clients with bulimia nervosa

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

Aim: In psychotherapy research, a recurrent question is what works for whom. In the Copenhagen Bulimia Trial, CBT was superior to PPT in relieving symptoms in bulimic clients. However, with clients with preoccupied attachment states of mind the two therapy types had results that were more comparable. This paper provides a qualitative exploration of PPT cases with good or poor outcome in preoccupied clients with bulimia nervosa (BN). Method: Four preoccupied clients, two recovered and two unchanged, were selected from a total of 34 PPT cases. After ending their therapies, all clients were interviewed about their experience of the therapy using an adapted version of the Client Change Interview Schedule (Elliott, 1996). Salient characteristics of the client experiences in good and poor outcome therapies were identified through qualitative case analysis and compared to the therapists' journal notes. Results and Discussion: In the presentation, we will report the strengths and challenges of PPT in relation to preoccupied clients with particular regard to the therapeutic alliance and the psychotherapy process. Findings will be discussed with regard to choice of treatment for clients with BN.

## Panel

Change

### Moderator

Bernd Puschner -  
Ulm University,  
Germany

## Importance of early response for treatment outcome in different mental health care settings

*Discussant: Michael Lambert - Brigham Young University, Provo, USA*

During the last years, research efforts were made to identify the relation of early response to later outcome in people with different mental health conditions including depression, anxiety, eating disorders, and alcohol abuse. Results of this vein of research have contributed to the discussion on common vs. specific factors in psychotherapy. Furthermore, many applications of feedback of treatment outcome to staff rest upon the assumption that early response is an important indicator of treatment success, and hence suggest altering ongoing treatment in case of early non-response or deterioration. Papers in this panel will present new findings on the importance of early response in diverse mental health treatment settings. First, Bruce Arnow and colleagues, using data of a large multisite RCT, will tackle the question whether there are triage points during the treatment of people with long-standing chronic depression. Second, Bernd Puschner and colleagues will analyze the relation of early response and outcome at discharge and 6-month follow-up in a sample of people with severe mental illness in inpatient psychiatric treatment. Third, Steven Ilardi and Yevgeny Botanov will present findings on whether specific patterns of early response predict outcome in people with depression who received a novel intervention ("Therapeutic Lifestyle Change"). Finally, Mike Lambert will discuss these findings as to their potential of advancing the field in terms of improving the definition and measuring early response and identifying active mechanisms which might link early response to later outcome.

Cognitive Behavioral Analysis System of Psychotherapy with and without medication for chronic depression: is there an acute phase triage point?

*Bruce Arnow - Stanford University, USA, Christine Blasey, Dana Steidtmann, Rachel Manber*

Evidence from diverse samples including patients treated for depression, bulimia nervosa, panic and mixed diagnoses, suggests that early response to psychotherapy strongly predicts outcome. One implication of such findings is that triage points may be identified to signal psychotherapists that a change in procedure is appropriate. However, little is known about whether this pattern is evident in patients with chronic depression and whether it differs for patients receiving psychotherapy alone versus psychotherapy combined with antidepressant medication (COMB). In this presentation, we will present findings on whether a triage point can be identified in chronically depressed patients receiving 12 weeks of either cognitive behavioral analysis system of psychotherapy (CBASP) or CBASP + antidepressant medication (COMB). Data were gathered in a large multisite randomized controlled trial (Keller et al., 2000); N=228 for CBASP and N=227 for COMB. Signal detection methods will be used to determine whether patient scores on baseline measures or scores on HAM-D data during the first half of the study can predict non-response. Receiver Operator Curves (ROC) will be used to find statistically significant cutpoints that classify non-responders with maximum sensitivity and specificity. ROC analyses yield a cutpoint or multiple cutpoints that classify groups of patients and their probability of response. We will examine both response and remission as outcomes and present findings both for CBASP alone and combined treatment.

Early response in inpatient mental health care

*Bernd Puschner - Ulm University, Germany, Lorene Bieber, Thomas Becker*

Background: During the last years, a bulk of evidence has shown that early response to psychotherapy is positively related to subsequent treatment outcome. However, the early response – outcome relation has rarely been studied in people with severe mental illness receiving psychiatric inpatient treatment. Specific research questions of this paper are: (a) Is early response during psychiatric inpatient related to mid- and long-term outcome? (b) Does early response affect duration of treatment? and (c) What are predictors of early response? Methods: Between September 2005 and March 2007, 294 patients admitted to inpatient treatment at a large psychiatric hospital in rural Bavaria gave informed consent to participate in the cluster-randomized trial "Outcome monitoring and management in inpatient psychiatric care" (ISRCTN93197945). Outcome was monitored via patients completing the Outcome Questionnaire (OQ-45) every week during inpatient treatment and at six-month follow-up. Three criteria for early response were applied: 10% or 20% improvement or reliable improvement during the first two weeks of treatment measured via the OQ-45 total score. Data were examined via sensitivity and specificity analysis (ROC curves), survival analysis, and logistic regression. Results: Early response did not predict treatment outcome at discharge. However, participants

showing early reliable improvement improved faster. Furthermore, early responders identified with the 10% criterium showed better outcome at follow-up. Symptom severity at admission, illness duration and work status predicted early response. Discussion: Effects of inpatient psychiatric care are complex and may unfold during later treatment phases.

Early response in the treatment of depression: evidence from a novel lifestyle-based intervention  
*Steven S. Ilardi - University of Kansas, Lawrence, USA, Yevgeny Botanov*

A pattern of early treatment response has been observed to be robustly predictive of patient outcomes in CBT for depression, and there is increasing evidence that the finding may extend to other psychotherapeutic interventions for the disorder, e.g., IPT (interpersonal psychotherapy). It is unclear, however, the extent to which the predictive validity of observed early response patterns may represent a broadly generalizable phenomenon across depression interventions. In this presentation, accordingly, we will examine the question in the context of a novel therapeutic intervention for depression, Therapeutic Lifestyle Change (TLC), which focuses on salubrious changes in six modifiable lifestyle domains – physical exercise, dietary omega-3 consumption, sunlight exposure, sleep habits, social interaction, and anti-ruminative activities – over a 14-week period. Specifically, we will present findings regarding the extent to which patterns of rapid, moderate, and slow response over the first 2 weeks of treatment are capable of predicting patient response trajectories across the full 14-week intervention among a sample of n=108 unipolar depressed patients. We will also examine the degree to which patients who exhibit the rapid early response may be identified at pre-treatment on the basis of clinical and demographic features.

**Panel**  
Inpatient

**Moderator**  
Sven Rabung -  
University Medical  
Center Hamburg-  
Eppendorf,  
Germany

**The (cost-)effectiveness of inpatient psychotherapy**

*Discussant: Holger Schulz - University Medical Center Hamburg-Eppendorf, Germany*

The German health care system is characterized by an exceptionally extended provision of inpatient psychotherapeutic treatment. About 75,000 beds are available in three different, partly competitive medical settings: psychiatric hospital treatment, psychosomatic rehabilitation, and psychotherapeutic hospital treatment. While psychiatric hospital treatment is generally based on pharmacological treatment, psychosomatic rehabilitation and psychotherapeutic hospital treatment put a clear emphasis on psychotherapeutic approaches. Accordingly, only the two latter settings constitute “inpatient psychotherapy” in the narrower sense. Despite more than 200,000 patients being treated in inpatient psychotherapy each year, its evidence base is incomplete until now. The goal of this panel is to present the available evidence for the effectiveness of inpatient psychotherapy in Germany and other German speaking countries. The first paper will present a meta-analysis on the effectiveness of psychosomatic rehabilitation; the second paper will present a meta-analysis on the effectiveness of psychotherapeutic hospital treatment. A third paper addresses economic aspects of inpatient psychotherapy. The fourth paper, finally, will examine commonalities and differences of the evidence for psychotherapeutic rehabilitation vs. hospital treatment.

Meta-analysis of stationary psychotherapy (MESTA) for psychosomatic patients: evidence for inpatient psychosomatic rehabilitation

*Andrés Steffanowski - University of Mannheim, Germany, Rüdiger Nübling, Jürgen Schmidt, Christoph Löschmann, Werner Wittmann*

A large meta-analysis covering 65 different primary studies where over 25,000 patients with mental disorders had been treated in the German rehabilitation system was completed in 2007. The studies were done in the last 30 years. The pre-post-effect sizes were computed immediately after the end of the treatment ( $d=.57$ ) and also one year after ( $d=.47$ ). The effect sizes varied between different diagnosis groups. Moderator variables are sample characteristics (so patients with a primary diagnosis of depression had the largest effect sizes), methodological characteristics of the studies, treatment related characteristics, and domain of the chosen outcome criteria (eg. physical, psychological or social wellbeing).

## Evidence for psychotherapeutic hospital treatment: a meta-analysis

*Sarah Liebherz - University Medical Center Hamburg-Eppendorf, Germany, Sven Rabung*

**Aim:** Psychotherapeutic hospital treatment has a long tradition in Germany. With nearly 50,000 inpatients treated per year it plays an important role in the German health care system. Until now, however, systematic evidence for its effectiveness has been lacking. The present meta-analysis thus aims at integrating results of all available studies providing data for the outcome of psychotherapeutic hospital treatment in German speaking countries. **Methods:** Studies evaluating the outcome of psychotherapeutic hospital treatment in mentally ill adults were identified by electronic database search, supplemented by extensive handsearch. Randomized controlled trials as well as quasi-experimental studies using a prospective design including post-therapy or follow-up assessments were included. Quality of studies was rated by the Jadad scale. Effect sizes will be calculated for primary and secondary outcomes. Characteristics of patients, setting, and study design will be tested for possible influences on outcome. **Results and discussion:** Until now, 241 original papers reporting on 111 studies fulfilled the inclusion criteria. More than 60 percent were published in peer-reviewed journals during the last ten years. Almost 70 percent of the studies were realized at university hospitals. Only 8 percent of the studies fulfilled all quality criteria assessed by the Jadad scale. Homogenous as well as heterogenous diagnostic groups in different therapeutic settings (predominantly psychodynamically oriented) were studied. Preliminary results show medium to large within-group effect sizes for psychotherapeutic hospital treatment. Final results will be reported in detail and discussed critically.

## Meta-analysis of stationary psychotherapy (MESTA) for psychosomatic patients: How to fool yourself in not considering opportunity costs

*Werner Wittmann - University of Mannheim, Germany, Rüdiger Nübling, Andrés Steffanowski, Christoph Löschmann, Jürgen Schmidt*

Due to financial problems in the German health care system the dosage of inpatient psychotherapy in terms of numbers of treatment days has been substantially reduced during the past years. In a recent meta-analysis on the effectiveness of inpatient psychosomatic rehabilitation (MESTA), however, the dosage level turned out to be the most important moderator of the effect sizes, with lower dosage being related to lower effects. It can be demonstrated that the resulting smaller effect sizes lead to substantial opportunity costs. The money saved via reduction of treatment dosage was substantially smaller than the money lost due to smaller effects. Without the evidence given by this meta-analysis the opportunity costs would not have become visible.

## Comparing the evidence for psychosomatic/psychotherapeutic hospital treatment vs. inpatient rehabilitation

*Sven Rabung - University Medical Center Hamburg-Eppendorf, Germany, Rüdiger Nübling, Sarah Liebherz, Andrés Steffanowski*

In Germany, inpatient psychotherapy is delivered in two different medical settings, i.e. psychotherapeutic hospital treatment and psychosomatic rehabilitation. The two treatment systems show large areas of overlap with regard to various criteria. Demarcation problems between hospital treatment and rehabilitation can not least be explained by the fact that, in contrast to many somatic illnesses, a clear distinction between acute-medical and rehabilitative aspects cannot be made in the treatment of mental disorders. On top, the methods used in psychotherapy in different phases of care are almost identical. It is the aim of the present study to identify commonalities and differences regarding the existing empirical evidence for psychotherapeutic hospital treatment and psychosomatic rehabilitation. Data available from two recent meta-analyses on the effectiveness of psychotherapeutic hospital treatment and psychosomatic rehabilitation, including more than 150 primary studies, will be examined with regard to structural, process, and outcome characteristics. An additional emphasis will be put on the comparison of characteristics of the primary studies realised in the two different settings (e.g. with regard to study design or measures). Results will be reported in detail and discussed critically.

## Panel

Other

### Moderator

António Ribeiro -  
University of  
Minho, Braga,  
Portugal

## Difficult moments in psychotherapy

*Discussant: William Stiles - Miami University, Oxford, USA*

Change process research was originally focused on helpful events, such as insight. Over time, however, researchers have come to focus more attention on hindering or disruptive events, such as alliance ruptures. This panel aims to further explore this research topic, which has been generally understudied and left out of scientific publications, as the identification and analysis of these critical therapeutic events or incidents could be a strategy for studying important in-session change processes which allow for drawing meaningful therapeutic implications. The first paper (Ribeiro et al.) focuses on the role of mutual in-feeding in maintaining problematic self-narratives. The second paper (Krause et al.) characterizes stuck episodes from three different perspectives: verbal communication, alliance and facial behavior. The third paper (Coutinho et al.) explores how therapeutic collaboration developed across the last session of dropout cases.

The role of mutual in-feeding maintaining problematic self-narratives: New findings

*António Ribeiro - University of Minho, Braga, Portugal, Miguel M. Gonçalves, William B. Stiles, Inês Mendes, Graciete Cruz, Inês Sousa, Lynne Angus, Leslie Greenberg*

This paper presents a line of research on one possible path to therapeutic failure. More specifically, it focuses on how problematic self-narratives could be maintained throughout the therapeutic process by the attenuation of the emerging innovative moments (IMs) through a quick return to the problematic self-narrative. The Return to the Problem Coding System is currently being applied to analyze the IMs identified in Narrative Therapy (study work-under-progress), Emotion-Focused Therapy and Client-Centered Therapy (completed studies) identifying the presence of Return to the Problem Markers (RPMs). Results suggest that the percentage of IMs followed by RPMs decreases the therapeutic process in good-outcome cases, whereas it remains high in poor-outcome cases. This finding suggests that the relation between the problematic self-narrative and IMs, in poor outcome cases, is regulated in a way which originates a mutual in-feeding process, that is, a cyclical movement between innovation and the problem, blocking the development of a new self-narrative.

Characterization of Stuck Episodes: An analysis from three perspectives

*Mariane Krause - Pontificia Universidad Católica de Chile, Santiago, Carola Pérez, Nelson Valdés, Alemka Tomicic, Carolina Altimir, Augusto Mellado*

The aim of this paper is to characterize stuck episodes from three perspectives: verbal communication, alliance and facial behavior. Stuck episodes were taken from a sample of 17 therapies with different theoretical orientation. Communication between patients and therapists was analyzed in 65 episodes using the TACS (Therapeutic Activity Coding System), which allows for an analysis of verbalizations (speaking turns) in five dimensions of language. A subsample of these episodes (20, belonging to 4 therapies) was also analyzed using the VTAS (Vanderbilt Therapeutic Alliance Scale). Finally, a sample of segments was analyzed with the FACS (Facial Action Coding System). In all aspects results show specific characteristics of stuck episodes -when compared to change episodes-. On the first two dimensions of verbal communication (basic form and technique), it is typical for stuck episodes to show more questions, confrontation and interpretation in the communication of therapists, and more denial and justification on the side of the patients. In the dimension of communicative intentions, stuck episodes have more exploring and less re-signifying; and in the last two dimensions of the TACS (domain and reference) there is a focus on emotion and action, and less reference to the patient as the protagonist of the verbalization. There are also significant differences between stuck and change episodes regarding the quality of the working alliance, being stuck episodes characterized by lower evaluations of the alliance. Finally, there is a difference between both types of episodes in the facial behavior related to positive versus negative emotions.

Therapeutic collaboration on the last session of dropout cases

*Joana Coutinho - University of Minho, Braga, Portugal, Eugénia Ribeiro, António P. Ribeiro, Ana Neves*

The quality of the therapeutic alliance is one of the strongest and most reliable predictors of psychotherapy success. Studies indicating a high incidence of psychotherapy dropouts found that the quality of the alliance is a critical factor for the clients' decisions regarding the continuation of therapy. In a previous study, we found that in dropout cases, on the last session before the client abandoned therapy, there was a decrease in the WAI and an increase in confrontation and withdrawals scores indicating the presence of alliance

ruptures In this study we wanted to explore how therapeutic collaboration developed across these therapy sessions in which the alliance decreased, leading to dropout. The transcriptions of 10 dropout cases' last sessions, selected from our previous study on alliance ruptures were analyzed using the Therapeutic Collaboration Coding System This system allows for the identification of different types of episodes, based on the coordination between the therapist's interventions (of support or challenge) and the client's responses (of validation, invalidation or ambivalence), at a moment to moment level. The analysis is still in process. We are looking for changes in the collaboration along each session and to the communalities on the collaboration changes in all the sessions analyzed. We anticipate we will find a difficulty in the collaboration between therapist and client, reflected on a higher frequency of non-collaborative episodes. Difficulties on the reestablishment of the therapeutic collaboration leading to dropout will be discussed.

## **Panel**

Alliance

### **Moderator**

Eugénia Ribeiro -  
University of  
Minho, Braga,  
Portugal

## **How Collaboration in Therapy Becomes Therapeutic: The Therapeutic Collaboration Coding System**

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

This panel focuses on the question of how therapeutic alliance becomes therapeutic, that is, on understanding the processes by which it produces change. To examine this process at a micro-analytic, moment to moment level, we developed a method of coding to analyse the dynamic evolution of collaboration - which we understand as the core meaning of the alliance - between client and therapist. Our method of coding this process is the Therapeutic Collaboration Coding System (TCCS). With the TCCS we code each speaking turn and assesses whether and how therapists are working within the client's therapeutic zone of proximal development, defined as the space between the client's actual therapeutic developmental level and their potential developmental level. The first paper presents conceptual and methodological features of our coding system along with some preliminary reliability data. The second paper compares the development of therapeutic collaboration in a good and in a poor outcome case. The third paper presents the evolution of therapeutic collaboration in a dropout case. The forth paper focuses on the intensive qualitative microanalysis of the therapeutic collaboration within return-to-the-problem phases.

### **Therapeutic Collaboration Coding System: Concepts, Procedures and Reliability**

*Eugénia Ribeiro - University of Minho, Braga, Portugal, António P. Ribeiro, Miguel M. Gonçalves, Adam. O. Horvath, William B. Stiles*

To investigate our notion that therapeutic collaboration develops within a therapeutic zone of proximal development, we have developed a data-driven qualitative method for tracking the development of collaboration utterance by utterance in session transcripts: the Therapeutic Collaboration Coding System (TCCS). The TCCS unit of analysis is the speaking turn. Each client speaking turn and therapist speaking turn is evaluated in the context of the other's previous speaking turn (immediate context) and all previous client-therapist interaction during that session (overall context). The TCCS is a 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. The client's response to the therapeutic intervention may indicate whether the therapist worked within the TZPD, or instead, worked out of TZPD, or at the limit of the TZPD.. A pilot study with six trained judges (i.e., three pairs of judges) who independently coded 60 psychotherapy sessions (6680 client's utterances and 6680 therapist's utterances using the TCCS showed a good reliability of the present version of the coding system, with mean Cohen's Kappa values of .85 for therapist's interventions (based on a sample size of 2848 utterances) and .89 for client's responses (based on a sample size of 2848 utterances).

### **The Development of the Therapeutic Collaboration: A comparison between a good and a poor outcome case of narrative therapy**

*Nuno Pires - University of Minho, Braga, Portugal, Susana Oliveira, Helena Azevedo, Eugénia Ribeiro, António P. Ribeiro, Miguel M. Gonçalves*

Only a few studies focus on understanding the processes through which the therapeutic collaboration develops, moment-to-moment, throughout therapy, fostering change or instead blocking it. This paper aims to further develop this line of research, by comparing the development of therapeutic collaboration in a good-outcome case and in a poor-outcome at a micro level. Two cases of narrative therapy with depressive

clients are under analysis using the therapeutic collaboration coding system, by two independent judges. This coding system allows for the identification of therapeutic exchanges in which the therapist worked within the therapeutic zone of proximal development (TZPD), or instead, worked out of TZPD, or at the limit of the TZPD. At this moment, only the analysis of the successful case is complete. The analysis of the unsuccessful case is still in process. Results from the good outcome study show that therapist and client tend to work within the TZPD. Furthermore, results show that whenever therapeutic interaction occurs out of the TZPD, the dyad is able to successfully reestablish collaboration, moving to the TZPD. More specifically, the therapist tends to persist in inviting the client to work above the TZPD and the client, risks doing it. Results will be discussed in terms of their contribution to refine our model of therapeutic collaboration and its implication for research and practice.

**The Development of the Therapeutic Collaboration: a Case Study of a Narrative Therapy Dropout**  
*Dulce Pinto - University of Minho, Braga, Portugal, Helena Azevedo, Eugenia Ribeiro, António P. Ribeiro, Miguel M. Gonçalves*

Dropout in therapy is very common and it is clearly associated with the quality of the interaction between therapist and client. Research has shown that the best predictor of dropping out is the quality of the alliance, as assessed by the client in early sessions. The vast research on the therapeutic alliance, does not make clear, however, what are the processes behind these results. This study aims to micro-analyze how the therapeutic interaction evolves during the sessions of a dropout case, according the therapeutic collaboration coding system. The analysis will be based on a dropout case with 9 sessions that was selected from a database of depressive clients followed in narrative therapy. Two independent judges are analysing all the sessions. Therapeutic exchanges in which the therapist worked within the therapeutic zone of proximal development (TZPD), or instead, worked out of TZPD, or at the limit of the TZPD will be identified. Results will be discussed in terms of their contribution to refine our model of therapeutic collaboration and its implication for research and practice.

**Therapeutic collaboration within return-to-the-problem phases**

*Joana Loura - University of Minho, Braga, Portugal, António P. Ribeiro, Miguel M. Gonçalves, William B. Stiles, Eugénia Ribeiro*

According to the innovative moments model, change in psychotherapy occurs through the emergence and amplification of different types of innovative moments (IMs), i.e., micro-narratives that challenge the problematic self-narrative, facilitating the construction of an alternative self-narrative. The emergence of IMs challenges clients' usual framework of understanding and may create discrepancy or inner-contradiction. We have noticed that in poor-outcome cases, clients tend to resolve this discrepancy by making a return-to-the problem. This finding suggests that the relation between the problematic self-narrative and IMs, in poor outcome cases, is regulated in a way that generates a cyclical movement between innovation and the problem. This form of resistant ambivalence blocks the development of a new self-narrative. The present work focuses on the intensive qualitative microanalysis of the therapeutic collaboration in return-to-the-problem phases, according to the therapeutic collaboration coding system. Our aim is to shed light on the processes which impede the surpassing of return-to-problem throughout the therapeutic process, by analysing a poor outcome case of narrative therapy. Results show that return-to-problem tends to occur in the context of challenging interventions. Furthermore, results show that when the therapist persists in challenging the client after the emergence of a return-to-problem, the therapeutic dialogue tends to move from ambivalence to intolerable risk, suggesting that there is an escalation in client's discomfort. These findings suggest that when therapists try to stimulate or amplify IMs in ways that do not match clients' developmental level, they may unintentionally contribute to the oscillatory cycle between the IMs and the problem.

## **Panel**

Measures

**Moderator**

Rita Rosner -  
University of  
Munich, Germany

## **New Developments in the Treatment of Maladaptive Bereavement**

Scientific evidence supporting the existence of a pathologized form of grief that would benefit from treatment has been accumulating over the last decade. Diagnostic criteria for complicated grief and other forms of maladaptive bereavement as a distinct mental disorder have been developed but are as yet not recognized in the diagnostic systems. Although efficacy studies showing large effect sizes have been published during the last years, adaptations to specific groups, specific comorbidities or process research are still missing. This panel tries to give further information on this.



## Innovative moments in constructivist grief psychotherapy

*Daniela Rodrigues Alves - University of Minho, Braga, Portugal, Miguel Gonçalves, Eugénia Ribeiro*

Grief psychotherapy can encourage a client's revision of his or her self-narrative. According to a narrative perspective of psychotherapy, meaning transformation across psychotherapy can be characterized by the elaboration of novelties, known as innovative moments (IMs), that allow clients to revise their problematic self-narrative. The study of narrative change in grief counselling is important to understand genuinely the person's meaning making activity within this life transition. Comparing good with poor outcome cases can help understanding the patterns of innovation that facilitates recovering from complicated grief. The aim of this study is the exploration of the therapeutic change process in complicated grief, by tracking the emergence of IMs throughout the therapeutic process. We also studied how innovative moments can lose their therapeutic potential, by a quick return to the problematic self-narrative, after their emergence. We analyzed and compare one good outcome case and one poor outcome case of grief, highlighting the process by which the innovations (IMs) emerge and develop and also how sometimes this development is avoided by a returning to the problematic self-narrative. Our hypothesis is that the good outcome case will have more IMs, with a pattern of increasing elaboration along therapy and that poor outcome case will have higher presence of returning to the problem markers, after the emergence of IMs.

## Grief-informed psychotherapy with depressed stroke patients – preliminary results from a randomized controlled trial (RCT)

*Franziska Lüthy - University of Berne, Switzerland, Helene Hofer, Eveline Frischknecht, Martin Grosse Holtforth, Hansjörg Znoj*

**Aim:** A stroke is one of the most common causes of disability acquired in adulthood. Dealing with the consequences of a stroke is often a matter of adjusting to impairment. Stroke patients frequently suffer emotional distress resembling grief. The aim of this study is to facilitate adjustment in depressed stroke patients integrating psychotherapeutic techniques. **Method:** The study is conducted in an outpatient clinic. Stroke patients included in the study have been diagnosed with adjustment disorder (DSM-IV: 309.x) and show symptoms of depression. Subjects are randomly assigned to a neuropsychological treatment or an integrative neuro-psychotherapeutic treatment. The neuropsychological treatment consists of cognitive training, psycho-education and management of fatigue. Adapted techniques from cognitive-behavioural, emotion-focused and clarification methods are additionally applied in the neuro-psychotherapeutic treatment group. The aim is to focus on emotional adjustment while developing acceptance, reconstructing the self-image, redefining a sense of purpose in life and setting new realistic goals. The main hypothesis is that the neuro-psychotherapeutic treatment is more effective than the standard neuropsychological program in treating depression. Moreover, a stronger improvement on quality of life and coping is expected in the integrative treatment group. **Results:** Preliminary results indicate that patients benefit from an integrative treatment program (Hofer et al., 2010). Provisionally data from the RCT will be presented. **Discussion:** RCTs treating depressed stroke patients are rare. This integrative psychotherapeutic approach seems promising in order for stroke patients to overcome grief and to adjust to impairment.

## Reminiscence styles and purpose in life as intervention outcomes

*Andreas Maercker - University of Zurich, Switzerland, Barbara Preschl*

**Aim:** Psychotherapy outcome research relies mostly on psychopathology assessments. For particular groups of patients, e.g. psychotraumatology or bereaved patients other outcomes are worth considering for research or evaluation. We already proposed posttraumatic growth as outcome (Zöllner & Maercker, 2006) and now suggest two other constructs as candidates: reminiscence styles and purpose in life. Both seem particularly appropriate for groups of persons who suffer from irreversible losses like the elderly. **Method:** Reminiscence styles assess processes that brought about by the realization of death and viewed the use of the past as a mechanism that aids individuals in preparing for death by mitigating fear and anxiety. The Reminiscence Function Scale (Webster, 1993; German version: Mayer et al., 1996) assesses the scales: Boredom Reduction, Death Preparation, Identity, Constructive Coping, Conversation, Intimacy Maintenance (e.g. with deceased persons). Purpose in life is measured by the Life Attitude Profile-Revised (Reker, 1992; German version: Mehnert et al., 2007) together with scales for existential vacuum, death acceptance, responsibility, coherence, and goal seeking. In an ongoing randomized control trial on life review intervention in depressed elderly with computer supplements (e.g. book of life) we test those measures in

comparison to psychopathology outcomes. The short-term intervention comprises 6 sessions. Data of appr. 20 patients will be reported on pre, post and follow-up measures. Results: Preliminary results indicate that the two new outcome constructs show significant changes. Discussion: Preliminary results suggest that reminiscence styles and purpose in life measure (together with similar scales from LAP-R) indicate changes induced by the short-term intervention. We will discuss whether these outcomes are particularly appropriate to assess changes in bereaved or depressed elderly who are confronted with cumulating losses.

#### Evaluation of an Outpatient Treatment for Patients with Co-morbid Complicated Grief

*Rita Rosner - University of Munich, Germany, Gabriele Pfoh, Michaela Kyselova*

Purpose of the study is to assess the efficacy of a manualized individual cognitive behavioral treatment (CBT) in a university outpatient setting for a randomized sample of patients diagnosed with co-morbid complicated grief. All subjects for this study were assessed with the score sheet for Prolonged Grief Disorder (PG – 13), the computer version of a structured interview for DSM-IV (Diagnostisches Expertensystem; DIA-X), and the Symptom Checklist (SCL-90-R). Subjects were recruited through articles in local daily papers, presentations to other professional groups, or the internet. All participating patients of both the treatment and the control group (waiting group) with co-morbid Axis 1 diagnoses and prolonged grief were stratified into 4 groups: 1. Subjects, who had lost a beloved adult through non-natural causes of death (homicide, suicide, accident). 2. Subjects, who had lost a child through non-natural causes of death (homicide, suicide, accident). 3. Subjects, who had lost a beloved adult through natural causes of death (illness). 4. Subjects, who had lost a child through natural causes of death (illness). The manualized treatment for complicated grief consists of 25 individual sessions. Of those, 5 are optional, directed towards special situations and not relevant for all patients. The remaining twenty sessions are divided into three parts and provide the standard treatment for all patients. Results from a sample of 50 patients yield a large effect size for the improvement of complicated grief symptoms. The results show that the individual outpatient treatment for complicated grief in patients with co-morbid diagnoses is effective.

#### Panel

Alliance

#### Moderator

Michael Helge  
Rønnestad -  
University of Oslo,  
Norway

#### Looking back at the beginning and looking forward towards the end. Analyses of beginning and ending phases of psychotherapy

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

At both the beginning and ending phases of psychotherapy, therapists and clients need to collaborate purposefully. Both phases pose particular challenges to therapists who need to sensitively negotiate the instrumental/technical and emotional/bond aspects of the relationship. The papers in this panel address aspects of these challenges and investigate qualitatively how experienced psychotherapists a) negotiate early alliance formation with specific focus on assessment, prediction and treatment planning in a retrospective view, b) how alliance is formed with a client (case study) who insists on her right to commit suicide as a condition for collaboration, and c) how the ending phase of experienced psychotherapists' therapies is initiated and processed. The studies are part of the "Intensive process-outcome study of the interpersonal aspects of psychotherapy" (Rønnestad, 2006), a study where participating psychotherapists are highly experienced, are teachers of psychotherapy at reputable psychotherapy training institutions, have a good standing in the therapeutic community, are all specialists in clinical psychology or psychiatry, and are of varied theoretical orientations.

Meetings with a unique other: Experienced therapists' reports on their own initial assessments, predictions and decision making in the early phase of psychotherapy.

*Hanne W. Oddli - University of Oslo, Norway, Margrethe S. Halvorsen*

Aim: The present study aims at elaborating on therapists' own reports on the process of integrating knowledge and techniques in the early alliance formation. Years of research has documented the consistent relationship between alliance and outcome (Horvath & Bedi, 2002; Orlinsky, Rønnestad, Willutzki, 2004), and several studies have documented therapist effects (Kim, Wampold, & Bolt, 2006; Wampold & Brown, 2005), and the therapists' strong influence on the relationship between alliance and outcome (Baldwin, Wampold, & Imel, 2007). It is assumed that analyses of highly experienced and reputable therapists' own reports on how they assess their clients and their problems in the beginning of the therapy, how they form their predictions, and how they base their decisions about the choice of the direction of the work and the techniques used will provide important knowledge of the integration of knowledge and techniques in the

early alliance formation. Method: Semi-structured interviews of a group of 13 highly experienced therapists by the end of their naturalistic therapies are analyzed by use of a modified version of constructivist grounded theory (Charmaz, 2006). Results: The findings will be presented. Discussion: Findings will be discussed with respect to their theoretical, practical and empirical implications.

*A life saving bond. When the therapeutic alliance is threatened by persistent suicidality*  
*Kirsten Benum - University of Oslo, Norway, Margrethe S. Halvorsen, Hanne Haavind*

Aim: This study explores a strategically selected case where the patient throughout the whole process demands her right to commit suicide as a condition for the therapeutic collaboration. The study addresses how the therapeutic alliance, especially the emotional bond, is formed and negotiated throughout the whole therapy process, and how this work contributes to the patient's process of reconnecting to life. The study explores possible effective factors and patterns in the alliance formation in a difficult-to-treat case. The patient is a 42 year old woman referred to psychotherapy after several serious suicidal attempts. From early childhood she has been severely traumatized by her closest attachment figures. The therapist is a man in his sixties with more than 30 years of clinical experience. The therapy lasted for approximately 3 years, 120 sessions. Data: Post therapy interviews of participants, session evaluations, selected session transcripts, WAI, IIP-64 and OQ-45. Method: The qualitative material was analyzed by hermeneutic phenomenological methods. Findings and discussion: Preliminary findings will be presented and discussed.

*Negotiating ending - A qualitative study of the process of ending psychotherapy*  
*Marit Råbu - University of Oslo, Norway, Hanne Haavind, Per-Einar Binder*

Aim: When the length of therapy is not agreed at the outset, the question of when it should end is a matter for negotiation. The aim is to present a model based on both content and process of ending to explain how psychotherapies may come to "good enough" endings. Data: Twelve processes of ending were explored from audio-recording of therapy sessions and separate post-therapy interviews with clients and therapists. The three data sources were used to complement each other. Therapy duration ranged from 7 to 43 months. The number of sessions ranged from 10 to 67. Method and analysis: A hermeneutical-phenomenological approach was used to analyze and combine the observational and reflexive data. The analysis was carried out with the use of a hermeneutically modified method for systematic text condensation. Findings and discussion: Exchanges between clients and therapists about when to end therapy seem to rest on a shared ideal of a concerted decision, regardless of who initiates the ending process. Structural elements, such as changes in schedule, temporary breaks and tapering of sessions, were used to fulfill psychological needs. Both parties appeared to sense that the theme of ending contains a potential challenge to the working alliance. Dual affect regulation, inexplicit communication and a future-oriented perspective are important features. Therapy without a pre-determined end seems to stop when client and therapist find a way to resolve basic ambivalences so the therapy can end and the emotional bond can continue.

## **Panel** Change

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

## **Patterns and dynamics of voices: Case studies of self processes within experiential therapies**

This panel will present and elaborate upon the Positioning Microanalysis, a process research tool developed to allow the empirical investigation of self development and change processes in psychotherapy. The theoretical premises are related to the dialogical theory of self, which is considered a dynamic multiplicity of positions developing in time, in a constant movement of positioning and repositioning. Positioning Microanalysis provides a systematic and reliable way to address dialogicality and dynamism inherent to the processes of change in psychotherapy. The aim of this panel is to present the method and its applications to psychotherapy process research in experiential therapies. The first presentation will provide a theoretical background to this research and also introduces the Positioning Microanalysis Manual, a research tool to identify self-positions, or voices, in discourse. The second presentation discusses the findings obtained in a poor outcome case of client-centered therapy investigated with the presented method, characterizing the dynamics of the problematic self positions that client bring to therapy. The third presentation aims to study the psychotherapeutic change in the case of "Lisa", a good outcome case of emotion-focused therapy. The positions identified and their evolution throughout the therapeutic process will be presented and discussed. The fourth presentation will be grounded on a poor outcome case of emotion focused therapy, where the self positions related to family relations will be described and analyzed

in their progression since the beginning to the therapy end.

### Positioning Microanalysis: An idiographic method for describing change *Anita Santos - Instituto Superior da Maia, Portugal, Carla Cunha, João Salgado*

Dialogical theory of the self embraces the notion of the general dynamism of the self, taking into account not only its positions or voices but also its constant movement from one position to the other. This description is a path for developing our knowledge within a holistic and dynamic approach to psychotherapy. In this sense, the self is described in a constant process of positioning and repositioning towards the social and material world. In empirical research, this creates a specific problem: if we want to grasp and study these dynamic processes, we have to shape and use methods that allow, in a first stage, to identify these positions that are emerging and being assumed by the self in each moment in time, in a given situation. With this aim, a new research tool was created – the Positioning Microanalysis Manual (Cunha, Salgado, Santos & Marques, 2009) and will be presented and discussed here. This relies on the theoretical notion of self-position and proceeds through a microanalysis of discourse and other forms of verbal material. This allows the detection and identification of the successive self positions assumed by a person in dialogue, as well as the construction of a hierarchical depiction of them. The general goal of this procedure is to track, describe and understand the organizational patterns and change mechanisms involved in the dynamics of the dialogical self in a moment-by-moment basis.

### Dynamic self processes in a poor outcome case: Analysis of voices involved in clinical problems' formulation

*Cíntia Almeida - Instituto Superior da Maia, Portugal, Daniela Sá, Anita Santos, João Salgado, Leslie Greenberg, Lynne Angus*

From a dialogical perspective, problems can be the result of the dominance of a problematic voice over the other, or others, they can also be the outcome of a process of disorganization of voices, or even the result of a particular problematic pattern of voices negotiation (like ambivalence). The need to understand problems brought to therapy is a main demand, since they are the main basis for therapeutic work. In this research, based on the first session of a poor outcome case of client centered therapy, our aims are: to describe the self positions and their dynamics in the first session, and to explore the configuration of positioning patterns developing throughout the session. We used the Positioning Microanalysis Manual. The results identified several positions, or voices, grouped in four themes, namely global conditions of therapy, the problem of divorce, concern about children and exposing/understanding of the problem. Results indicate that problems brought by the client to therapy were constituted by some positions that prevail in the therapeutic conversations, silencing other alternative voices. However, dynamism between positions occurred and meaning making around them actually suffered some changes in the first session.

### A study of the change process through the analysis of the positioning dynamics in an EFT good outcome case

*João Salgado - Instituto Superior da Maia, Portugal, Pedro Lourenço, Eunice Barbosa, Anita Santos, Leslie Greenberg, Lynne Angus*

How do clients change is still a demanding question in psychotherapy research. Within the dialogical studies, there have been varied contributions on how the metaphor of the self as a multiplicity of voices can help our understanding of clients' problems and changes. In this study, the case of "Lisa", a successful case of emotion-focused therapy, will be analyzed with the Positioning Microanalysis Manual. Our aim is to contribute to the understanding of this case, through the emphasis on the configuration of positioning patterns and selfhood dynamics revealed in the initial stage of the process. Beginning with the description of the general characteristics of the case, this presentation goals are to describe the dynamics of self-organization and moment-by-moment development of self-positions throughout the sessions, to analyze the positioning and repositioning patterns, and to compare this analysis with other results obtained by other researchers in the same case-study (e.g. Mergenthaler, 2008). In terms of results we found that Lisa begins therapy by positioning herself in ways that lead to helplessness. By either criticizing or sympathizing with her husband, Lisa revolved around a problematic cycle of positioning that inducted distress and suffering. By positioning herself in ways of distancing from her husband and by self-affirmation, Lisa developed and strengthened an alternative sequence of positions throughout the therapy that led to change. Although the

problematic object remains (her husband's actions), this new positioning dynamics fed a self-change metapositioning of "I as positively changed".

Analyzing the positioning movement throughout psychotherapy in a poor outcome of emotion focused therapy

*Isabel Basto - Instituto Superior da Maia, Portugal, Graciela Calaça, Anita Santos, João Salgado, Leslie Greenberg, Lynne Angus*

The main focus of this research is to study the therapeutic process in terms of client' dynamic positioning over time. The Positioning Microanalysis Manual (Cunha, Salgado, Santos, & Marques, 2009) was applied to a poor outcome case of emotion focused therapy. The results allowed identifying the presence of a dominant dynamic positioning that seemed to be responsible for the maintenance of the problematic pattern of positions. However, during the sessions analysis it was possible to verify the emergence of an alternative dynamic positioning. Although it has not been sufficient to reduce the depressive symptoms, it showed an evolution on the interpersonal field. Thus, it was concluded that not always a poor outcome case means the presence of a rigid positioning during the sessions, and we should also consider the qualitative changes between positions as indicators of change, even if not meeting the intended levels.

## **Panel**

Assessment

### **Moderator**

Julie Sarno Owens  
- Ohio University,  
Athens , USA

## **Advances in Measuring Clinically Significant Change in Psychotherapy**

*Discussant: Michael Lambert - Brigham Young University, Provo, USA*

There is a growing consensus that individual treatment outcomes should be reported in addition to the results of the group level analyses. Although several methods of measuring individual treatment outcomes have been proposed (see McGlinchey, Atkins, & Jacobson, 2002), the most commonly used and recommended method is the Reliable Change Index (RCI) proposed by Jacobson and Truax (1991). Despite the utility of the RCI approach, additional research is needed explore the ecological validity of the approach, both conceptually and methodologically. This panel will present findings that enhance our understanding of the utility of RCI in defining meaningful change in outpatient therapy for children, adolescents and adults in the United States and Europe. Traditionally, researchers have conceptualized reduction in symptoms as the main indicator of successful treatment, however, other outcome indicators may be as meaningful to consumers. The first paper examines the relationship between reliable symptom change and client perceived change, target complaints, therapeutic alliance, and satisfaction from multiple informants (adolescents, parents, and therapists). The second paper presents data from three child treatment outcome studies that examined the relationship between reliable change in symptoms and reliable change in functioning across multiple domains. The third paper examines in a sample of adults receiving therapy for depression, the strengths and limitations of the RCI approach relative to a percent improvement commonly used in psychopharmacology. The fourth paper examines the validity of the percent improvement approach using several variables with regard to perceived change in psychosocial functioning, assessed by adult patients and their therapists.

Clinically Significant Change in Adolescent Outpatients: Is Change in Symptoms Noticeable in Other Domains?

*Veronika Karpenko - Ukrainian Catholic University, Lviv, Ukraine, Julie Sarno Owens*

**Aim:** To date, treatment efficacy has been demonstrated primarily via significant reduction in the core symptoms of specific disorders. Change in therapy is multidimensional (De Los Reyes & Kazdin, 2005) and is unlikely to be adequately captured by symptom reduction alone. It is important to understand how symptom change relates to other treatment outcomes that may be meaningful to clients. This study examined in adolescents the relationship between clinically significant symptom change (Jacobson & Truax, 1991) and perceived change, severity of presenting problems, satisfaction, and alliance. **Methods:** Participants were 117 adolescents (ages 12 to 18) who received outpatient psychotherapy in community mental health centers. Adolescents, parents, and therapists completed measures at the start of therapy and approximately three months later. Jacobson and Truax (1991) methodology was used to categorized adolescents into those who made clinically significant (CS) symptom change (RCI and normative end point functioning) and those who did not. Chi-square tests and t-tests were conducted to examine whether the groups differed in perceived change, severity of presenting problems, satisfaction, and alliance. **Results:** Group-level analyses showed some relationship between CS symptom change and domains of interest. However, individual-level

analyses indicated that even in the absence of CS symptom change a high percentage of adolescents reported reduction in severity of their primary target complaints, high levels of perceived change and satisfaction. Discussion: Results highlight the need to expand our definition of clinically significant change in therapy beyond symptom reduction. Findings have implications for choosing outcome measures and defining meaningful change.

### The Relation Between Clinically Significant Change in Symptoms and Functioning Across Three Child Treatment Outcome Studies

*Julie Sarno Owens - Ohio University, Athens, USA, Veronika Karpenko, Jennie L. Storer*

**Aim:** Few studies have examined whether clients who achieve change in symptoms experience corresponding change in functioning. Given that impairment in functioning is the primary reason that youth are referred to treatment (Fabiano et al., 2006), an over-reliance on symptoms to determine meaningful change can produce misguided conclusions in research and practice. Using three diverse samples, this presentation examines the relationship between change in symptoms and change in multiple domains of functioning. **Methods:** Participants in Study 1 were 417 children with ADHD, who received empirically-supported treatments in the Multimodal Treatment Study of Children with ADHD (MTA Cooperative Group, 1999). Participants in Study 2 were 64 children with disruptive behavior problems who received empirically-supported treatments in a school-based mental health program. Participants in Study 3 were 117 diagnostically-diversity adolescents who received outpatient psychotherapy in public community mental health centers. In each study, a reliable change index (Jacobson & Truax, 1991) was computed for ratings of primary diagnostic symptoms and for each domain of functioning (using youth, parent, and/or teacher ratings). For each domain of functioning, the relationship between symptom groups (symptom improvers; symptom no-changers) and functioning groups (functioning improvers; functioning non-improvers) was examined using Chi-square tests. **Results:** Despite statistical correspondence between change in symptoms and functioning, there was a sizeable percentage of clients who achieved meaningful change in one domain, but not the other (4% to 50% depending on the domain). **Discussion:** Results will be discussed with regard to prioritizing treatment outcome indicators and establishing expectations for client improvement.

### Comparing RCI and the Method of Percent Reduction to Define Response and Remission in Psychotherapy

*Wolfgang Hiller - Johannes Gutenberg University of Mainz, Germany, Amrei Schindler*

**Aim:** Reliable change (RC) and clinical significance (CS) are congruent with the widely accepted concept of response/remission in the treatment of mental disorders. The Reliable Change Index (RCI) is frequently used in psychotherapy research, whereas psychopharmacological researchers prefer to calculate the percentage of improvement (PI) reached on an outcome scale. **Method:** This paper presents a direct comparison of RCI and PI. Response and remission were calculated in a sample of 395 outpatients with DSM-IV major depression or dysthymic disorder. All participants received cognitive-behavioral therapy. The RCI was calculated for the Beck Depression Inventory according to standards introduced by Seggar et al. (2002). The percentage-change definition of response required at least 50% improvement (PI-50) from baseline. An intention-to-treat approach was applied. **Results:** The overall pre-post effect size of the sample was large with  $d = 1.18$ . The PI-50 method resulted in estimates of outcomes that were higher than the RCI: 66.3% vs. 59.2% for response and 50.6% vs. 45.8% for remission. There were 31 discrepant cases with response according to the PI-50 but not RCI. The reverse discrepancy was present for only three cases. **Discussion:** Advantages and disadvantages of both definitions are discussed. There are several advantages to the PI-50 method. This method may facilitate between-study comparisons because it is independent from arbitrarily chosen reliabilities and reference populations. It also takes differences of pre-treatment severity into account. The PI-50 method may therefore be considered a valuable extension of the RCI.

### An Evaluation of Therapy Response to CBT for Depression as Defined by the Method of Percent Improvement

*Amrei Schindler - Johannes Gutenberg University of Mainz, Germany, Wolfgang Hiller*

**Aim:** In psychotherapy research, the Reliable Change Index (RCI) is commonly used to evaluate meaningful improvement of patient change whereas in psychopharmacology research, the calculation of percentage of improvement (PI, e.g., defining response as 50% reduction from baseline score) is preferred. This study

examined the validity of the PI approach in a sample of depressive outpatients receiving psychotherapy by considering the patient and therapist perspective as well as several correlates of outcome. Method: Using the PI method, 380 patients of an out-patient clinic in Germany with major depression or dysthymia were classified as responders (N = 254), no-changers (N = 117) or deteriorators (N = 9) based on their values on the Beck Depression Inventory (BDI) before and after cognitive-behavioral therapy. Patients and therapists rated different areas of psychosocial functioning (e.g., social relationships, problem solving ability) on numeric rating scales. Results: From both perspectives, responders showed significantly more positive changes in psychosocial functioning than no-changers and deteriorators. No-changers were not significantly different from deteriorators. Recalculations using the RCI as grouping variable revealed almost identical results. PI and RCI correlated significantly ( $r = .82$ ). Discussion: This study suggests that PI is effective in identifying responders, serving as a valid indicator of real differences in several areas of psychosocial functioning. However, it is less effective in differentiating between no-changers and deteriorators although this conclusion must be considered as preliminary due to the small size of the deteriorators' sample.

**Panel**  
Cognitive

**Moderator**  
Elena Scherb -  
Psychology  
Department,  
Buenos Aires,  
Argentina

**The relevance of metacognitive aspects in the psychotherapy process with difficult patients.**

Patients' problems can be seen as the representation of a dysfunctional personality system (Magnavita, 2003). In this vein, assessment is a complex and continuous process in the beginning and during the psychotherapy process. Assessment of the personality system is an essential phase in the early stage of the treatment process but continues to be an ongoing focus of clinical attention throughout the whole process. Within the theoretical integrative model utilized (Fernández – Alvarez, 2000), the definition of treatment design allows to use instruments and clinical assessment procedures selectively at different stages to guide the process of redirecting therapeutic strategies. The MAS (Metacognitive Assessment Scale, Semerari et al.) is a method and a scale for the evaluation of the metacognitive profiles of psychotherapy patients. Firstly, there will be a description of the metacognitive function and of the alterations that occur to it during treatment. Secondly, the administration of the MAS to help improve treatment outcome will be illustrated in case studies. Conclusions will be drawn in relation to the importance of different types of assessment in psychotherapy process.

Alexithymia in personality disorders: Correlations with symptoms and interpersonal functioning  
*Giuseppe Nicolo - Third Center for Cognitive Psychotherapy, Rome, Italy*

An impairment in the ability to recognize and make sense of emotions has been hypothesized to be present in a sub-sample of people suffering from personality disorder (PD). In particular it is possible that difficulties recognizing and expressing feelings, or alexithymia, is related to many of the symptoms and problems in making sense of social interactions which are hallmarks of the PD. In this study we measured levels of alexithymia with the Toronto Alexithymia Scale-20 and explored its correlations with overall presence of PD and different PD diagnoses, symptoms, and interpersonal difficulties. Results were largely consistent with the hypothesis. Higher levels of alexithymia were related to high levels of global psychopathology and with dysfunctional representation of interpersonal relations. A sub-sample of patients, mostly suffering from avoidant, dependent, passive-aggressive and depressive PD had alexithymic features and in particular reported difficulties describing their feelings to others. Patient with cluster B PD featured no alexithymia. Implications of this study for future research and treatment are discussed.

The relevance of metacognitive aspects in the psychotherapy process with difficult patients.  
*Elena Scherb - Universidad Argentina de la Empresa, Buenos Aires*

Patients' problems can be seen as the representation of a dysfunctional personality system (Magnavita, 2003). In this vein, assessment is a complex and continuous process in the beginning and during the psychotherapy process. Assessment of the personality system is an essential phase in the early stage of the treatment process but continues to be an ongoing focus of clinical attention throughout the whole process. Within the theoretical integrative model utilized (Fernández – Alvarez, 2000), the definition of treatment design allows to use instruments and clinical assessment procedures selectively at different stages to guide the process of redirecting therapeutic strategies. The MAS (Metacognitive Assessment Scale, Semerari et al.) is a method and a scale for the evaluation of the metacognitive profiles of psychotherapy patients. Firstly, there will be a description of the metacognitive function and of the alterations that occur to

it during treatment. Secondly, the administration of the MAS to help improve treatment outcome will be illustrated in case studies. Conclusions will be drawn in relation to the importance of different types of assessment in psychotherapy process.

The recognition of emotions from facial expressions in the Personality Disorders: a study on a clinical sample.

*Antonino Carcione - Third Center of Cognitive Psychotherapy, Rome, Italy*

The ability to accurately infer the mental states of the others by external signals, such as the facial emotions recognition (FER), is essential to direct one's own behavior and emotion regulation in social contexts. Thus, the FER can be considered crucial for suitable social functioning: it promotes empathy, trust and pro-social behavior. Conversely, difficulty with FER associates with emotional distress, unsuitable social behavior and functioning impairment in psychiatric diseases. Facial emotions recognition is damaged in several disorders such as schizophrenia, autism, depression, anxiety and neurodegenerative disorders, such as Alzheimer's and Parkinson's. This suggests that impairments in FER may be due to different causes and be not tied to a specific disorder or psychopathological feature. Within the context of Personality Disorders (PDs), the FER has been studied mainly in antisocial and borderline PD and psychopathy. In borderline PD, bias for negative emotions, specially anger, seem to be emerging, together with an increased sensitivity for detection of negative emotions. It has been also reported poor FER accuracy especially for anger, disgust, fear and sadness emotions, though the findings are conflicting. Moreover, studies on personality have found that negative reactions to social stimuli may be regulated by the activation of secure attachment patterns. However this does not seem to apply to certain disorders such as the avoidant PD, which personality traits seem to be inflexible and independent from the various social contexts. This study aims to investigate FER in the different personality disorders, hypothesizing that it may be disturbed in persons with PD, regardless of one's own attachment style or symptoms. Furthermore we assume that a change in FER is associated with worsening of social functioning and interpersonal relationships. Emerged findings and implications for treatment are discussed.

## **Panel**

Therapist

## **Moderator**

Thomas Schroder -  
University of  
Nottingham, UK

## **Flexible Frames: Therapists' perceptions of boundaries.**

*Discussant: Helge Ronnestad - University of Oslo, Norway*

"Good fences make good neighbours" says the proverb, and the need to respect therapeutic boundaries is generally accepted, both for the protection of the patient/client and - especially in the analytic/psychodynamic tradition - the maintenance of a therapeutic frame. Boundary infringements attract attention when ethical codes are breached and disciplinary procedures invoked, but little is known about where practitioners 'draw the line' in everyday practice. This panel reports on commonalities and differences in therapists' perceptions of boundaries in their work, drawing on self-report data from the International Study of the Development of Psychotherapists (ISDP). In the first paper, Davis et al report responses from a heterogeneous sample of over 7000 therapists - from 30 countries with diverse professions and theoretical orientations - to up to 10 items relating to the therapeutic frame included in the ISDP's Common Core Questionnaire. In the second paper, Kumaria et al. focus on the differences between culturally divergent subsamples and in the third paper Schroder et al. compare characteristics of two subgroups from the UK sample; those reporting very high and very low flexibility regarding the therapeutic frame. We discuss the implications of the findings in relation to both different cultures and therapeutic sub-cultures (such as theoretical traditions).

The therapeutic frame: Consistency and diversity

*John Davis - Coventry and Warwickshire Partnership Trust, UK, Thomas Schroder, David Orlinsky*

This study reports data from the n=8839 sample of the ISDP. As part of a wide ranging questionnaire enquiring into their professional practice and development, respondents endorsed - on a six point scale ranging from 'never' to 'very often' - items, following the stem "with clients in your current practice, how often do you...", such as "...agree to meet in locations other than your normal setting?" Rank orderings of means for the ten items - largely consistent across five subgroups (four countries contributing more than 1000 respondents each [Germany, Norway, UK and US] and one group encompassing all others) - show "arrange periodic additional or emergency sessions" and "initiate or receive telephone calls or letters" as most, and "sexual contact" as least frequently endorsed. Principal component analysis with subsequent



varimax rotation (also largely consistent across subgroups) yielded two factors: 'frame flexibility' comprising five of the most highly endorsed items, forming a reliable scale ( $\alpha = .76$ ), and 'frame infringement', not forming a reliable scale. 'Flexibility' is reliably negatively associated with analytic/psychodynamic but positively with all other theoretical influences on current practice. The 'infringement' items are reliably negatively associated with analytic/psychodynamic, but positively, or not at all, with all other theoretical influences on current practice. We discuss the implications of these findings for practice and training within different theoretical traditions.

Are therapeutic frames impacted by culture?

*Shveta Kumaria - Nil, India, Poormina Bhola, David Orlinsky*

**Aim:** The definition of therapeutic boundaries and limits with respect to productive and permissible interactions between patient and therapist is a central issue in psychotherapy. The present study draws on data collected by the SPR Collaborative Research Network in its international study of psychotherapists to explore the influence of national cultures and other variables on how clinicians manage the therapeutic frame in practice. **Method:** Various aspects of frame management and flexibility were surveyed in a set of items included in the Development of Psychotherapists Common Core Questionnaire (DPCCO). These will be used to investigate variations between Eastern countries (e.g., India,  $N = 245$ ) and Western countries (e.g., USA,  $N = 870$ ) that are thought to differ in terms of collectivist vs. individualistic cultural norms. Relatively large samples make it possible to do this while controlling for therapist factors (e.g., theoretical orientation), client factors (e.g., age group), and practice setting (e.g., rural vs. urban area). **Results:** Factor analysis of data from India replicates the 2-dimensional structure found elsewhere, with 'frame flexibility' as the leading factor. However, a second dimension reflecting 'personal involvement' represents customary practices in this culture might be regarded as boundary violations in Western countries. Further analyses are in process. **Discussion:** The findings may clarify what constitutes boundary flexibility and the cultural norms relating to this. Implications for training, supervision, future research, and development of culturally acceptable guidelines on boundary issues will be discussed.

Frame adherence vs. frame flexibility. Therapeutic subcultures in the UK

*Thomas Schroder - University of Nottingham, UK, David Orlinsky, Sue Wheeler*

This study reports findings from the UK sample of the ISDP ( $n = 1109$ ), comparing two groups of respondents: Those with very low (below 0.2;  $n = 145$ , 13.6% of sample) and those with very high (2.0 and above;  $n = 146$ , 13.6% of sample) mean endorsements on the flexibility scale described by Davis et al. in paper 1. The great majority of respondents were members of one of two professional organisations in the UK: BACP, with a membership comprising counsellors and psychotherapists, and BABCP, with a membership comprising behavioural and cognitive therapists. 'High adherence' and 'high flexibility' therapists show differences with regard to their theoretical persuasions, professional backgrounds, institutional affiliations, therapeutic difficulties and coping strategies. We regard these differences as indicating therapeutic subcultures within a national culture and discuss their implications for psychotherapy practice and training.

## **Panel**

Group

### **Moderator**

Zipora Shechtman  
- Haifa University,  
Israel

## **Process and Outcomes in Group Research**

*Discussant: Gary Burlingame - Brigham Young University, Provo, USA*

Rigorous research on group counseling and psychotherapy is still underdeveloped. The literature on groups overall suggest that groups are effective, but often they are not process groups but rather psycho-educational. Such are, for example, groups for parents with difficult children, such as parents of children with learning disability. This population is often ignored and when provided services it is of a guidance type. The emotional arena of such parents is overlooked. In the current panel we will present process groups for such parents and its outcomes. Moreover, even when we know that process groups are effective, we usually don't know which factors are associated with positive outcomes. In the study with parents of children with LD we investigated processes that predict outcomes. A second paper looks at variables that predict behavior in the group, particularly supportive behavior. Such behavior is critical in group work, yet, participants differ in their ability to provide support. Knowing the type of participants that are promising group members has important implications for group composition and eventually for group success. The third study focuses on the PWORS which measures the therapeutic work accomplished by group members. The study looks further at the association of this measure to other available process measures and

outcomes. Finally, the discussant will tie these studies all together to present a broad picture of processes and outcomes of group therapy.

### Treating Parents of Children with LD: A Comparison of individual and group treatment

*Mali Danino - Nizan, Tel Aviv, Israel, Zipora Shechtman*

The current study focused on parents of children with LD. Two interventions-individual and group were compared in respect to parents' outcomes on measures of stress and coping strategies. A total of 169 parents participated in the study, 45 in coaching, 97 in groups (n = 9) and 31 control. Results indicated more favorable outcomes for parents treated in both types compared to control but results on the stress index were more favorable for parents treated in groups. On coping, no difference between the treatment conditions was found. These results sustained at follow up-six months later. Moreover, the association of individual and process variables and outcomes were tested. Bonding appears the most consistent predictor of outcomes. Intention and perceived social support predicted one outcome each. The discussion focuses on the power of the group for parents of children with LD.

### Factors Associated with Support Behavior in Group Therapy

*Zipora Shechtman - Haifa University, Israel, Yoni Harel*

Social support is an important construct in people's lives and in group counseling. The purpose of this study was to explore the associations among the individual's attachment style, group process variables (climate and bonding) and objectively documented supportive behavior in counseling groups, as well as their impact on change in members' perceived social support. Participants were 178 university students in 14 counseling groups of a supportive-expressive type. Support behavior was analyzed by the Social Support Behavior Code (Suhr, 1990) based on transcripts of all sessions. In addition, participants completed questionnaires pertaining to attachment style, group climate, bonding, and perceived social support. Results found attachment to be the strongest predictor of the observed provision and receipt of social support. It was also associated with group climate variables and with perceived social support. Negative behavior was also associated with group climate variables. However, observed group support was not associated with perceived social support, and no change was found in perceived support following treatment.

### The Psychodynamic Work and Object Rating System (PWORS) – Process-outcome findings from Short-Term Group Psychotherapy for Patients with Somatoform Disorders

*Rainer Weber - University Clinic of Cologne, Germany, Jennifer Boll, Maria Hoffmeister, Peter Kiencke, Elke Horn, Wolfgang Tress, Volker Tschuschke*

**Aim:** It is obvious that intensive research on the relations of the psychotherapeutic process to patient outcome is complicated by the complexity of the therapeutic process, especially in group psychotherapy research. Numberless factors may influence what happens exactly between sessions' beginnings and sessions' endings during the course of treatment. There are only a few rating measures which deliver valid data about the group process. Beside related concepts (e.g. group climate, bonding or cohesiveness), measuring therapeutic work is one of the most important items in process research. **Methods:** The Psychodynamic Work and Object Rating System (PWORS) is a system for rating the level of therapeutic work by group members (patients and therapist). The analysis is based on a (naturalistic-) study with patients suffering from somatoform disorders who completed an outpatient psychodynamic oriented group treatment program over 20 sessions (6 groups with 50 patients who completed the study). **Results:** We would like to point out the interaction between psychodynamic work (measured with PWORS) to other process measures (Group Climate Questionnaire and the Group Relationship Questionnaire) and the outcome of the study (SCL 90-R, Target Complaints, GAF, Symptom Load Score). Furthermore we will briefly focus on the relationship between prognostic factors like the level of psychological mindedness (PMAP) and the group process. **Discussion:** Because of the objective micro analytic rating procedure with PWORS, the relationship between process data (patients' perspective and perspective of independent observers) and outcome data becomes clearer. Implications regarding group treatment will be discussed. **Keywords:** group therapy - process-outcome research - Psychodynamic Work - somatoform disorders

**Panel**  
Training

**Moderator**  
Maria Stippler -  
University of  
Innsbruck, Austria

**Changes in Competencies, Attitudes and Personality During Psychotherapy Training**

Supervision as well as theoretical, self-awareness and clinical training are the basic modules of psychotherapy training in Austria and Germany. However, little is known about the impact of these basic modules on the competence development of psychotherapy trainees and therapeutic outcome. Theory, training analysis or therapy, clinical training and supervision are the basic modules of psychotherapy training in Austria and Germany. Still there is little empirical evidence concerning these fundamental parts of psychotherapy training and their impact on the development of psychotherapy trainees. In the first part of the panel three studies about development during psychotherapy training will be presented. The first one focuses on the changes in interpersonal behavior during training. The aim of the second study was to measure "concept competence" (Kahl-Popp, 2007), using qualitative methods. The third study tested the relationship between therapeutic attitudes and practice patterns as well as changes of attitudes during training. The fourth presentation describes a research project, that started in February 2011, combining the experiences made in earlier studies and trying new ways of research on psychotherapy training.

**Differences of Interpersonal Behavior at the beginning of psychotherapy training**  
*Elisabeth Pauza - University of Kassel, Germany, Heidi Möller, Svenja Taubner*

**Aim:** The ability to realise different types of relationships is important for the work of therapists. However the development of therapeutic interpersonal abilities is currently is more axiomatic than an empirically proven fact. Therefore we focused on the question how interpersonal behavior changes during training. **Methods:** Interpersonal abilities were measured with the INTREX questionnaire from Benjamin, and used in the German version from Tress et al. (2002). Participants (N>100) were students of behavior therapy, psychodynamic therapy, psychodynamic child and youth therapy, clientcentred therapy, integrative therapy, psychodrama and psychotherapeutic medicine from Austria and Germany and tested in a pre-post design. **Results:** The data collection began 2006 and will be finished in December 2010. The results of the possible change of interpersonal behavior during psychotherapy training will be presented and discussed.

**Changes in concept competence during psychotherapy training**  
*Maria Stippler - University of Innsbruck, Austria, Heidi Möller*

**Aim:** "Concept competence" (Kahl-Popp, 2004) describes the professional skill of psychotherapists to build up a salutary working alliance with their patients. This competence includes the ability to form a feasible explanation of the patient's symptoms and the planning of the therapy. The therapist's "concept competence" is crucial for the therapy outcome. Therefore therapist training should include the development of this skill. The presented study aims to measure the variance of "concept competence" during the training of the therapists. **Methods:** 44 psychotherapy trainees of four different therapeutic schools have worked on case studies at the beginning and at the end of the training. The case studies are analyzed with two different methods. In the first step the data was analyzed with content analysis using atlas.ti. In the second step the data was analyzed using GABEK® (Copyright © Josef Zelger, Innsbruck), a PC-supported procedure for holistic processing of linguistic complexity. **Results:** Differences between the first and second measurement can be found. The analysis with GABEK shows an increase in the linguistic complexity of the answers, the qualitative content analysis and the relevancy analysis show a shift in the discussed topics. **Discussion:** The possibility of measuring "concept competence" of psychotherapy trainees with the two methods used in this study will be discussed critically.

**Therapeutic attitudes and practice patterns among psychotherapy trainees in Germany**  
*Rolf Sandell - Linköping University, Stockholm, Sweden, Svenja Taubner*

**Aim:** This study aims to explore if and how values and attitudes from trainees of different psychotherapeutic schools vary during training. Another aim has been to evaluate the extent of their therapeutic self-confidence during training. **Methods:** In a cross-sectional study, 171 trainees in German institutes with different theoretical orientations (Psychoanalysis - PA, Psychodynamic Therapy- PT and Cognitive Behavioral Therapy- CBT) participated, 3 years later 70 trainees also participated in a longitudinal design. Results are reported for two questionnaires: Therapeutic-Attitudes-Candidate-Version (ThAT-CV) and Work-Involvement-Scales (WIS). **Results and discussion:** Therapeutic attitudes showed significant differences between trainees with different theoretical orientations but no significant difference between

different levels of training within the same school. Most trainees experienced their psychotherapeutic practice as challenging, and Stressful Involvement in therapy sessions was lower with more years in training. Results from the longitudinal study will also be reported.

Competence development during psychotherapy training (emerging project)  
*Heidi Möller - University of Kassel, Austria, Svenja Taubner, Elisabeth Pauza*

Aim: In February 2011 a research project about the competence development during psychotherapy training started at the University of Kassel. The aim of the project is to gain information about "how" psychotherapists develop therapeutic skills and competencies during training. Methods: To get a comprehensive picture of the development fostered by different aspects of training a triangulation of methods is applied in a pre-post-design. Theory will be tested in short written examinations and by measuring concept competence, using reports on video tapes. Several questionnaires (Mindful Attention and Awareness Scale (MAAS), INTREX, Bochumer Inventar zur berufsbezogenen Persönlichkeit (BIP)) as well as Adult Attachment Interviews (AAI) and Reflective Functioning Scales will give an insight on personality development, attachment and mentalization abilities. Clinical training is evaluated by using the Work-involvement-Scales, the Outcome Questionnaire (OQ) and the Working Alliance Inventory (WAI). Additionally the supervisory process is studied using the SSB (Stundenbogen zur Supervisionsbeurteilung) and qualitative interviews. Results & Discussion: Work in progress.

## Panel

Attachment

### Moderator

Bernhard Strauss -  
Friedrich-Schiller-  
University, Jena,  
Germany

## Attachment Characteristics Among Patients with Anxiety Disorders - their Relevance for Outcome

Anxiety disorders are of special interest from an attachment perspective and are worth being considered as potential predictors of treatment outcome within controlled studies treating anxiety patients. The panel will present results from three different studies measuring attachment characteristics in sample of panic patients and patients with social phobia who were treated with manualized CBT and/or psychodynamic short term psychotherapy. Steffi Nodop will report about attachment related predictors determined in an RCT comparing CBT and supportive-expressive treatment of patients with social anxiety (part of the SOPHONET multisite study). Katja Petrowski's study examines the influence of the patients' attachment representation on the therapeutic outcome of a four week intensive cognitive psychotherapeutic intervention. Finally, Claudia Subic-Wrana will report about a study that evaluatee if the attachment status, established at onset and end of the psychotherapeutic intervention, has an impact on the main outcome criteria, i.e. the reduction of panic symptoms at termination and after a six month follow-up interval.

Attachment characteristics of patients with social phobia

*Steffi Nodop - Friedrich Schiller University Jena, Germany, Andrea Beetz, Ulrike Dinger, Johannes C. Ehrenthal, Wibke Dymel, Ulrich Stangier, Henning Schauenburg, Ulrike Willutzki & Bernhard Strauss*

Aim: Attachment theory has been focussed within current models of social anxiety (Vertue, 2003) because the concept of the internal working models of self and others provide a link to Leary's (1991) three conditions for social phobia: the desire to make a particular impression on others; the belief that one fails in this attempt; failure leading to relational devaluation. In a multi-site study focussing on an RCT comparing supportive expressive and cognitive behavioral treatments for social phobia ("Sopho-NET"), one specific investigation is dealing with the attachment characteristics of a subsample of patients. We tested how attachment characteristics are distributed within the subsample and are currently testing how these characteristics differentially predict treatment outcome within the two treatment conditions. Method: The Adult Attachment Prototype Rating (Strauss et al., 1999) is used as one of the attachment measures, in addition to the Adult Attachment Projective (George & West, 2001) as well as several questionnaire measures (ECR-R, BFKE). First results will be presented.

Attachment representation and therapeutic outcome of an intensive psychotherapeutic intervention in panic disorder patients

*Katja Petrowski - TU Dresden, Germany, Pawelzik, Markus, Lange, Diane & Joraschky, Peter*

Aim: This study examines the influence of the patients' attachment representation on the therapeutic outcome of a four week intensive cognitive psychotherapeutic intervention. Based on the literature, one

would expect that the securely attached patients show the highest symptom reduction compared to the patients with unresolved trauma with respect to attachment. Method: The attachment representations of 32 patients with a primary diagnosis of panic disorder assessed by SCID-I were measured by the Adult Attachment Projective. The symptom severity and the distress were measured by questionnaires (symptom checklist, ACQ, BSQ, MI). Results: The panic disorder patients predominantly showed an insecure and unresolved trauma attachment representation characterized by uncontrollability and helplessness. Panic disorder patients with a more insecure attachment showed a higher symptom reduction (SCL-phobic scale; BSQ, MI) than patients with a secure attachment representation. However, the best psychotherapeutic outcome due to the short intensive psychotherapeutic intervention showed the panic disorder patients with unresolved trauma attachment representation. Discussion: The securely and insecurely attached patients showed the least symptom reduction. On contrast, the highest symptom reduction and profit of the structured short term psychotherapeutic intervention reported the patients with unresolved attachment representation. An emotionally corrective experience with a structured psychotherapeutic intervention may promote more a therapeutic effect for patients with an unresolved trauma attachment representation characterized by uncontrollability and helplessness. In addition, the secure as well as insecure attached patients showed significant lower symptom severity. However, the long-term effects still has to be investigated.

Relations between attachment status and symptom reduction in a RCT comparing psychodynamic and cognitive-behavioral short-term psychotherapy for panic disorder  
*Claudia Subic-Wrana - University of Mainz, Germany, Andrea Beetz, Achim Knebel, Manfred E. Beutel*

Aim: To evaluate if the attachment status, established at onset and end of the psychotherapeutic intervention, has an impact on the main outcome criteria of the RCT - reduction of panic symptoms - at termination of the short-term intervention and after the six month follow-up interval. Methods: N = 50 patients with panic disorder as main diagnosis were included in a RCT comparing two manualized, symptom centered short-term psychotherapeutic (25) interventions: Panic Focussed Psychodynamic Psychotherapy (PFPP, Milrod et al. 1997) and CBT with panic - centered exposure (Schneider & Margraf 1989). Symptom reduction as main outcome criteria was measured with the Panic Disorder Severity Scale (PDSS), an established expert rating scale. At onset and end of treatment the attachment status was evaluated with the Adult Attachment Projective Picture System (AAP, George et al. 2001), the AAP has demonstrated high correlations with the AAI, the gold standart for attachment classification in adults. Results: Change from an unresolved (U) attachment status at onset of treatment to a resolved (R) attachment status at end of treatment is related to significant reduction of panic symptoms at end of treatment; the symptom reduction is stable at the six month follow-up interval. Discussion: Our finding supports the suggestion of George et al (2001) that the unresolved attachment status is less stable as the secure or insecure attachment classification. We were able to demonstrate the change from an unresolved to a resolved attachment status has an impact on Achsis I symptoms.

## **Panel**

Model

### **Moderator**

Niklaus Stulz -  
Psychiatric  
Services Aargau,  
Baden,  
Switzerland

## **Modeling and predicting change in psychotherapy**

*Discussant: Wolfgang Lutz - University of Trier, Germany*

The study of change over the course of treatment is one of the main areas of investigation in patient-focused research as well as psychotherapy research as a whole. In order to explore how change occurs during treatments and to determine important predictors and background variables of treatment courses in psychotherapy patients, models and concepts to analyze treatment courses are needed. The three papers in this panel will present applications of different methods of longitudinal data analyses to model and predict change in outcome variables during treatments as well as following the conclusion of treatment. 1. The first paper presents applications of Growth Mixture Modeling in large-scale randomized controlled trials to identify differential treatment effects in patient subgroups. 2. The second paper demonstrates how idiographic and nomothetic methodologies can be integrated to show that the establishment of dynamic patterns during the course of psychotherapy can create attractor states for continued adaptive change following the conclusion of treatment. 3. Finally, the third paper will present recent enhancements in the Nearest Neighbors methodology, which makes use of only the most similar already treated clients to predict the treatment course of a target client based on initial characteristics.

## Applications of Growth Mixture Models to examine differential treatment effects in patient subgroups

*Niklaus Stulz - Psychiatric Services Aargau, Baden, Switzerland, Wolfgang Lutz, Robert Gallop, Michael E. Thase, Daniel N. Klein, Rachel Manber, Glenda L. Wrenn, Paul Crits-Christoph*

This paper presents applications of Growth Mixture Models (GMMs) to examine differential treatment effects in patient subgroups. We used data of two large-scale randomized controlled trials (RCTs) that evaluated different treatment approaches among chronically depressed patients (N=504) and among cocaine-dependent patients (N=346). In RCTs, different treatment approaches are usually compared in terms of mean treatment outcomes in patient samples. However, such findings based on mean outcomes in samples hardly apply to all patients as usually there is also substantial heterogeneity in patient outcomes. In order to account for such interindividual heterogeneity in treatment outcomes more carefully, we used GMMs to identify patient subgroups based on similar change trajectories in repeatedly assessed outcome indicators during treatment (i.e., based on similar treatment courses). Furthermore, this relatively new approach for longitudinal data analysis enabled examination of subgroup-specific differential treatment effects in these patient subgroups. In summary, research on patient subgroups with different change patterns revealed its potential to enable classifications of patients that indicate which treatment is most effective for which type of patient.

## Establishment of dynamic patterns during psychotherapy creates attractor states for continued positive gains post-treatment

*Aaron J. Fisher - Penn State University, State College, USA, Michelle G. Newman, Peter C.M. Molenaar*

A number of prominent researchers have called for the investigation of mechanisms of psychotherapeutic action in order to ascertain how and why psychotherapy works. The present report aimed to demonstrate that the establishment of dynamic patterns during the course of psychotherapy can create attractor states for continued adaptive change following the conclusion of treatment. Because intraindividual change in dynamic systems during psychotherapy is an inherently idiographic process, we demonstrate how idiographic and nomothetic methodologies can be integrated by first accounting for intraindividual variability in time-varying processes within individuals before aggregating these data in order to examine group processes. Using data from a psychotherapy trial, univariate vectors of continuous diary observations were transformed from the time domain into the frequency domain and spectral power was assessed at oscillations of 1-1.5 cycles/day. The degree of spectral power in this frequency band significantly moderated the slope for change over the follow-up period such that greater power predicted significant decrements over the follow up period. Additionally, three-variate VAR(1) models were constructed for each of the 33 participants in the present study. The residual variance for these models significantly moderated the slope for change over the follow-up period. These results demonstrate that the degree of patterning established during therapy acted as an adaptive attractor state, promoting continued positive gains one year after the conclusion of the therapy. Thus, higher levels of order during the treatment period predicted continued positive gains. The current study represents an important innovation in the study of dynamic systems in psychotherapy.

## Subgroups within subgroups: Differential and adaptive modeling of change using nearest neighbors techniques

*André Bittermann - University of Trier, Germany, Wolfgang Lutz*

**Aim:** For predicting a new client's (target) course of psychotherapy, the extent of how much the underlying reference group is representative for the target is an important aspect. Since the subgroup of only the most similar already treated clients to the target - based on initial characteristics - can still feature different shapes of change, a further step towards client specificity was taken. The identification of subgroups within subgroups can provide differential probabilistic predictions. **Methods:** A total of approximately 250 outpatient treatment episodes were analyzed, collected from the Trier outpatient research clinic using the Hopkins Symptom Checklist (HSCL-11). First, a subgroup of "nearest neighbors" was detected for every target client. Second, shapes of change within this subgroup were clustered to either "no change/deterioration" or "improvement". Third, differential probabilistic predictions for the target were made using multilevel modeling. Additionally, these predictions could be fitted during therapy in an adaptive way using session-to-session information. **Results:** Subgroups within subgroups could be identified. The differential

nearest neighbor approach could be compared to traditional expected treatment response approaches and applied to other data sets. Adaptive modeling could further improve predictions. Discussion: The method presented in this study provides two predictions for a new client's course of psychotherapy with a particular probability based on the target's most similar cases. Limitations and applications for feedback tools and empirical decision making will be discussed.

## **Panel**

Couple

### **Moderator**

Luis Tapia -  
Universidad del  
Desarrollo,  
Santiago, Chile

## **Triadic model research in couple therapy**

*Discussant: Andrés Roussos - Universidad de Belgrano, Buenos Aires, Argentina*

Taking a triadic perspective to the understanding of couple therapeutic process implies complexity. The triadic model applied to human relationship refers to process where feelings of inclusion and exclusion are mobilized and are characterized by imbalance states. This approach focuses on ongoing phenomena, which is a particular way of considering process in research. From this perspective different methodologies are used to address the triadic system: Semiotic analysis, PAM analysis and video-analysis of relational drawing. The first presentation: Semiotic mediation: A perspective to triadic model in couple therapy research: describes semiotic analysis of therapeutic dialogue, illustrating some cases at different moments of therapy. Semiotic approach implies sign mediation in psychological phenomena that lets understanding relational dynamics in triadic scenarios. The second presentation: The role of triadic Prototypical Affective Microsequences (PAMs) for change in couples' therapy; studies short interactive sequences of affective regulation characterized by smiling and laughing (PAMs) involving the interacting partner (e.g. Bänninger-Huber & Widmer, 1999). It will elaborate on the significance of this approach for a productive therapeutic process. The third presentation: Triadic Relational Drawing Video Analysis (RDVA) in Couple Therapeutic System; illustrates how this method has been useful for understanding relational processes, particularly of couples' interaction. The technique RDVA is useful to understand this process using sequence analysis of the interaction displayed (Tapia & Molina, 2010). The purpose of the study is analyzing triadic process highlighting the importance of emergence phenomena of inclusion, exclusion, complicity, collaboration, coalition and mediation in therapy.

### **Semiotic Mediation: A Perspective to Triadic Model in Couple Therapy Research.**

*Maria Elisa Molina - Universidad del Desarrollo, Santiago, Chile, Luis Tapia Villanueva*

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 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 is 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.

### **The role of triadic Prototypical Affective Microsequences (PAMs) for change in couples' therapy**

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

PAMs are short sequences of affective regulation involving the interacting partner (e.g., Bänninger-Huber & Widmer, 1999). PAMs are characterized by smiling and laughing. By these nonverbal phenomena a state of positive affective resonance is established between the interacting partners giving them a sense of security. In dyadic psychodynamic psychotherapies successful PAMs play an important role in maintaining a stable working alliance. PAMs also occur in couples' therapy, i.e., in triadic situations (Bänninger-Huber & Tapia, 2009). According to their functions, we differentiated between three types of PAMs, namely "gaining security"-, "excluding the therapist"- and "coalition PAMs". In this paper, we will elaborate on the significance of these three types of PAMs for a productive therapeutic process. Productive sequences ("moments of change") were compared with unproductive sequences ("moments of ruptures or gridlocks"). Preliminary data analysis shows a similar function of successful PAMs in dyadic and triadic interactions: They help

regulating negative emotions. At the same time, the smiling and laughing enhances the affective relatedness between the three persons providing a basic sense of security. In coalition PAMs, however, the therapist should stay „abstinent“ by not accepting one partner’s role offers repeatedly. Otherwise, the other partner may feel rejected by the therapist and thus is not able to accept the therapeutic interventions anymore.

### Triadic Relational Drawing Video Analysis (RDVA) in Couple Therapeutic System.

*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 from sessions of different couple therapies 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. Clinical implications and applications (relational process distinctions and therapeutic intervention) of the video analysis drawing technique are analyzed.

## Panel

Group

### Moderator

Giorgio Tasca -  
University of  
Ottawa, Canada

## Interpersonal Outcomes and Interpersonal Processes: The View from Group Treatment Research

Interpersonal functioning is a central focus of psychotherapy regardless of treatment population or treatment approach. Interpersonal functioning is especially important in group psychotherapies in which the group interactions may be seen as a microcosm of relationship patterns. In this panel four papers are presented that focus on interpersonal outcomes or interpersonal processes as a result of group psychotherapy. In the first paper, alexithymia in patients with borderline personality disorder receiving group based day treatment was explored. Alexithymia was associated with attachment and interpersonal problems in this population. In the second paper, interpersonal outcomes from an RCT of short and long term group psychodynamic psychotherapy are reported. The presenter will discuss the importance of treatment duration and of potential moderators of outcomes. In the third paper, positive outcomes for alexithymia resulting from a comprehensive group based day treatment are reported. Change in alexithymia was associated with change in interpersonal problems. Finally, the fourth paper presents two empirically based case studies of a CBT group therapist and a psychodynamic-interpersonal group therapist. The interpersonal processes of these therapists and their group of patients differed likely because of the unique demands of their respective therapy approaches. Each presenter will discuss clinical implications of the results of their study in terms of interpersonal outcomes and processes in group psychotherapy.

### Alexithymia and Interpersonal Dysfunction: Exploring Associations in a Sample of Partial Hospitalization Patients with Affective and Personality Disorders

*Anthony Joyce - University of Alberta, Edmonton, Canada, Esther Fujiwara, Maarit Cristall, Carlee Ruddy, John S. Ogrodniczuk*

Aim: There is good evidence for the effectiveness of intensive, group-oriented partial hospitalization treatment for patients with moderate-severe affective and personality disorders. Research has thus shifted to identifying patient variables that may serve to moderate treatment effects. This study addressed alexithymia as a key construct, regarding its prevalence in this population and associations with personality disorder, interpersonal functioning (attachment, quality of object relations) and defensive style. Relationships with treatment outcome were also examined. Methods: Forty-nine patients admitted to the Psychiatric Day Treatment Program, Department of Psychiatry, University of Alberta Hospital, were recruited. Prior to starting treatment, patients were administered self-report measures addressing personal characteristics and outcome indices, and structured interviews for evaluation of diagnosis and quality of object relations. Outcome measures were re-administered at completion of the 18-week program. Results: Alexithymia emerged as a salient characteristic of this patient sample, and was specifically associated with



Borderline Personality Disorder. Correlations with quality of object relations, attachment, and defensive style were also identified, extending findings for "healthy" community samples. Alexithymia was not associated with Day Treatment outcome. Discussion: Alexithymia is central to the psychopathology of patients with affective and personality disorders, and may be a cardinal feature of the dysfunction associated with Borderline Personality Disorder. This emotional deficit may be an important underpinning for the interpersonal problems faced by these patients. The presence of alexithymia does not however serve as a detriment to achieving benefit in partial hospitalization treatment.

#### Randomized Trial on the Effectiveness of Short- and Long-Term Psychodynamic Group Psychotherapy During a 3-Year Follow-Up.

*Steinar Lorentzen - University of Oslo, Norway, T. Ruud, S.A. Baldwin, P.A. Høglend*

Background: The empirical evidence for the efficacy/effectiveness of group psychotherapy is substantial. However, many studies are of very short duration, there is a scarcity of empirical support for psychodynamic group psychotherapy, and results from trials cannot readily be transferred to clinical samples. Aim: To study the significance of treatment duration, and potential moderator/mediators of change during and after psychodynamic group psychotherapy of short- (20 weekly sessions) and long-term (80 sessions) duration. Material/methods: 167 regular outpatients with affective, anxiety, and/or personality disorders, from 3 sites in Norway, were randomized to short-or long-term therapy. There were 18 groups, 9 therapists, manualized therapies. Patients were interviewed before and three years after start and rated on measures of interpersonal problems and symptoms regularly over 3 years. Primary outcome measures were IIP, GSI and GAF. Potential moderators: QOR, presence of personality disorder, initial distress. Statistics: Mixed linear models for repeated measures. Results: Impact of moderators and differential change in the two sub-samples over three years will be presented. Conclusion: Hopefully, we will get more knowledge about who needs short- and long-term therapy, respectively.

#### A Naturalistic Study of Alexithymia among Psychiatric Outpatients Treated in a Brief Day Treatment Program

*John Ogdroniczuk - University of British Columbia, Vancouver, Canada, Ingrid Sochting, Anthony S. Joyce, William E. Piper*

Aim: Alexithymia is common among psychiatric outpatients and can complicate treatment. There has been little research into whether alexithymia can be modified by psychological intervention, and whether change in alexithymia is related to other areas of improvement. The purpose of the present study was to examine whether participation in a brief day treatment program could effect change in alexithymia, and whether such change is related to improvement in interpersonal functioning. Methods: Sixty-eight consecutively admitted psychiatric outpatients to a comprehensive group therapy program were evaluated at baseline, post-therapy, and 3-month follow-up using the Toronto Alexithymia Scale 20, the Beck Depression Inventory, and the Inventory of Interpersonal Problems-28. Associations between variables were evaluated with correlations and between group comparisons with t test, ANOVA, chi-square tests, and logistic regression. Change in alexithymia was examined using repeated measures analysis of variance, controlling for change in depressive symptoms. Results: Alexithymia, particularly difficulty identifying feelings, decreased significantly during the treatment period. Post-therapy levels of alexithymia were maintained during the 3 months following treatment completion. Changes in alexithymia were significantly associated with changes in interpersonal problems, both during therapy and the follow-up period. Discussion: The results of our study suggest that a comprehensive yet brief day treatment program can affect change in alexithymia, and that such change can be maintained once therapy is completed. Also, modifying alexithymia may contribute to improvement in interpersonal functioning.

#### Group Cognitive Behavioural and Group Psychodynamic Therapists and Their Patients Engage in Differing Interpersonal Processes. A Structural Analysis of Social Behaviour of Two Group Therapy Cases.

*Giorgio Tasca - The Ottawa Hospital/University of Ottawa, Canada, Meredith Foot, Catherine Leite, Hilary Maxwell, Louise Balfour, Hany Bissada*

Background: This mixed method systematic case study applied an interpersonal stage model of psychotherapy to examine interpersonal processes among a highly adherent Group Psychodynamic-

Interpersonal Psychotherapy (GPIP) therapist and a highly adherent Group Cognitive Behavioral Therapy (GCBT) therapist and their groups of binge eating disordered (BED) patients. This is the first case study to apply the interpersonal stage model to compare GCBT and GPIP methods, and the first to apply the model to group therapy. Method: Early, middle, and late stage transcribed video recordings of sequential interactions among therapists and patients in each of these two time-limited group therapies were analysed with the Structural Analysis of Social Behavior (SASB). We also provide qualitative presentations of the transcripts from each stage as context for the quantitative analyses. Results: BED patients in both groups achieved positive outcomes for binge eating and depression. Consistent with their treatment model, the GPIP therapist was more autonomy-giving, whereas the GCBT therapist was more controlling/directive. The GPIP therapist and her group had high levels of interpersonal complementary interaction sequences in the early stage followed by lower complementarity in the middle stage. The GCBT therapist and her group showed a high-low-high pattern of complementarity across the three stage of therapy. However, overall the GPIP group had higher levels complementarity than the GCBT group. Conclusion: This mixed method case study of group processes based on an interpersonal stage model of psychotherapy suggested specific therapist behaviors in each modality to maximize positive therapeutic interactions at each stage of group therapy.

## **Panel**

Psychodynamic

### **Moderator**

Svenja Taubner -  
University Kassel,  
Germany

## **Long-term psychoanalytic treatments**

*Discussant: Anna Buchheim - University Innsbruck, Austria*

Research on long-term therapies is scarce due to methodological and organizational reasons. Especially long-term psychoanalytic therapies (at least 240 sessions) are rarely investigated aside from single-case-studies. The German health care system provides a unique possibility to study long-term psychoanalytic therapies because up to 300 sessions are paid by the national health insurances. In this panel, four studies on long-term psychoanalytic therapies are presented. The first (n=17) and second (n=20) paper discusses structural (Reflective functioning and insight) and symptomatic changes in naturalistic study designs after therapy termination and in a one-year-follow-up with mainly depressed patients. The third presentation demonstrates process research on three single-cases (depression and Borderline-Personality-Disorder) focusing on mentalization, pathogenic beliefs and affective alliance. The fourth paper summarizes methodological problems in research on long-term therapies and presents a model of a future research-agenda basing on the Practice-Study of the German Psychoanalytic Society.

Changes in Reflective Functioning and Insight into problems after long-term psychoanalytic psychotherapies

*Mertens Wolfgang - Ludwig-Maximilians-Universitaet Muenchen, Germany, Svenja Taubner, Susanne Hörz*

Background: Findings on structural and symptomatic change within long-term psychoanalytic psychotherapies from the German "Munich Attachment- and Effectiveness-Project", a naturalistic prospective psychotherapy study examining process and outcome of psychoanalysis, are presented. Method: 17 cases from this project were studied in terms of outcome on three measures after 240 hours of psychoanalytic psychotherapy (3-times a week on the couch). Before and after treatment, the ability to understand the mind of self and others was assessed by the 11-point Reflective Functioning scale (RF; Fonagy et al., 1998). The 7-point Heidelberg Structural Change Scale (HSCS) (Rudolf et al., 2000) was used to assess changes in the perception and accessibility of patients' mental representations of specific problem foci throughout treatment. For symptomatic changes, SCL-90 scores were examined. Results: At baseline, the mean RF-score of the sample was found in the slightly below "average" level of RF (M= 4.3, SD=1.4). The level of insight into specific individual problem foci according to the HSCS was rated at a mean of 2.4 (SD=0.5), a level described between "unwanted occupation with the focus" and "vague awareness of the focus". For both instruments, the data analysis of ratings after 240 hours of psychotherapy is still ongoing and will be presented at the panel. Discussion: Changes of mentalizing capacities (RF scale), as well as insight into individual problem foci (HSCS ratings), will be presented. Finally, these psychodynamically conceptualized changes will be contrasted to symptomatic changes (SCL-90) and possible interrelations between the outcome in the three measures will be discussed.

## Structural and symptomatic changes one year after termination of long-term psychoanalytic therapies with chronically depressed patients

*Svenja Taubner - University Kassel, Germany, Henrik Kessler, Anna Buchheim and Lenka Staun*

**Aim:** Structural changes after long-term psychotherapies are expected to lead to lasting therapeutic effects concerning e.g. symptomatic distress. In a naturalistic study design 20 long-term psychoanalytic therapies (240 sessions, 2-4 hours weekly, couch-setting) with chronically depressed patients are followed-up one year after termination. This study aims to investigate how structural changes (reflective functioning, attachment and insight) influence follow-up symptomatic development. **Methods:** 1) Structural change was measured observer-based before and after 20 months of therapy by the Adult Attachment Interview (AAI) coded for attachment representation and reflective functioning (RF), and the Heidelberg-Structural-Change-Scale. 2) Symptomatic changes are measured before therapy and after 7, 15 and 20 months and in a one-year-follow-up by psychometric scales: BDI and SCL-90. 3) Diagnosis were obtained by the Structured Clinical Interview (SCID I+II). **Results:** 20 patients with chronic depression starting psychoanalytic psychotherapy were recruited. Drop-out rates are low (1 Patient). In contrast to high levels of symptomatic distress patients show average RF but insecure or disorganised attachment representations and vague insight (HSCS). Patients reach non-clinical values in BDI and SCL-90 after 15 months of therapy. Structural measurements after therapy are currently analysed. Follow-up data will be completed in January 2011.

## Effects of Interventions Promoting Mentalization and Interventions Disconfirming Pathogenic Beliefs –Single Case Studies of 3 Long-Term psychoanalytic Therapies

*Josef Brockmann - Private Practice, Frankfurt, Germany, Katja Dembler, Monika Zabolitzki, Holger Kirsch*

**Aims:** The therapy process of 3 patients, diagnosed by independent SCID-interviewers as chronic depression and /or borderline personality disorder, is investigated with new developed ratings for 2 forms of intervention: promoting mentalization and disconfirming pathogenic beliefs. The raters are trained and experienced clinicians. Trained and independent students rate the response of the patients. **Methods:** The hypotheses are tested by independent ratings in 5-minute sections and questionnaires at the end of the session. The ratings of the mentalization promoting interventions are based on the concept of mentalization by Bateman and Fonagy (2006). The assessment of disconfirming pathogenic beliefs is based on the methods of the San Francisco Psychotherapy Research Group and the Control Mastery Theory CMT (Silberschatz 2005). An evaluated new questionnaire of the therapeutic alliance (STA-R) is used that emphasizes on affects. The Experiencing of the patients is also rated in 5-minute sections. The assessments are made during sessions: 0-10, 20-30, 50-60, 90-10 and 150-160. The design and hypotheses of the study are internationally registered as ISRCTN-Nr. 75536830 (Current Controlled Trials LTd c/o Bio-Med Central Ltd). **Results:** The rater reliability for interventions promoting mentalization, plan formulation (CMT) and interventions disconfirming pathogenic beliefs are acceptable (Cohens alpha nearly 0.7 for 3 raters). Preliminary results will be presented for the following hypotheses: Therapeutic interventions promoting mentalization or disconfirming pathogenic beliefs lead to better therapeutic alliance and to better assessment of the session by the patient.

## How to study benefits and costs of long-term psychotherapy? Methodological problems and design suggestions.

*Cord Benecke - University Kassel, Germany*

Whereas there are quite sophisticated research designs for investigating efficacy and effectiveness of short-term psychotherapy and/or their components, no such consensus on empirical evaluation of long-term psychotherapy exists. Especially, if benefits and costs of two or more psychotherapy-methods which differ in duration and/or intensity shall be compared, there are a lot of unresolved design problems. This might be one of the reasons, why such studies are so rarely realized. The problems will be demonstrated on some examples, and suggestions will be discussed on the design of the Practice-Study of the German Psychoanalytic Society. The Practice-study aims to follow 1000 psychotherapies in their natural occurrences.

**Panel**  
Emotion

**Moderator**  
Ladislav Timulak -  
Trinity College,  
Dublin, Ireland

## **Case Studies of Change Processes in Emotion-Focused Therapy**

*Discussant: Leslie Greenberg - York University, Toronto, Canada*

The panel will present three distinct case studies of emotion focused therapy focusing on the change processes present in them. The case studies focus on the formulation of the core emotion schemes and their transformation in therapy. A number of instruments are used to track clients' in-session involvement and/or therapy outcome. An Emotion-focused theoretical framework is used for explicating the change processes present in each of the cases. Each of the cases is examined using different aspects of theory. One examines the usefulness of case formulation, one the usefulness of the concept of emotion transformation and one combines the client's perspective with a theoretical one.

Emotion-focused case formulation in a case of Generalized Anxiety Disorder

*Rhonda Goldman - Argosy University, Schaumburg, USA, Angella Anderson, Leslie Greenberg*

This study examined the application of the case formulation method in Emotion-Focused Therapy to a successful case of Emotion-Focused Therapy (EFT) for Generalized Anxiety Disorder (GAD). Observations of initial emotional processing style were made through an examination of process variables such as levels of depth of experiencing, emotional arousal, and the working alliance. The transformation of core painful emotion schemes was measured by observing change in ongoing process variables in addition to change in emotional productivity and core affective meaning states. A description of change processes will be provided. Results will focus on whether the case formulation method adequately describes the change process in a case of Emotion-Focused Therapy for Generalized Anxiety Disorder.

Resolving Emotional Pain in Emotion Focused Therapy: a Case Study

*Ciara Keogh - Trinity College, Dublin, Ireland, Casey O'Brien, Ladislav Timulak & James McElvaney*

This study explored the transformation of emotional pain 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. The design was a single case study, observational design. Researchers qualitatively analysed 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 these variables were used to triangulate the qualitative analysis. A current model of emotional processing was found to be largely effective in explaining the sequence of emotions experienced in resolving the client's core emotional pain (loneliness), a number of refinements of the model are suggested. 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, withdrawal and secondary anger, (2) fear, (3) primary maladaptive loneliness and shame, (4) existential need, (5) self-compassion and protective anger, (6) grieving. The transformation followed a pattern from lower to higher levels of emotion processing. Findings lend some support to the utility of emotion processing models in understanding client emotion progress in therapy.

A Change Process Case Study of Emotion-Focused Therapy for Social Anxiety

*Robert Elliott - Strathclyde University, Glasgow, UK, Rachel MacLeod & Brian Rodgers*

Aim: Initial results of a larger ongoing study indicate that Emotion-focused therapy (EFT) for social anxiety is effective for promoting client change. Given these promising initial outcome data, we examined the change processes responsible for observed client change, using a good outcome case. Method: We used a previously adjudicated Hermeneutic Single Case Efficacy Design (HSCED) study (McLeod et al., in press) in it had been established that the client changed and that the therapy was responsible for the client's changes. Qualitative analyses of Change Interview and Helpful Aspects of Therapy (HAT) Form data were used to identify key change processes and compared to the HSCED analyses of change processes, with an emphasis on change processes identified using multiple converging methods. Results: Key mediating processes were the strength of the relationship between therapist and client, and the effective application of key EFT tasks; these were identified using multiple methods. Key contextual moderating processes included client motivation and readiness for change. Interfering or hindering processes were also identified. Implications: The generalizability of case study findings is always limited. However, the focus and results of this case study complement the earlier HSCED analysis of the same case. The change processes identified contribute to further theory development on EFT for social anxiety, while the interfering processes point to ways in which therapy could be improved.

## Panel

Therapist

**Moderator**

Orya Tishby -

Hebrew

University,

Jerusalem, Israel

## New developments in the study of countertransference

Research on countertransference is at its beginning, lagging behind the burgeoning clinical literature on this topic. Countertransference is a complex phenomenon, at times elusive, and at other times very much present and felt. Hayes (2004) created an operational model of countertransference, consisting of 5 parts: origins, triggers, manifestations, effects and management. In this panel we will look at new studies that stem from this model: Jeff Hayes will present a study on therapists' disclosure of countertransference, and its effects on perceptions of the therapist (e.g. expert, trustworthy) and the session (depth/smoothness). Special attention will be given to disclosure of resolved, vs. unresolved conflicts. Miri Vered, will present some themes from a qualitative analysis of open ended interviews with psychodynamic therapists, on how they conceptualize and manage their countertransference. Orya Tishby will present five "countertransference dynamics" based on CCRT narratives that therapists told about their parents and their clients. It is proposed that these dynamics link the "origins" and "triggers" components of Hayes' model, with the manifestations and effects. Together these papers form a rich picture, which contributes to a deeper understanding of the phenomenon of countertransference.

How does disclosing countertransference affect perceptions of the therapist and the session ?

*Jeffrey Hayes - Penn State University, University Park, USA*

Therapist self-disclosure has been theorized and found to have both positive and negative effects. These effects depend, in part, on the nature of the disclosure. This study sought to examine the differential effects of therapist disclosures of more and less resolved countertransference issues on perceptions of therapists and therapy sessions. Using an analogue method, undergraduate participants (N = 116) were randomly assigned to watch 1 of 2 videos in which a therapist disclosed personal issues that were relatively resolved or relatively unresolved. As hypothesized, therapist disclosure of issues that were more resolved caused the therapist to be rated as more attractive and trustworthy and instilled greater hope than therapist disclosure of less resolved issues. Type of therapist disclosure, however, did not influence ratings of the expertness of the therapist, the depth or smoothness of the session, or the perceived universality between client and therapist. Implications of the results for the judicious use of self-disclosure will be discussed.

Types of Countertransference dynamics

*Orya Tishby - Hebrew University, Jerusalem, Israel, Miri Vered, Hadas Wiseman*

Therapists' countertransference may be expressed in different ways (thoughts, feelings, behaviors, etc.), which were defined as "manifestations" in Hayes' (2004) operational model of countertransference. However, the model does not specify how the "origins" of countertransference patterns are re-enacted in the relationship with the client. This paper presents five types of countertransference "dynamics" between therapists and clients. Method: These results are part of a larger study of the patient-therapist relationship in psychodynamic therapy. In this study, twenty five therapists participated in RAP interviews (Crits-Christoph & Luborsky, 1998), in which they told narratives about their relationship with their parents, from which their CCRT's were derived. Additionally, they told narratives about their clients (2-3 clients each) in the course of a year of psychodynamic therapy. Therapists and clients filled the Post Session Questionnaire at 3 time points during the year. Results: Five countertransference dynamics were identified in the content analysis of the narratives that therapists told about their clients: 1) Identifying with the client's RS towards parents 2) Reacting to client like the parent RO 3) Repair – reacting to client unlike the parent RO 4) Perceiving the client as the therapist's parent 5) Distancing or withdrawal in response to countertransference content. These results will be demonstrated with vignettes, along with data from the Post Session Questionnaire, showing the impact of these dynamics on the therapist-client relationship. Discussion: These dynamics may be an addition to Hayes' model, linking the "origins" and "triggers" to the "manifestations" and "effects".

Can therapists befriend their countertransference ? therapists talk about managing countertransference

*Miri Vered - Hebrew University, Jerusalem, Israel, Orya Tishby*

Aim: The aim of the study is to develop a comprehensive description of the phenomenon of countertransference in psychotherapy. This presentation is a part of larger study that examines countertransference in depth. Method: A mixed method design, combining the CCRT method (quantitative ratings) and qualitative

interviews, was developed. Twenty five therapists participated in RAP interviews (Luborsky & Crits-Cristoph, 1998) at three time points in the course of a year of psychodynamic psychotherapy. At the end of the year they were interviewed on their conceptualization and management of countertransference; how it impacts the therapy relationship, and how countertransference influences their interventions. The paper will present the analysis of the interviews. Results: A qualitative analysis of the interviews yielded two main themes regarding the management of countertransference: 1) Specific strategies, such as: recognition of countertransference material, separation of self from therapy process, awareness of uncharacteristic reactions and emotions, managing anxiety, and 2) Processing countertransference: when, with whom, and where – do therapists process their countertransference. The presentation will include clinical vignettes that demonstrate these themes.

## **Panel**

Psychodynamic

## **Moderator**

Orya Tishby -  
Hebrew  
University,  
Jerusalem, Israel

## **Change processes in the psychodynamic treatment of adolescents**

*Discussant: Ken Levy - Penn State University, University Park, Israel*

Recent studies have demonstrated the effectiveness of psychodynamic psychotherapy for Adolescents (e.g. Baruch & Fearson, 2002; Gerber, 2004; Tonge, Pullen, Hughes & Beaufoy, 2009, Trowell et al., 2007), however there have been few studies demonstrating dynamic changes over the course of psychotherapy with adolescents. Researchers in the field have suggested that future studies should focus on identifying theoretically meaningful, empirically based, understandings of the process of child and adolescent psychotherapy and connect it to treatment outcome (Kazdin & Nock, 2003; This panel will present data from studies on adolescent patients in three countries: Australia, Israel and the UK. Jill Pullen will present a naturalistic follow up study exploring the effectiveness of psychoanalytic psychotherapy for 15 year old Australian adolescents who have been diagnosed with serious mental illness. Dana Atzil Slonim will present a naturalistic study conducted in Israel, looking at changes both in symptoms and in rigidity of interpersonal patterns (measured by the CCRT) among adolescents in psychodynamic psychotherapy. This group is similar in age to Pullen's group, with diagnoses of mild to moderate depression or anxiety. Finally, Nick Midgley will describe the initial stages in the development of the Adolescent Psychotherapy Q-Set (APQ). The aim of the APQ measure is to help researchers investigate the nature of the treatment process and the process of change in psychotherapy with adolescents.

A four year naturalistic follow up study exploring the effectiveness of psychoanalytic psychotherapy for adolescents with serious mental illness

*Jill Pullen - Monash University, Clayton, South Victoria, Australia, Bruce Tonge and Jeanette Beaufoy*

The effectiveness of longer term psychoanalytic psychotherapy for adolescents in reducing symptoms and improving overall functioning was explored empirically within government Child & Adolescent Mental Health Services (CAMHS) in Melbourne, Australia. At the four year follow up, the Time For A Future (TFF) Project compared outcomes for 22 young people who received psychoanalytic psychotherapy with those of 46 young people who received treatment as usual (TAU). The mean age of participants was 15.4 years and they had all been diagnosed with serious mental illness. Base-line data were collected in separate clinical assessment interviews with parents (or carers) and adolescents, and psychometric measures were completed along with diagnostic information from CAMHS Case Managers. Participants were re-assessed at regular follow up sessions conducted over a four year period. Findings after 12 months were that additional psychotherapy treatment was associated with a greater reduction in depressive, social and attention problems than TAU, (Tonge, 2009). This presentation will discuss findings, both qualitative and quantitative, at the four year follow up point in the TFF Project.

Changes in adolescents' interpersonal patterns with their parents throughout psychodynamic psychotherapy

*Dana Atzil-Slonim - Hebrew University, Jerusalem, Israel, Orya Tishby, Gaby Shefler*

Aims: 1. To explore changes in interpersonal patterns that characterize adolescents' perceived relationships with their parents in the course of an academic year. 2. To examine differences in these patterns between adolescents who went through psychodynamic therapy versus adolescents who were not in therapy. 3. To examine gender differences in adolescents' interpersonal patterns with their mothers and fathers. 4. To examine the relationship between changes in adolescents' interpersonal patterns with their parents and symptom changes. Method: 72 adolescents (ages 15 - 18) participated in the study. Thirty were in

psychodynamic psychotherapy and 42 were not in treatment but had a similar profile. Both groups underwent Relationship Anecdote Paradigms interviews according to the Core Conflictual Relationship Theme method (CCRT, Luborsky & Crits-Christoph, 1998) and completed outcome measures at the beginning of treatment (or beginning of the school year) and a year later. A novel data-driven approach of clustering all CCRT categories was applied to identify significant interactions between CCRT categories associated with different CCRT components (Wish, Response of Self and Response of Other). The resulting categories' clusters were used to assess the statistical changes in adolescents-parents relationships. The proposed approach will be described in detail and suggests a complementary procedure to the classical approach of analyzing CCRT data. Results: The data-driven approach revealed clusters of categories that are surprisingly meaningful and coherent. Various interaction effects between clusters changes through time, group and gender were found, and will be presented in detail.

Initial stages in the development of the Adolescent Psychotherapy Q-Set (APQ).

*Nick Midgley - Anna Freud Center, London, UK, Celeste Schneider, Tetyana Bychkova, Saul Hillman, Ana Calderon, Mary Target*

The Psychotherapy Q-Set (PQS; Enrico Jones, 2000) is one of the most widely used instruments in psychotherapy research for helping us to understand more about the nature of therapeutic action across a range of psychotherapy treatment modalities, with a range of different clients. Having been adapted previously for use with children (Child Psychotherapy Q-Set, Schneider and Jones, 2003), this paper will report on the initial stages in the development of the Adolescent Psychotherapy Q-Set (APQ). The aim of the APQ measure is to help researchers investigate the nature of the treatment process and the process of change in psychotherapy with adolescents. This presentation will report on the process of developing items for the APQ and an initial study into the 'face validity' of these items. Preliminary data on the nature of the adolescent psychotherapy process in different treatment modalities (psychodynamic, CBT, interpersonal therapy and mentalization-based treatment) will also be presented. The planned use of the APQ in a major RCT examining the effectiveness of psychotherapy for depressed adolescents (the IMPACT Study) will also be briefly discussed

## Panel

Model

### Moderator

Wolfgang  
Tschacher -  
University Hospital  
of Psychiatry,  
Bern, Switzerland

## Analyzing the Techniques and Change Mechanisms Underlying Psychotherapy

Background. The core question in psychotherapy, after its efficacy and effectiveness have been repeatedly affirmed, addresses the mechanisms of therapeutic change. To investigate these mechanisms, two premises have to be satisfied: first, a clear and shared taxonomy should be developed, which can be used in process research. Second, in order to analyze therapeutic change, methods must be elaborated that are suitable for genuine process data, i.e. usually longitudinal data. Taxonomy: Psychotherapy research still resides in a pre-paradigmatic stage of scientific development. Several attempts have been made to arrive at a "common language for psychotherapy" or a "general psychotherapy" based on theoretical psychology. The "multitheoretical lists of interventions" allows to rate, from different perspectives, the interventions that are actually implemented in therapy, irrespective of modalities. One may also pursue the shared goal of clarifying taxonomy by factorizing expert assumptions on the "common factors" of psychotherapy. Methods: Process patterns can be detected in datasets of different origins. Time series methods may be applied to derive change mechanisms from repeated quantitative measurements, e.g. session-by-session ratings of session reports. A further dataset is qualitative text data that come from transcripts of the conversation in psychotherapy. Discussion: Based on these two premises, the goal of exploring the mechanisms that govern therapeutic change will be more easily attainable. This enterprise is neutral with respect to psychotherapy modalities or schools; it is the likely road to follow towards a scientific paradigm of psychotherapy.

## What Interventions Are Actually Delivered in an Randomized Controlled Trial Involving Psychodynamic and Cognitive-Behavioral Therapies for Panic Disorder?

*Jacques Barber - University of Pennsylvania, Philadelphia, USA, Jacques Barber, Kevin McCarthy, Emily Leventhal, John Keefe, Sarah Friedman, Barbara Milrod, Dianne Chambless*

McCarthy and Barber (2009) developed the Multitheoretical List of Therapeutic Interventions (MULTI) as a multitheoretical tool to assess which specific interventions are delivered during any form of psychotherapy. The MULTI has 8 subscales (behavioral, cognitive, dialectical-behavioral, interpersonal, person-centered, psychodynamic, process-experiential, and common factors) and can be used from 3 perspectives (patients,

therapists, and independent observers). For the last few years, we have been conducting a randomized controlled trial in two sites (Philadelphia and New York City) comparing the efficacy of psychodynamic, cognitive-behavioral therapies for panic disorder with applied relaxation therapy. In this paper we will present preliminary data from patients, therapists, and observers describing the extent to which the first two treatments involved the use of the 8 different sets of interventions measured by the MULTI. In addition, we will present initial data on the extent to which the descriptions provided by these 3 perspectives concur.

#### Common Therapeutic Factors in Psychotherapy – a Taxonomy

*Mario Pfammatter - University Hospital of Psychiatry, Bern, Switzerland, Wolfgang Tschacher, Ulrich Martin Junghan*

**Aims:** Currently, there are two major assumptions about what makes psychotherapy effective: the common factors model and the specific ingredients model. However, this dichotomy is based on conceptual inaccuracies. Thus, research on the factors responsible for change in psychotherapy still resides in a pre-paradigmatic stage. Therefore, several attempts try to arrive at an unequivocal common language regarding the therapeutic factors of psychotherapy. The presented "Taxonomy Project" is an attempt to contribute to a clearer definition of common therapeutic factors in psychotherapy. **Methods:** After a comprehensive analysis of the literature, 22 common factors were extracted and a repertory grid consisting of these factors and 22 standard techniques was constructed. 68 psychotherapy experts then rated the degree of associations between the techniques and the common factors. Principal component and cluster analyses were performed to group the common factors on the basis of their associations with techniques. **Results:** First results indicate that four classes of common factors may be identified: Common factors concerning (1) the attitudes of the patients towards the therapeutic alliance, common factors regarding (2) coping behavior, (3) cognitive learning, and (4) emotional processing of the patients. **Discussion:** At present, psychotherapy research addressing the therapeutic change processes is suffering from a terminological "jungle". It is likely that such terminological confusion not only blurs scientific debate, but also hinders the analysis of psychotherapeutic process. By the taxonomical endeavor, we hope to contribute to a clarification of relevant terms to enable a closer look at the mechanisms of psychotherapeutic change.

#### Cognitive and Not-strictly Cognitive Interventions in the Therapeutic Process: Possible Interactions

*Giovanni Maria Ruggiero - Cognitive Psychotherapy School and Research Center, Milano, Italy*

Cognitive therapy aims at treating emotional disorders by reframing biased beliefs. The assumed therapeutic process is explicit assessment and disputing of explicit cognition. Data from psychotherapy outcome research as well as cognitive science support this clinical hypothesis. However, psychotherapy process research suggests that non-explicit mental and interpersonal mechanisms may also play a role in psychotherapy. In addition, interventions that are not strictly cognitive, such as emotional validation, can contribute to the therapeutic process. This present work aims at exploring the interplay between explicitly cognitive interventions and emotional and cognitive states not reported by the patient but measured by decoding session transcripts. We used the Comparative Psychotherapy Process Scale (CPPS) of Hilsenroth et al. (2005) and computer-assisted text analysis, the so-called Therapeutic Cycles Model (TCM) of Mergenthaler (1996). We analyzed eight sessions of a cognitive psychotherapy of an individual affected with generalized anxiety disorder (GAD). Analyses reported that cognitive interventions assessed with the CPPS were significantly associated to cognitive mastery states assessed with TCM, while cognitive interventions plus emotional validation were significantly associated with TCM-states of emotional experiencing and connecting. The results reveal how standard cognitive interventions may interact with not-strictly cognitive therapeutic processes.

#### Time Series Analysis Focuses on Change Mechanisms and Causal Relationships

*Wolfgang Tschacher - University Hospital of Psychiatry, Bern, Switzerland, Fabian Ramseyer*

Psychotherapy is a process with the purpose of changing behavior, emotion and cognition. Therefore, a complete picture of psychotherapy includes the longitudinal, temporal perspective, inherent to the meanings of 'process' and 'change'. We propose that methods be elaborated that closely adjust to this process nature. Time-series analysis (Time-Series Panel Analysis, TSPA) generates models of process patterns using fine-grained monitorings of different psychotherapy patients. The prototypical process model



is obtained through aggregation of the sample of patients. Unbalanced longitudinal data with multiple levels can be analyzed by TSPA; similar modeling is possible using mixed effects models or growth curve analysis. In an empirical dataset, trajectories of 202 outpatients (range, 15 to 107 sessions) were available. Pre-session questionnaires provided measures for 'Patient's well-being' and 'Patient's therapy motivation'. TSPA was contrasted with growth curve modeling. The TSPA pattern revealed a feedback relationship between well-being and therapy motivation. In systems-theoretical terms, this relationship may be described as a negative feedback loop, with therapy motivation increasing well-being at a later session; well-being in turn reduced therapy motivation at a later session. Growth curve analysis highlighted logarithmic rather than linear increases of well-being trajectories. On top of growth curves, TSPA can illuminate change mechanisms because TSPA approximates causal dynamical structures in non-experimental field data. TSPA is thus a promising tool for psychotherapy process research because it is capable of providing answers to a core concern, the question of change mechanisms and causal relationships.

## **Panel**

Alliance

### **Moderator**

Volker Tschuschke  
- University of  
Cologne, Germany

## **Process-Outcome Research - A Naturalistic Study (PAP-S)**

Ten different therapy schools participate in a major process-outcome psychotherapy study across Switzerland (PAP-S-Study). This major project lasts six years (2007 - 2012) and aims at a whole bunch of ambitious goals. Precise process-outcome measurements each fifth session investigate relationships between therapeutic alliance, treatment satisfaction and improvement across different therapeutic approaches, while looking at treatment delivery at the same time. Treatment integrity according to schools' theoretical stance is being looked at by objective ratings of independent raters. Time-dosage relationships, comparisons between different schools' effectiveness in regards to specific patient populations and enduring changes in time (plus follow-up measurement) - this panel will present first preliminary results from the PAP-S-Study.

### **Alliance prediction of outcome change in outpatient psychotherapy**

*Aureliano Cramer - Zurich University of Applied Science, Switzerland*

**Objectives:** The association between therapeutic relationship and outcome is analyzed taking into account various moderator variables such as patient characteristics and treatment modalities. **Methods:** Longitudinal data of 248 outpatients treated with different therapy approaches are gathered within an observational study design and analyzed with linear mixed and generalized additive models. Therapeutic relationship and outcome are measured after each 5th session using the Helping Alliance Questionnaire (HAQ, both therapist and patient) and the Outcome Questionnaire (OQ-45). Other variables included for analysis are: SCID diagnosis, initial symptom distress, personality structure (OPD), motivational incongruence (INK), treatment method and self-assessed treatment fidelity. **Results:** The HAQ scale "Helpfulness" shows clear links to all three outcome scales of the OQ-45. Furthermore, the presence of anxiety or personality disorder, the initial level of symptom distress and the attitude towards psychotherapy have a prognostic value in regarding treatment progress. However, results show no significant relationship between treatment approach or treatment fidelity and outcome. **Conclusions:** The HAQ is a useful measure for documenting the course of treatment and determining outcome.

**Psychotherapy Process Q-Set: Comparing the Process in Integrated Body Psychotherapy to Different Types of Psychotherapies and Expert Clinicians' Prototypes of an Ideal Treatment**  
*Agnes von Wyl - Zurich University of Applied Science, School of Applied Psychology, Switzerland, Anita Veigel, Franziska Greuter, Volker Tschuschke, Rainer Weber, Margit Koemeda, Peter Schulthess, Aureliano Cramer*

**Introduction:** Research on body psychotherapy remains neglected compared to other psychotherapy approaches despite the fact that they are frequently being used in in- and outpatient treatment settings. In this presentation we focus on the treatment process of a body therapy. By using psychotherapy Process Q-Set (PQS), we compared Integrated Body Psychotherapy (IBP) with other psychotherapeutic approaches and with clinicians' prototypes of an ideal IBP treatment. **Methods:** Out of 54 audiotaped IBP-treatments (PAP-S-Study) three sessions were randomly chosen from each treatment (beginning, middle, end). Each of these sessions were being rated by two independent raters. Responses by the IBP experts were taken to develop a prototype of an ideal IBP therapy process. PQS-data of Process Oriented Psychotherapy (another treatment

approach in the PAP-S-Study) served as comparison data. Results: Results will be presented and compared with those of PQS in psychodynamic and cognitive-behavioral therapies (Jones and Pulos, 1993; Ablon and Jones, 1998).

#### Treatment Adherence and Treatment Outcome

*Volker Tschuschke - University Hospital of Cologne, Germany, Margit Koemeda, Agnes von Wyl, Aureliano Cramer, Margit Koehler, Katharina Muth, Jessica Mallmann, Pia Pulte, Antonia Roth-Ehrang, Peter Schulthess*

Objectives: There is no research on treatment fidelity and treatment outcome comparing different treatment approaches at the same time. The PAP-S-Study in Switzerland includes ten different therapy approaches and investigates process-outcome relationships in many regards. Amongst others treatment fidelity is being looked at from therapists' and objective raters' perspectives. Methods: Therapists' ratings after each session as well as objective ratings from trained independent raters (blind to treatment approach) were compared in regards to treatment outcome. Approx. 20 therapies, covering each of the 10 treatment approaches, were included. Results: Significant differences between subjective ratings by therapists themselves and objective ratings refer to dramatically higher treatment fidelity believes on therapists' side than objective session ratings show. Nevertheless treatment outcomes are hardly being influenced by treatment fidelity in each treatment approach under study. Conclusions: These results add to the knowledge what in psychotherapy works and contribute to the discussion centered around the impact of different psychotherapy approaches on treatment progress and outcome.

#### Panel

Integration

#### Moderator

Antonio Vasco -  
University of  
Lisbon, Portugal

#### Understanding Therapy as a Sequence of Phases: Strategic Objectives, Emotions and Patient Characteristics

*Discussant: Jeanne Watson - University of Toronto, Ontario, Canada*

The main goal of the present Panel is to present research content related to a psychotherapeutic integrative model, named Paradigmatic Complementarity, particularly its components of phases regarding therapeutic strategic objectives, emotional processing along the phases and, finally, patient variables that may hinder the promotion of therapeutic objectives, namely: the relationships between the need for self-consistency and the predisposition to psychological dissociation; alexithymic characteristics. We believe that both a clearer grasp on the sequence of relevant strategic therapeutic objectives to be promoted and the clarification of emotional relevant processes related to change, on the one side, and, on the other, a better understanding of patient variables that may difficult the progression of therapy, like the predisposition to dissociate and alexithymia, may well increase the ability to better understand clinical cases, therefore also increasing therapist's responsivity vis a vis the patient, bettering case/process conceptualization and clinical decision-making. The Panel is composed by a brief introduction to the model plus four presentations addressing the four above themes: phases of the model, emotions, alexithymia and dissociation.

#### General Strategy-Related Patients' Change and their Relationship to Alliance and Outcome: A Case for the Sequencing of Mechanisms of Change?

*Nuno Conceicao - University of Lisbon, Portugal, Antonio Vasco*

Aim: The idea of psychotherapy progressing in phases in which certain domains of patient change are affected at different times and at different rates, in a dependent, progressive fashion is not new. We explored whether domains of strategy-related change processes (intermediate outcomes) differentially predicted changes in estimate of improvement (final outcome) over and above the alliance. These intermediate outcomes reflect changes in the inner architecture or processing capacity of the patient. Method: This cross-sectional study used self-report data from therapists of several theoretical cultures, in real world practice. A hierarchical regression analysis was performed to examine the contributions of the three factor-analytic scales of patient's strategy-related change processes as assessed in the session by the therapist (Safety, Hope & Motivation Building; Increase Self-Awareness & Self-Understanding & Self-Agency; and Need Satisfaction Regulation, Consolidation & Projection of the Self in the Future) and working alliance to variance in final outcome, as measured by estimate of improvement. Results: The three factors of patient strategy-related change processes differentially accounted for a significant proportion of the variance over and above that explained by the therapeutic alliance alone, in an incremental and sequential fashion, as theoretically proposed in Paradigmatic Complementarity. Discussion: Current findings support

previous evidence that the therapeutic relationship is necessary to successful outcome, but beyond that effect, patient strategy-related change processes, that would be expected from the application of strategy-related therapist operations, also predict final outcome. These intermediate outcomes may count as potential change mechanisms that are independent from specific technical or theoretical cultures.

#### Impact of Patients' Emotional Processes in Therapy Outcomes Based on an Integrative Model *Filipa Machado Vaz - Universidade de Lisboa, Lisbon, Portugal, Antonio Vasco, J. Machado Vaz*

Research in psychotherapy has showed strong empiric evidence that certain emotional processes help to promote therapeutic changes (Greenberg, Korman, & Paivio, 2001). The goal of this study was to further investigate how the processes of emotional attention, differentiation, regulation, intensity and expression change along the different stages of the therapeutic process, based on an integrative meta-model of psychotherapy – the Paradigmatic Complementarity Model. Thus, we avoid the constraints imposed by the assumptions of the various psychotherapy models about the role of emotions in therapy outcomes. The analyses will be based on data from a randomized clinical trial involving 122 patients. Once individual differences moderate how emotions are experienced, we used specific measures that access the various emotional components during psychotherapy. In order to assess the therapeutic goals used by the therapist at different stages of the therapeutic process, based on the model of Paradigmatic Complementarity, we used Therapists Operations (Conceição, N., Vasco, A., 2010). Preliminary results indicate that emotional processes predict change in psychotherapy. Preliminary results suggest that specific emotional processes do have different impacts along psychotherapy. Some of the emotional processes were crucial for patients' improvements and for therapy outcomes. The impact of each emotional process will be discussed.

#### The Need for Self-Consistency and the Predisposition to Psychological Dissociation as Hindrance to Therapy Progression

*Fernando Oliveira - University of Lisbon, Portugal, Antonio Vasco*

Aim: The present research addresses the relationships between the Need for Self-Consistency (NSC) and the Predisposition to Psychological Dissociation (PPD) and their contribution, as patient variables, in restringing patients' access to self-relevant information. Method: We have conducted two studies. In the first study we used a non-clinical sample (N = 93) to test the effect of NSC over self-reported frequency of dissociative experiences (FPD). We further analysed the overall relationships amongst several indices of self-consistency and the FPD. Results: We found that NSC is significantly related to restrictions in accessing information about inconsistencies in psychological function (dissociative discontinuities in everyday life). Furthermore, NSC and the levels of exposition to self-inconsistency information were the main predictors of self reported FPD. In the second study we have applied the former design on a clinical sample (N = 34). The results replicated the effect of NSC activation on the access to self-inconsistency information (at least within this sample). Additionally, we added therapists' ratings about cases' severity and levels of difficulty to assess self-relevant information for each patient. We have also found that difficulties in accessing self-inconsistency information during sessions are related with levels of patients' distress. These restrictions in accessing self-inconsistencies also present moderate associations with NSC and FPD. Patients' distress further relates to lower levels in accessing self-relevant information within sessions in a broader sense. Discussion: Further results will be discussed within the framework of psychotherapy integration. The overall findings support the impact of NSC and PPD within psychotherapeutic processes. In that light we argue that this effects may hinder therapy progression and that it would make sense to consider individual differences in NSC and DPD to tailored psychotherapeutic interventions.

#### Alexithymic Characteristics as Possible Hindrances to Emotional Processing and Therapy Progression

*Ana Catarina Silva - University of Lisbon, Portugal, Antonio Vasco, Jeanne Watson*

Aim: The research literature repeatedly shows patients with alexithymia as having poor outcomes in psychotherapy. The present research seeks a new understanding of the concept of alexithymia by reframing it in specific psychological processes. It is proposed that the characteristics associated with the concept of alexithymia reflect deficits in the emotional processing, not only with emotional regulation but also with other underlying processes such as emotional awareness, experiencing, and the expression and

differentiation of emotional experience. Understanding the therapeutic process as a sequence of seven phases related to strategic therapeutic goals of a partial sequential nature, as expressed in the Paradigmatic Complementarity integrative model (Vasco, 2006), more time, attention and care should be devoted in implementing phase 1 and 2 strategic goals. Namely: (1) establishing, monitoring, maintenance and repair of the therapeutic alliance; (2) increasing the awareness and experience of the self, particularly with regard to emotional processing.

## **Panel**

Migration

Culture

## **Moderator**

Ulrike von Lersner

- Humboldt-  
Universität zu  
Berlin, Germany

## **Mental health and mental health care of migrants – Treatment gaps and help seeking behaviour**

*Discussant: Thomas Fydrich - Humboldt-Universität zu Berlin, Germany*

The German health care system is continuously facing new challenges in terms of mental health care delivery for its migrant population. Studies exploring differences in prevalence of mental disorders as well as help seeking behaviour and specific treatment needs in migrant and non-migrant populations are rather scarce, show inconsistent results and are often limited by small sample sizes or methodological restrictions. One of the big challenges for improving the efficacy and eventually the efficiency of mental health care services will be to identify specific needs of migrants in a given health care system, appropriate pathways for mental health care as well as factors for health care utilization behaviours in migrants. The goal of this panel is to present results from four different studies address the topics mentioned above. The first paper will give an overview about population based health surveys regarding findings on prevalence and mental health care utilization in migrant populations and will discuss difficulties of migrant-specific epidemiological research. The second paper will assess differences in mental health care utilization in different cohorts of migrants based on results of a representative population survey. Both studies identified differences in help seeking behaviour in migrants compared to non migrants. The third and the fourth paper will examine the relation between socioeconomic factors as well as mental health beliefs and different help seeking behaviours in migrants. Identifying potential influencing factors of the differing help seeking behaviour might contribute to the specific planning of intervention strategies to improve the utilization of professional help in migrants.

## **Mental Disorders in People with Migration Background: an overview from population based studies**

*Frank Jacobi - Psychologische Hochschule Berlin & Technische Universität Dresden, Germany*

**Aims:** Several community studies as well as theoretical considerations suggest that migration might be associated with poor mental health and an elevated prevalence of mental disorders. The paper gives an overview of population based health surveys that addressed this issue. **Methods:** In particular, data from two German studies – The Mental Health Supplement of the German Health and Interview Survey (1998/99, N=4181) and its currently ongoing 10-year follow-up (“DEGS”) – are examined with regard to the prevalence of a wide range of mental disorders (DSM-IV, assessed with personal interview) in migrants and non-migrants, as well as to help-seeking behaviour and utilization of mental health services. **Results:** Migrants show higher prevalence and lower use of mental health care compared to non-migrants but it remains unclear whether migrant participants in this study can be regarded as representative for migrants in Germany. **Conclusion:** Information of all available general population data suggest a migrant-specific epidemiological research because a) migrants are under-represented in mental health surveys (mostly due to language barriers), and b) survey methodology and assessment should be tailored to specific migrant groups for a better understanding of specific mental health care needs and barriers.

## **Health care utilisation among first and second generation immigrants and nativeborn- a population based study in Germany**

*Heide Glaesmer - Universität Leipzig, Germany, Alexandra Martin, Ricarda Mewes, Winfried Rief, Elmar Braehler*

**Aims:** There are contradictory findings on health care utilization (HCU) of immigrants compared to native-born populations. Our study focuses on this topic using a population based approach and differentiates generational cohorts of immigrants. **Methods:** In a representative population survey in Germany, (N=2,510) immigrant background/generational cohort and HCU in the preceding 12 months were screened by means of

self-rating instruments. Results: 11.1% (7.0% 1st and 4.1% 2nd generation) of the sample are immigrants. No differences have been detected with regard to subjective state of health, satisfaction with life and with health and functional disabilities. 1st generation immigrants contacted a medical specialist less likely, but they more frequently use general practitioners (GPs) than the nativeborn Germans and the 2nd generation immigrants. Conclusions: 1st generation immigrants show remarkable differences in HCU compared to the native-born Germans and the 2nd generation immigrants. Their HCU seems to be focused on primary care, and access to secondary care might be complicated. It seems relevant to especially pay attention to HCU of first generation immigrants and to support equal access to care for this subgroup.

#### The relationship between sociodemographic characteristics and help seeking behaviour in Turkish migrants

*Kirsten Baschin - Humboldt-Universität zu Berlin, Germany, Dominik Ülsmann, Thomas Fydrich*

**Aim:** Even though few studies on this topic exist it is claimed that the utilization of the mental health care system by migrants is insufficient and often inadequate. Aim of the study was to investigate anticipated utilization choices of different help providers (representatives of church or supernatural powers, psychiatrist/psychotherapist, emergency services, family and friends) in the case of a mental disease as well as specific facilitating or hindering sociodemographic factors (sex, migration status, acculturation status, length of stay, residence status, socioeconomic status, country, in which education was obtained) regarding an appropriate help seeking behaviour of professionals by Turkish migrants in Berlin. **Methods:** Data of 339 participants without and with a Turkish migration background were collected in waiting rooms of general practitioners' offices in Berlin via questionnaires. Probandes were supposed to rate the probability of their choice regarding different help providers for the case that they would have similar problems like a person in a demonstrated vignette who suffers from a depression. **Results:** Results regarding the help seeking preferences as well as possible factors affecting this choice will be discussed in the presentation. **Discussion:** Information about specific help seeking preferences by persons with migration background will help to determine a possible need of improvement of the help seeking behaviour by migrants. Knowledge about distinct sociodemographic characteristics which impede an adequate utilization of the professional mental health care system could be used to identify a target group to focus on regarding future interventions to promote a better help seeking behaviour in migrants.

#### Mental health beliefs and their influence on anticipated mental health care utilization in Turkish migrant and German non migrant populations

*Dominik Ülsmann - Humboldt-Universität zu Berlin, Germany, Kirsten Baschin, Thomas Fydrich*

**Aim:** Insufficient utilization of the mental health care system by migrants in Germany implies the necessity to gain insights into determinants of help seeking behaviour in people with a migration background to improve an appropriate mental health care utilization. This study focuses on differences in causal attributions and locus of control concerning mental illness among a sample of migrants and non migrants. The explanatory potential on anticipated health care utilization provided by these two constructs will be explored. **Methods:** Data of 339 participants without and with Turkish migration background were collected in waiting rooms of general practitioners' offices via questionnaires in German and Turkish. Participants completed instruments regarding locus of control (KKG (adapted), Lohaus & Schmitt, 1989) and causal attributions (IPQ-R; extended; Moss-Morris et al., 2002). Anticipated health care utilization was measured through a rating of the probability of utilization choice of different help providers in the case of a mental disease. **Results:** Preliminary results show substantial differences in mental health beliefs between the two subsamples. Higher values for fatalistic locus of control and causal attributions, as well as lower values for bio medical causes can be shown for participants with a Turkish migration background. Differences in the anticipated usage of diverse health care providers can partly be explained by differences in these health beliefs. **Discussion:** It would be desirable to get better insight into actual health care utilization by people with migration background especially via prospective designs. This study refers to health beliefs as promising variables for such investigations.

**Panel**  
Therapist

**Moderator**  
Bruce Wampold -  
University of  
Wisconsin-  
Madison, USA

**Yes, There are Therapist Effects. But What is it that Effective Therapists Do?**

*Discussant: Jeffrey Hayes - Pennsylvania State University, University Park, USA*

The range of outcome variance attributable to therapists is between 8-15% (Huppert et al., 2001; Lutz, Leon, Martinovich, Lyons, & Stiles, 2007; Wampold & Brown, 2005; Wampold, 2001). What is unknown is what are the characteristics and actions of effective therapists? This panel will explore the behaviors and outcomes of effective therapists from both a quantitative and qualitative perspective. Data from a Veterans Administration post-traumatic stress disorder unit and a general outpatient mental health clinic were analyzed using multilevel modeling procedures, providing estimates of therapist variability. Additionally, interviews of therapists and clients from a HMO setting were conducted providing preliminary data on the behaviors and interpersonal characteristics of effective therapists.

Therapist variability among VA providers of PTSD treatment.

*Kevin Laska - University of Wisconsin-Madison, USA, Tracey L. Smith*

A sizeable amount of research has focused on the differential effectiveness of various psychological therapies in the treatment of PTSD (Powers, Halpern, Ferenschak, Gillhan, & Foa, 2010; Wampold, Imel, Laska, Benish, Miller, Fluckiger, & Del Re, 2010). Several PTSD treatments have been shown to be effective in randomized clinical trials (RCTs) and are currently offered in routine care within the Veterans Administration in the United States. Although multiple treatments have been shown to be efficacious in RCTs, and subsequently deployed in naturalistic settings, no studies have examined the proportion of variability in outcome attributable to the therapists who provide these treatments. Unfortunately, therapists are not treated as an independent variable in RCTs, which may result in an overestimation of treatment impact, and underestimate the amount of outcome variance attributable to therapists (Wampold, et al., 2010). Furthermore, no study of therapist effects has been conducted in a naturalistic setting with patients who have PTSD as a primary diagnosis. This study used an existing database of patient data taken from individuals who have previously sought and terminated outpatient PTSD treatment at a VA in the United States. Multi-level modeling procedures were used in order to provide preliminary estimates of therapist variability. (Raudenbush & Byrk, 2002; Wampold & Brown, 2005).

Towards Understanding the Interpersonal Constituents of Therapist Effects

*Andrew Wislocki - University of Wisconsin-Madison, USA, Takuya Minami*

There is little definitive knowledge about therapists' contribution to client outcome: the most recent meta-analysis of therapist effects is nearly two decades old (Crits-Cristoph & Mintz, 1991), studies analyzing identical data have produced conflicting results (Elkin, Falconnier, Martinovich, & Mahoney, 2006; Kim, Wampold, & Bolt, 2006), and few specific variables that contribute to therapist variance in outcomes have been identified (Beutler et al., 2004). The most promising, most difficult to study and least understood constituents of therapist effects are relational, composed of reciprocal interpersonal interactions between therapist and client (Anderson, Ogles, Patterson, Lambert & Vermeersch, 2009; Kivlighan, 2007). The current study aims to broaden our understanding of therapist effects and their relational constituents by interviewing therapists about how they conceptualize and approach interacting with clients. Furthermore, while previous qualitative studies have identified traits of highly effective therapists (Jennings & Skovholt, 1999; Ricks, 1974), this study goes further by 1) identifying therapists using outcomes data from a large, naturalistic HMO data set, where the variance among therapists was found to be 3.0% and 2) interviewing not only highly effective, but also average and ineffective therapists, so that comparisons can be made between groups and a clearer, broader picture of the relationship between therapist effects and differences in therapists' ways of relating to and interacting with clients can emerge. Implications for admissions, training, continuing education and human resources are discussed.

Considering the Effect of Rater Bias on Therapist Effects Research: Could training clients be the answer?

*D. Martin Kivlighan III - University of Wisconsin-Madison, USA, Tim Baardseth*

In order to better understand the change mechanisms of therapy it is essential for researchers to conduct studies on psychotherapy process and outcome, (Hill, Nutt, & Jackson, 1994), particularly on therapist effects. In a meta-analysis of 27 studies, Crits-Cristoph & Mintz (1991) found that therapist effects range from 0% to 50% of outcomes variance, with a mean of 8.4%. Many studies rely on clients as raters of

therapists in psychotherapy. However, in process research rater bias may be a substantial source of error that affects rater accuracy. Hoyt (2002) concluded that 21% and 32% of variance on the WAI and CRF respectively was attributable to raters' generalized perceptions and rater bias. These findings are important because rater bias undermines the confidence in the validity of participant ratings. Furthermore, by not addressing the variance associated with raters, researchers are unable to accurately identify therapist effects. Additionally, in programs where clients provide feedback to therapists rater bias hampers clients' ability to provide accurate information to their therapists. In response to these rater problems, some researchers have turned to rater training as an intervention to increase rater accuracy (Lievens & Sanchez, 2007). In the performance appraisal domain FOR has emerged as the most effective rater training intervention (Bernardin & Buckley, 1981). In the current study I explore the effects of FOR training for clients, on rater bias and therapist effects variance. Specifically, I hypothesize that clients who receive FOR training designed to help them develop a common and accurate framework for evaluating therapists when compared to untrained clients will: (a) have significantly more therapist variance and significantly less client (rater) variance on measures of therapist behaviors and (b) have a stronger relationship between these therapist behaviors and measures of therapeutic effectiveness.

The influence of therapists' self-perceptions on patient outcome

*Helene Nissen-Lie - University of Oslo, Norway, Jon T. Monsen, Pål Ulleberg, Michael Helge Rønnestad*

The present study is a collaboration between the International Study of the Development of Psychotherapists (Orlinsky & Rønnestad, 2005) and the Norwegian Multisite Study of the Process and Outcome of Psychotherapy (Havik et al., 1995). Three-level growth curve analyses were used to assess whether certain therapist (N=70) self-perceptions accounted for patient (N=255) differences in the level of and change in general symptoms, interpersonal problems and observer-rated global functioning (GAF) in a naturalistic outpatient psychotherapy study. The therapist variability in the various longitudinal outcome measures was 5.4 % for the GSI, 0 % for the IIP-global score and 15.2 % for GAF. Therapists' 'healing' and 'stressful' involvement and experiences of difficulties were not found to yield a significant impact on patient outcome, while Advanced Relational Skills(ARS) (self-reported skills in using one's own and the patients' emotional reactions in the therapeutic relationship) had an overall positive influence on patient symptom level over time. An interaction effect between a 'warm interpersonal style' and ARS predicting change in general symptoms was found, indicating that the focus embedded in these skills is not beneficial unless it is coupled with higher therapist ratings of a warm and accepting style in the therapeutic interactions. An equivalent picture emerged when analyzing therapist predictors of change in the GAF scores. A cross-level interaction between patient pre-treatment interpersonal distress and ARS on change revealed that for patients with higher levels of interpersonal distress, high-ARS in their therapists was associated with less change compared those with low-ARS therapists.

## **Panel**

Measures

### **Moderator**

Jeanne Watson -  
University of  
Toronto, Canada

## **Identifying the correlates of change in CBT and EFT**

*Discussant: Hadas Wiseman - University of Haifa, Israel*

There is a need to develop transtheoretical process measures in order to identify patterns of change across different theoretical approaches. Many of the process measures that are currently available to analyze psychotherapy data are derived within specific theoretical perspectives and serve to illuminate change processes specific to that approach. If we are to understand the the unique and common factors that contribute to change across different therapeutic approaches then we need to develop transtheoretical process measures that capture psychotherapy processes that are relevant across different approaches as well as those that are distinct. This panel will present three papers relevant and the is panel will present data on three different process measures that were developed to measure in-session client and therapist processes that are associated with good outcome in CBT and EFT. Watson & McMullen will present a new measure of client engagement in psychotherapy. This measure assimilates specific change processes identified by psychodynamic, cognitive-behavioural, and experiential approaches as essential to the change process. McMullen & Watson will present data that compares the specific change process that occur in CBT and EFT using the new measure of client engagement and relate these to outcome at the end of therapy. Bernholtz and Watson will present data that examines the role of client and therapist vocal quality in te process of change in CBT and EFT.

## Measure of Productive Processing

*Jeanne Watson - University of Toronto, Canada, Evelyn McMullen*

There is a need to develop transtheoretical process measures to identify patterns of change across different theoretical approaches. Many of the process measures that are currently available to analyze psychotherapy transcripts are derived from specific theoretical perspectives and serve to illuminate change processes specific to each approach. If we are to understand the unique and common factors that contribute to change across different therapeutic approaches then we need to develop transtheoretical process measures that capture psychotherapy processes that are common to different approaches as well as those that are distinct. This paper will present a new measure that assimilates important aspects of in session process that are essential to change in psychodynamic, cognitive-behavioural, and experiential psychotherapy. The measure examines the quality of clients' engagement in psychotherapy and identifies their focus of attention on six dimensions including the quality of clients' description, awareness of organismic experience, reflective capacity, client agency, treatment of self, and differentiation. The measure will be described in detail with examples from psychotherapy transcripts. The theoretical underpinnings of the measure will be discussed and preliminary data on the measures reliability will be presented. Directions for future research will be identified.

## Productive Engagement in Psychotherapy: A Comparison of Clients' In-Session Processing Activities in Cognitive-Behaviour Therapy (CBT) and Process-Experiential Therapy (PET) for Depression

*Evelyn McMullen - University of Toronto, Canada, Jeanne Watson*

Aim: The delineation of both general and therapy specific factors (Butler et. al, 1962, 1963; Castonguay, 2000; Luborsky, et al., 1984; Rice & Greenberg, 1984; Stiles et al., 1986; Watson & Greenberg, 1996) involved in productive engagement in psychotherapy is needed. Key client variables including the quality of clients' representations of their inner experience (Gendlin, 1981; Rogers, 1959, 1965), their external environments (Bucci, 1985; Rice, 1986) and their cognitions (Beck, 1961; Ellis & Harper, 1975) have been identified as important in-session events leading to change (Watson & Rennie, 1996). The objective of the current study is to test the robustness of key cognitive and affective processes in relation to pretreatment characteristics, post-session change, and therapeutic outcome, with the hope of differentiating productive from unproductive engagement, across and within two therapeutic modalities. Method: 66 clients from an RCT comparing PET and CBT in the treatment of major depression (Watson et al., 2003). Client in-session engagement will be identified using a new measure: Measure of Clients' Productive Processing Activities (MCPP; Watson & McMullen, 2008). Results: It is expected that pretreatment characteristics will moderate in session processing and in session processing with predict outcome. Discussion: Implications for improving clinical practice will be discussed.

## The Relationships Between the Clients' and Therapists' Vocal Qualities in Cognitive Behaviour (CBT) and Emotion-Focused Treatments (EFT) for Depression

*Beth Bernholtz - University of Toronto, Canada, Jeanne Watson*

Vocal quality reflects physiological changes occurring with shifting emotional states making it a valued indicator of a person's internal experience (Moses, 1954; Rice & Kerr, 1986; Stetson, 1951). It has been suggested that in therapy clients' vocal quality can be used to make process diagnoses and guide treatment interventions (Elliott, Watson, Goldman & Greenberg, 2003; Greenberg, Rice, & Elliot, 1993), while therapist's vocal quality can be used to facilitate the therapeutic process for example conveying empathic attunement (Watson, 2000). The current study examined clients' and therapists' vocal quality during a 16 session treatment comparing CBT and PE-EFT in the treatment of depression (Watson et al, 2003) using the Client and Therapist Vocal Quality (VQ) Scales (Rice & Kerr, 1986). It was expected that productive and unproductive client vocal quality would predict post session outcome and final therapy outcome; and that clients' and therapists' vocal quality would differentiate CBT and PE-EFT in-session process. Therapist vocal quality was expected to influence productive client process (Wiseman & Rice, 1989). The results will be presented and the limitations of the study and suggestions for future work will be discussed.



**Panel**  
Change

**Moderator**  
Andrzej Werbart -  
Stockholm  
University,  
Sweden

**Patients, Processes and Outcomes of Psychotherapy in Routine Clinical Practice**

*Discussant: William Stiles - Miami University, Oxford, USA*

Both psychotherapy researchers and practitioners have a natural interest in the perpetual question: which treatment works best for whom? Since there are no absolute proofs, we need multiple sources of evidence and research methods in order to build an empirical base of knowledge, applicable in routine psychotherapy practice. Naturalistic effectiveness studies can address such relevant questions as: Who is in psychotherapy in routine public service settings? What types and forms of psychotherapy are practiced? How does the outcome differ between patients, therapy types and treatment strategies? This panel presents findings from 4 studies of patient, process and treatment factors in routine clinical practice in Germany, Sweden, Switzerland and Chile. The first study addresses the question of outcomes, courses of change and determinants of non-response of inpatient psychodynamic oriented psychotherapy. The second study presents patients' pre-treatment characteristics and looks for differential outcomes of distinct therapy types. The third study focuses on monitoring patient progress and defining "good enough level" of patient change. The fourth study focuses on the relevance of assessing the impact of natural disaster on patients with severe depression in routine clinical practice during situations of chaos after the earthquake. This type of research may contribute to bridging the gap between psychotherapy research and routine clinical practice.

**Everyday Evidence: Patient Characteristics, Therapy Types, and Outcomes of Psychotherapy in Swedish Public Health Service Settings**

*Andrzej Werbart - Stockholm University, Sweden, Lars Levin*

**Aim:** Defining empirically supported treatments exclusively in terms of randomized controlled trials has numerous limitations. This naturalistic study presents patients' pre-treatment characteristics and compares outcomes for three psychotherapy types as practiced in psychiatric routine care. **Method:** Data were collected during a 3-year period at 13 out-patient psychiatric care services participating in the on-line system for Quality Assurance of Psychotherapy in Sweden (QAPS). Of the 1,498 registered patients 14% never started psychotherapy, 17% dropped out from treatment and 36% are dropouts from data collection. Outcomes were studied for 180 patients who received CBT, PDT or integrative/eclectic psychotherapy. **Results:** Some minor differences were found between patients who remained in therapy, dropouts from treatment and from data collection. There were no significant differences in psychological distress pre-treatment between the three psychotherapy types, and patients showed significant improvements post-treatment. There were no statistically significant differences in effectiveness between psychotherapy types. **Discussion:** Overall, the psychotherapy delivered by the Swedish public health services included in this study is effective for the majority of patients who complete treatment. The theoretically different psychotherapy approaches had equivalent outcomes. Variations in the size and type of improvement were noted depending on outcome measure, indicating that a majority of patients may experience reduced symptoms through brief psychotherapy, but not necessarily an increased life satisfaction to the same extent. The results must be interpreted with caution since there were no treatment integrity or adherence controls, non-random assignment to treatments, large attrition, and incomplete data.

**Inpatient Psychodynamic Orientated Psychotherapy - Influences of Treatment Approaches on the Course of Psychotherapy and Interpersonal Problems as a Predictor for Non-Response**

*Matthias Haase - Otto-von-Guericke-University, Magdeburg, Germany, Gabriele Helga Franke, Susanne Jäger, Christfried Tögel, Cornelia Ulrich, Hans-Werner Lutteroth, Jörg Frommer*

**Aim:** Twenty to thirty-five percent of patients undergoing psychotherapy do not respond or even deteriorate over the course of treatment. This does not depend on type or setting of psychotherapeutic treatment. In comparison to other European countries, in Germany a significant percentage of psychotherapeutic care is carried out in inpatient settings. The purpose of this study was the assessment of outcome in inpatient psychodynamic orientated psychotherapy and its determination by interpersonal change. **Method:** Data was collected at three psychosomatic hospitals in central Germany. Two of these offer a focus-orientated psychodynamic psychotherapy; one offers a more dynamic intended orientation. 1214 treated inpatients were assessed with standardized instruments concerning symptomatic distress (SCL-90-R) and interpersonal problems (IIP-C) at the time of intake, four weeks later and at discharge. **Results:** Four weeks after intake psychological distress diminished significantly. Furthermore, effectiveness of psychotherapy differed statistically significant between the three psychosomatic hospitals. In comparison to the patients

treated with focus-orientated psychodynamic treatment those treated with dynamic intended psychotherapy did not improve significantly. Nevertheless no statistically significant differences could be found at the time of discharge. In general, symptom related change increased strongly until discharge ( $d = 0.89$ ). Concerning interpersonal problems (IIP-C), a high overall IIP score and on subscale level a high introverted socially avoidant patterns of interaction are predictors of worse therapeutic outcome. Discussion: The results show the benefit of inpatient psychodynamic orientated treatment, even though the patients showed different levels of symptom improvement over the course of treatment.

#### Monitoring Psychotherapy in Routine Practice in Switzerland: Preliminary Results

*Laurent Berthoud - University of Lausanne, Switzerland, Ueli Kramer, Nathalie Koch, Laurent Michaud, Jean-Nicolas Despland, Patrice Guex*

Objectives: Many studies have been published on the effects of psychotherapy. Complementing traditional views summarized as “dose-effect models”, Stiles et al. (2008) put forward data consistent with the responsive regulation model underlining the importance of the client’s active participant role in defining length of treatment. One may ask what level of change reached by a patient is considered to be the “good enough level” (GEL) and if it is related to the duration of psychotherapy. The main objective of the present pilot study is to monitor the patient’s session-by-session evolution using a self-report questionnaire in order to define the GEL, i.e. the number of sessions necessary for the patient to reach significant change, whilst taking into account initial, change and context parameters. Methods: A total of  $N = 20$  patients undergoing psychotherapy in routine practice participated in study. They filled in the Outcome Questionnaire-45 (OQ-45; Lambert et al., 2004), which assesses the symptom level, interpersonal relationships and social role after every psychotherapy session. The data will be analysed using Multi-level analyses (HLMs). Results: High feasibility of fine-grained assessment of effects of psychotherapy in routine practice in Switzerland was shown, response rates being acceptable. Moreover, we put forward data that support some of our assumptions related to the responsive regulation model.

#### Impact of the Earthquake on Patients with Severe Depression in Treatment in a Public Mental Health Hospital Destroyed on February 27, 2010 in Chile

*Verónica Vitriol - Hospital Curico, Chile, Carolina Salgado, Ignacia Reyes, Paula Riquelme, Alfredo Cancino*

Aim: Depression is one of the risk factors for PTSD after a natural disaster. The objective of this study is to assess the impact on the mental health of patients after the public health facility where they had been receiving treatment for severe depression was destroyed by the earthquake on February 27, 2010. Method: Seventy-four women in treatment for severe depression were evaluated using the clinical global impression (CGI) during their continued psychiatric care the first month after the earthquake. A scale was used to determine the intensity of the acute stress symptoms. After six months later follow-up evaluations with the CGI were conducted and the Davidson Trauma Scale was administered to determine the presence of PTSD. Results: Seventy three percent of the sample had been exposed to previous childhood trauma and 50% to sexual abuse. In the first month, the CGI was significantly worse than its level before the earthquake. After six months follow up the CGI did not show differences respect the level before the earthquake. Fifty-three percent had a diagnosis of Acute Stress Disorder and Forty – five present Post-Traumatic Stress Disorder. Discussion: It is remarkable that in the context of a global chaos, the repeated changes of physical place for the public health facility did neither impair, after six months follow up, the clinical status of the patients nor the therapeutic bond and the continuity of the treatment.

#### Panel

Culture

#### Moderator

William West -  
Manchester  
University, UK

#### The Experience of People from Refugee and Migrant Backgrounds

*Discussant: Fevronia Christodoulidi - University of Athens, Greece*

The term refugee refers to a person who, “...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership to a particular social group, or political opinion, is outside the country of his/her nationality, and is unable to...avail him/herself of the protection of that country” (UNHCR, 1951). The past two decades have seen an unprecedented increase in the numbers of refugees, with an estimate of 16 million refugees in 2007. Refugee status has been associated with increased vulnerability to a range of adverse mental health outcomes, with trauma being prominent. Associated outcomes include discrimination and xenophobia which in turn have significant emotional impact upon the victims of

discrimination. The panel will focus upon the experience of people from refugee and migrant backgrounds, drawing upon both quantitative and qualitative methodologies.

#### The Mental Wellbeing of Refugees from Burma

*Robert Schweitzer - Queensland University of Technology, St Lucia, Australia, Lyn Vromans, Mark Brough*

**Aim:** This research documents the psychological health status of people from Burmese refugee backgrounds, recently arrived in Australia; then examines the contributions of gender, pre-migration and post-migration factors in predicting psychological wellbeing. **Method:** Structured interviews assessed premigration trauma, postmigration living difficulties, symptoms of depression, anxiety, somatisation and traumatisation and experiences of grief and loss in a sample of 70 adults across five Burmese ethnic groups. **Results:** We report on the levels of distress within the groups assessed. A key finding relates to our use of a newly developed measure of loss and loss distress across multiple domains that are meaningful to the sense of self in the context of resettlement. While exposure to traumatic events impacted on participants' mental wellbeing, postmigration living difficulties and sense of loss had greater salience in predicting the psychological health of people from Burmese refugee backgrounds. **Discussion:** Reported rates of posttraumatic stress disorder symptoms were low relative to studies with other groups. High levels of somatisation pointed to a nuanced expression of distress. While in initial stages of validation, the Loss Scale has the potential to distinguish loss distress from pathology and thereby informing intervention. Research findings on psychological status have implications relating to family dynamics and service provision in terms of implementing appropriate interventions to effectively meet the needs of this newly arrived group in Australia.

#### Experience of Anxiety and Threat of Xenophobia: Impact Factors and Coping Strategies

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

**Aims:** The study analyses the effects of xenophobic experiences in different spheres of life on the perception of anxiety and threat by migrants. Especially the emotional impact of these experiences as well as the personal resources and coping strategies are investigated. The theoretical presumption was that the experience of fear and anxiety can be viewed as a fluctuating multifactorial process being affected by risk and protective factors. **Method:** Based upon four sampling criteria (residence permit status, gender, age, visible signs of "being different") 36 qualitative problem-centered interviews were conducted with migrants from 19 countries. The data analysis followed an exploratory descriptive approach augmented by software support. **Results:** Xenophobic experiences imply a significant emotional burden for migrants. Those who possess visible or audible characteristics of »being different« are at an exceptionally high risk of being exposed to discriminating incidents. In addition, an insecure legal status, the lack of permission to work, difficult living conditions, poverty and a lack of possibilities to make reliable future plans contribute to a deep experience of insecurity and emotional instability, and lead to helplessness, social withdrawal and depression as severe consequences. Social networks, supporting family structures and personal resources like positive self-efficacy beliefs and active coping strategies seem to alleviate the emotional burden. The next research step could be to investigate if the issues can be retrieved as psychotherapeutic topics in treatments of migrants aiming at improving the quality of treatment by deeply understanding the complexity of the emotional burden.

#### Life Experiences of Constructively Adapting Adolescent War refugees in US and Canada

*Ngoubene-Atioky Arlette - Lehigh University, Bethlehem, USA, Arnold Spokane*

**Aims:** We present preliminary results on a qualitative study on adolescent war refugees focussing upon the life experiences of adolescent war refugees residing in Eastern United States or Western Canada. Although multiple investigations have examined the psychological consequences of war on minors, a paucity of studies has given voice to adolescent war refugees. **Method:** The data collection consisted of an investigation of refugee agencies located in the United States and Canada. Semi-structured interviews were conducted with 13 to 19 year old adolescent war refugees. Interviews focused on participants' pre-, peri-, and post-war experiences as well as on the resettlement process. Following a grounded theory qualitative approach, narrations served in the elaboration of a pyramidal theoretical perspective of the life experiences of adolescent war refugees. Interviews were transcribed and analysed to arrive at a core theory of the experiences of adolescent war refugees. **Results:** Preliminary results lead to a core theory tentatively

designated as “resilient life experiences”. Common categories include pre-war routine and expectations, peri-war perceptions and experiences, and post-war adaptation and coping strategies. Sub-categories ranged from perceptions of school, witnessing of warfare, to feelings toward reunification with parents and acculturation experiences in resettled country. Discussion: The implication of the results on clinical training and practice will be reviewed. A proposal on reciprocal communication between refugee agencies and mental health practitioners will be presented.

## **Panel**

Other

### **Moderator**

William West -  
University of  
Manchester, UK

## **Putting it into words**

*Discussant: David Smith - University of Chicago, UK*

The papers in this panel explore experiences that can prove difficult to put into words. In the first paper William West considers the tacit dimension within psychotherapy and how this can be accessed in qualitative research interviews, data analysis and presentation of findings. In the second paper Fevronia Christodoulidi focuses on her findings from her research into migrant therapists which includes challenges around use of language. In the third paper David Tune and Liz Mellor present their research which explored ‘presence’ within singing groups and which have a particular resonance and relevance for the practice of group therapy.

### Using the tacit dimension in qualitative therapy research

*William West - University of Manchester, UK*

Good research should sometimes take the researcher by surprise; if we only always find what we expect or want to find then something is perhaps missing. One way into being surprised is by using the tacit dimension (Polanyi 1961). Tacit knowledge is knowledge we do not know we know, knowledge that is on the edge of our awareness that we can come to know through dialogue or indwelling. Tacit knowledge is part of most counselling and psychotherapy approaches especially humanistic, psychodynamic and transpersonal. Whilst the tacit dimension can, and often does, occur in any research process there are research procedures and research methods that encourage it for example Rennie’s embodied categorizing version of grounded theory (Rennie & Fergus 2001) and Moustakas’ heuristics (Moustakas 1990). In this presentation I will explore the tacit dimension and how it can be used in research interviews and data analysis.

### Stories of Migration and/or Return: Reflexive Findings on Therapists’ Experiences of Professional Mobility in Different Cultures

*Fevronia Christodoulidi - University of Athens, Greece*

This study explores the experiences and cross-cultural transitions of therapists who chose to live, study and practice in a country different than their original one. This exploratory study was primarily heuristic (Moustakas, 1990), drawing on the researcher’s own migratory experience. It was informed by the accounts of 23 foreign practitioners in different countries, some of whom have returned to their country of origin, after practising abroad. Analysis emphasising the researcher’s reflexivity (Etherington, 2004) was employed in the meaning-making process of the ‘data’ that included the researcher’s reflexive journal, interview transcripts and expressive material that emerged during the research process. The influence of auto-ethnography (Ellis, 2004) is also discussed. Dominant themes in the experience include: the effect of undertaking therapy training in a different country; the impact upon the therapeutic relationship dynamics in practice; the role of the therapist’s use of a second language during training and therapeutic practice and the links to the relationship with the mother tongue; the fantasies or processes occurring upon repatriation, where relevant; the therapist’s perception of their cultural identity as affected by this experience; issues related to supervision; and emerging insights in relation to the ‘culture’ of therapy in the context of the broader global culture. The study appears to support the idea that the impact of mobility upon a therapist’s life and work presents both discomforts but also opportunities for growth; such a therapist appears to become a liminal and resilient figure with several qualities. The implications of the research in terms of counselling and psychotherapy training, supervision and practice are discussed. Some of the insights appear to have relevance to the experiences of other professionals that choose to move and work abroad.

## Presence in group process

*David Tune - University of York St John, UK, Liz Mellor*

This presentation applies gestalt theory to researching singing as a group process. A qualitative paradigm was used where the role of the researcher is positioned not as 'expert', but as 'co-traveller' and where 'transparency', 'use of self' and 'reflexivity' are transferable skills from practice to research. A framework was developed from gestalt training after Denham's 'Five Aspects of Presence' (2006), to see if a gestalt approach, both in content and process, might be a useful research tool. Examples from the research are presented from transcriptions of three focus groups which comprised eight university music undergraduate leaders of singing groups. The data reveals their increasing developing awareness of qualities of inclusive and authentic leadership in relation to gestalt aspects of 'presence'. Finally, the authors offer some thoughts on how the reflexive relational approach was in itself a potential vehicle for change for all involved in the research process.

## Panel

Other

### Moderator

William West -  
University of  
Manchester, UK

## Findings from innovative qualitative research

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

The three papers in this panel are all based on innovative research methodologies that crucially actively involve the research in the research process. Such methodologies also demand innovations in the analysis and presentation of the findings. In the first paper Christa Gorsedene presents her findings from a heuristic study exploring synchronicities with person-centred encounters, some of which also involve spiritual input. In the second paper Ann Scott shares and explores the poems produced in her heuristic study of counsellors who are also Christians. In the third and final presentation Dori Yusef shares the findings from a collaborative inquiry into an autoimmune condition with her participant 'Helen'.

### Sharing synchronicity stories: a heuristic study

*Christa Gorsedene - University of Manchester, UK*

Synchronicities (or meaningful coincidences) can have power – subtle or crucial - in people's lives. Sharing synchronicity stories in grief-healing (Todaro-Franceschi, 2006), career choices (Guidon and Hanna, 2002), and spiritual experience (Main, 2007) are amongst the areas into which synchronicity work has expanded in recent years (alongside continuing classical Jungian work). Also the now widespread popularity of publications concerning synchronicity suggests that we live in a world where synchronicity, or people's beliefs about it, cannot be ignored. This paper explores synchronicity initially as co-experienced within person-centred research encounters and later through story-sharing. Seeking enlarged understanding of person-centred encounters open to spiritual input, this research employed Moustakian (1990) deep heuristic self-immersion in the phenomenon through meetings (often taped) with 36 participants. These encounters happened also to capture many synchronicities in action: a vividly living study of synchronicity – near-impossible to conduct deliberately because of its coincidental nature – fell into my lap. Participants' responses to synchronicity were diverse, including visceral sensations, feelings-that-came, fresh ideas, changed actions and world-view shifts; but also indifference, scepticism or wariness at times. As the researcher/therapist who experienced this whole saga of synchronistic meetings I came heuristically to understand more about personal living with synchronicities, accompanying others experiencing their impact, and their diversities, potentials, pitfalls and limitations. Pilot presentations (University of Manchester) have suggested that, just as 'congruence begets congruence', so too sharing of synchronicity stories may beget stories, or set a tone which opens doors to personally meaningful but guarded material.

### 'Let the Tissues Speak.' A Collaborative Inquiry

*Dori Yusef - University of East London, UK*

Working with biographies collaboratively (Davies and Gannon, 2006), I share my experiences of my autoimmune condition with Helen. We travel to a South Coast hotel to share the experience of retreating from the world to stay and write before attending a conference in Bournemouth entitled 'Visual Ways of Knowing' (2007) and decide to work in collaboration. Telling stories to each other, rather than collectively, contains the stories in a flask of experience, more intimately than in a group. The flask alike the vessel used in the alchemical process where various components cook and transform (Somers, 2004) changing base metal to gold. The relationship is the containment that provides the vessel of experience. Ethical respect

succeeds through professionalism and friendship. Ostensibly, we are also pilgrims together on a transformative journey accompanying each other into the labyrinth of experience. Trust, facilitates our return from this labyrinth, by the golden thread of friendship, lightening our pathways. The labyrinth forms the darkened world of memory when to re-member the body's process and pain is fearful and unpredictable. The body visits each 'member' of it, permeating that memory through physicality into conscious awareness. It is a creative, emotional journey, uplifting and painful.

## **Panel**

Supervision

### **Moderator**

Sue Wheeler -  
University of  
Leicester, UK

## **Supervision: process and competence**

*Discussant: Claus Jacobsen - University of Aalborg, Denmark*

The international supervision research network that has been generated through SuPreNet, hosted in the UK, and through the ESRC Seminar Series that has provided a thinking space for supervision researchers, is making good progress in encouraging further research into supervision. This panel is a showcase for some of the many projects underway. It will feature three papers that report on the process of supervision, competencies inherent in the supervision process and the narrative of supervision as it impacts on the narrative of therapy. The papers report on both completed studies and studies in progress. A discussant will comment on the papers and offer ideas about ways in which the research can be extended and enhanced

### **Evaluation of Roth and Pilling's competence framework for counselling and psychotherapy supervision**

*Valerie Owen-Pugh - University of Leicester, UK, Clare Symons, Sue Wheeler*

Background: Roth and Pilling's (2009) competence framework for the supervision of psychological therapies was originally commissioned for use in the Improving Access to Psychological Therapies (IAPT) programme. However, it also has potential as a general resource, for informing research into clinical supervision and the training of supervisors. The present study sought to evaluate the framework by clarifying how well it reflects the current practice of clinical supervision, and practice on supervisor training courses. Method: The opinions of supervisors and supervisor trainers were surveyed using an online survey, to canvas opinion of the framework as a whole, followed by an optional email survey, to elicit in-depth opinion of its individual elements. A total of 352 participants completed the online survey. Findings: Participants welcomed the fact that the framework was comprehensive in coverage and potentially applicable to a range of modalities. However, some noted that it was very much a product of its IAPT origins, with a notable emphasis being placed on the educational role of supervisors. A number of generic competence elements, such as those referring to direct observation of therapy sessions, were seen to have limited applicability across modalities.

### **Do Experienced Supervisors Utilize a Theory of Supervision?**

*Jan Grant - Curtin University, Perth, Australia, Margot Schofield, Sarah Crawford*

Clinical supervision is an extensively used method to enhance therapeutic competence both in initial training and subsequently over the career span. However, it is unclear what theories or principles experienced supervisors utilise to guide their practice of supervision. This paper examines supervisor perspectives on the theories they utilise to guide their practice. The paper presents data from a qualitative project based on intensive interviews and reviews of videotaped supervision sessions with 16 supervisor-supervisee dyads. The supervisors were a purposive sample consisting of senior members of the profession with considerable expertise in supervision. Interviews were first conducted with supervisors on their theory of supervision and application of that theory in practice. Then a video of a supervision session was reviewed with the supervisor and then independently with the supervisee. Using the IPR method, supervisors and supervisees explored their reflections on the session. The paper presents data on the formal and informal theories that experienced supervisors use to guide their supervisory practice. The overlap between model of psychotherapy and model of supervision is explored.

### **Supervision and Clinical Practice: Does supervision make a difference?**

*Alison Dart - University Leicester, UK, Julie Folkes skinner, Sue Wheeler*

The university research clinic routinely collects data on all clients, counsellors and supervisors, both before the therapy commences, throughout the therapy, at the end and at follow up. The data is stored using the CORE Net system: the unique feature of this data collection protocol is the involvement of supervisors. Data

is collected on every supervision session: this includes details of clients and other matters discussed. Measures of the working alliance between supervisor and supervisee from the perspective of both parties are routinely collected every session. All therapy sessions and all supervision sessions are digitally recorded. Biographical information about supervisors and counsellors is collected and the supervisor completes a questionnaire about the progress of the counsellor every six months. This paper will present some preliminary data related to the use of supervision and its effect on the progress of therapy and outcome. The data presented will be descriptive at this stage providing information about the degree of agreement on the working alliance between supervisor and supervisee, the amount of time each client is discussed in supervision and its relationship to client progress and outcome. The analysis of recorded supervision sessions and the subsequent therapeutic sessions in a single case study of one supervision relationship will be presented.

## **Panel**

Interpersonal

### **Moderator**

Ulrike Willutzki -  
University of  
Bochum, Germany

## **Psychotherapy for patients with social phobia: Findings from the Sopho-Net study and long-term outcome of psychotherapy**

Social phobia is a highly prevalent, regularly chronic disorder. Only since 1980 it is coded as a distinct diagnostic category, and thus only since then specific therapeutic approaches have been developed. In order to promote psychotherapy research in general and interventions for social phobia in particular the German Ministry of Education and Research has funded the SOPHO-NET study, a multi-center study including psychodynamic and cognitive-behavioral approaches to psychotherapy. Moreover, with a sample size of more than 500 patients, additional analyses regarding interpersonal styles and changes as well as many other research questions are being addressed. In this panel initial results for the treatment comparisons will be reported by Falk Leichsenring. Bernhard Strauß will look at interpersonal difficulties and respective changes during the course of psychotherapy. While treatment approaches for social phobia have been shown to be effective, little is known about the long-term outcome. Following a RCT-study comparing CBT and a combined resource-oriented approach Willutzki will look at outcome 10 years after treatment termination.

### **Psychotherapy for Social Phobia: First Results from the SOPHO-NET Study**

*Falk Leichsenring - University of Giessen, Germany*

The Social Phobia Psychotherapy Research Network is a large multi-center study funded by the German Ministry for Education and Research. In the central intervention project (study A), a multicenter randomized controlled trial, refined models of manualized cognitive-behavioral therapy and manualized short-term psychodynamic psychotherapy are compared in the treatment of SP. A sample of 512 outpatients have been randomized to either cognitive-behavioral therapy, short-term psychodynamic psychotherapy or waiting list. Assessments including symptomatic measures as well as life satisfaction scales were made at baseline and at the end of treatment. In this presentation first results from the study will be presented. Reference: Leichsenring, F., Hoyer, J., Beutel, M., Herpertz, S., Hiller, W., Irle, E., Joraschky, P., König, H.H., de Liz, T.M., Nolting, B., Pöhlmann, K., Salzer, S., Schauenburg, H., Stangier, U., Strauss, B., Subic-Wrana, C., Vormfelde, S., Weniger, G., Willutzki, U., Wiltink, J., Leibing, E. (2009). The Social Phobia Psychotherapy Research Network (SOPHO-NET) - The first multi-center randomized controlled trial of psychotherapy for social phobia: rationale, methods and patient characteristics. *Psychotherapy and Psychosomatics*, 78: 35–41.

### **Changes of interpersonal problems and interpersonal motives among patients undergoing CBT/SET for social phobia**

*Bernhard Strauß - University Jena, Germany, and the members of the SOPHONET*

The paper presents results from a multisite study including a RCT-comparing CBT and supportive expressive therapy (SET) for patients suffering from social phobia. Based upon the results of the major study including social phobia related outcomes (Falk Leichsenring's paper), the presentation will focus on changes in interpersonal problems (measured with the IIP) in the entire sample of the study as well as interpersonal motives (measured with the German version of the Circumplex Scales of Interpersonal Values, CSIV). In addition to the general question if social phobics reveal specific interpersonal problems/motives, the hypothesis will be tested if a psychodynamic approach has a more profound effect on interpersonal issues than the CBT treatment.

Psychotherapy for social phobia: Long-term effectiveness of resource-focused cognitive-behavioral therapy and cognitive therapy in social phobia

*Ulrike Willutzki - Ruhr University Bochum, Germany, Tobias Teismann, Dietmar Schulte*

Psychotherapy – especially cognitive-behavioral therapy – has been shown to be effective in the treatment of social phobia. However few studies have examined the long-term effectiveness of psychotherapy. Thus, there is little information available about how enduring change in treated social phobics is. Therefore, we examined the effectiveness of a combined resource-focused cognitive-behavioral treatment (RFCBT) and of cognitive therapy (CT) for social phobia at two- and ten-year follow-up assessments. Patients who received RFCBT or CT were re-contacted after two (n = 51), and ten years (n = 27), respectively, and completed a battery of self-report questionnaires. In general, treatment gains were maintained over the 2-year follow-up on all social phobia measures. Furthermore, there was a significant posttreatment to 10-year follow-up improvement on two social phobia measures. RFCBT and CT did not differ in overall effectiveness. These results suggest that RFCBT and CT are effective and durable approaches in the treatment of social phobia.

## Panel

Attachment

Moderator

Hadas Wiseman -  
University of  
Haifa, Israel

## The Therapeutic Relationship as an Attachment Bond: Client and Therapist Perspectives

*Discussant: Marilyn Fitzpatrick - McGill University, Montreal, Canada*

A promising direction for advancing our understanding of psychotherapy relationships that work is based on integrating attachment theory and research (Bowlby, 1988; Mikulincer & Shaver, 2007) with the study of psychotherapy process and outcome. This panel brings together research from the USA, Israel and Australia that investigated attachment as a client and/or therapist variable and its relationship to the therapeutic relationship. Brent Mallinckrodt will present an overview of Bowlby's conception of the essential characteristics of an attachment bond as exhibited in psychotherapy relationships. He will present data that tested these elements in a study at a large US university counseling center over the course of time-limited therapy. Attachment of clients and therapists, attachment to the therapist, working alliance, session depth/smoothness and symptoms are assessed over time: before counseling, at the 5th session and every three sessions until termination. Hadas Wiseman will present data from the "Jerusalem-Haifa study of psychodynamic psychotherapy" (with Tishby) in which clients at an Israeli University counseling center received medium to longer-term psychotherapy. Attachment of clients and therapists, attachment to the therapist, working alliance, and symptoms are assessed over time: after sessions 5, 15 and 32; and OQ-45 also at intake and after the 36th session. Margot Schofield will present data that focused on therapist variables collected as part of the Australian version of the SPR-CRN Development of Psychotherapists Common Core Questionnaire (DPCCQ) that was completed online by 1003 Australian psychotherapists and counsellors. This version that incorporated a self-report attachment style enables to examine the relationship of therapist attachment style with therapists' relational manner in personal and therapeutic contexts.

### The Psychotherapy Relationship as Attachment: Evidence and Implications

*Brent Mallinckrodt - University of Tennessee, Knoxville, USA*

Mikulincer and Shaver (2007) identified five essential qualities of a secure child-caregiver attachment. This presentation examines how each element is manifest in some psychotherapy relationships, e.g. clients rely upon their therapist as a safe haven when they feel threatened, clients derive a sense of felt security from their therapist who serves as a secure base for psychological exploration. The hypotheses of this study hold that the stronger these elements are present, and the more rapidly they develop in the ongoing course of time-limited therapy, the greater will be reduction in client symptoms. Methods: Clients at a large U.S. university counseling center are completing self-report surveys before counseling, at the fifth session, and every three sessions thereafter until termination. Measures include: adult attachment, working alliance, client attachment to therapist, session depth/smoothness, and symptoms (OQ-45). Counselors also provided adult attachment self-ratings. Data collection is ongoing. Thus far 51 clients have completed pre-tests, 33 have completed 5th session surveys, and 16 have completed posttests. Results: Preliminary results suggest that clients with relatively secure attachment before therapy form more secure attachments and higher quality working alliances with their counselor. They also report deeper sessions during the course of counseling. Counselor adult attachment was not significantly related to client change or client psychotherapy relationship. Discussion: Preliminary results support an interpersonal model of therapy in which



clients' difficulties forming secure adult attachments outside of therapy predict difficulties forming a secure attachment and strong alliance with their therapist.

### Client and Therapist Attachment, Attachment to the Therapist and Working Alliance Over Time in Psychodynamic Psychotherapy

*Hadas Wiseman - University of Haifa, Israel, Orya Tishby*

**Aims:** The conceptual triangle of global attachment, client attachment to the therapist and alliance suggests that these constructs, although related, do not overlap (Mallinckrodt et al., 2005). This presentation will focus on what we can learn from considering client and therapist global attachment while tracking change in the client's attachment to the therapist, the alliance and outcome over the course of a one-year psychodynamic therapy. **Method:** Clients (n=60) and their therapists (n=29) at a University Counseling Center took part in the "Jerusalem-Haifa study of psychodynamic psychotherapy." Clients and therapists completed the ECR to assess global attachment; client attachment to the therapist and the alliance were assessed at 3-time points: after sessions 5, 15 and 32; and the OQ-45.2 at intake, at the 3-time points and after the 36th session. **Results:** Client avoidant attachment is associated with avoidant attachment to the therapist at all 3 time points and client anxious attachment is associated with higher avoidant as well as preoccupied attachment to the therapist at the 15th and 32nd sessions. Therapist anxious attachment was significantly related to lower client secure attachment to the therapist at the 5th session, but was not related to client or therapist alliance scores. The client attachment variables accounted for change in symptoms from intake to the 36th session beyond the alliance at the beginning of therapy. **Discussion:** The challenges that lie ahead regarding a detailed examination of the therapeutic relationship in later phases, as related to process and outcome, especially within medium- and longer-term psychotherapy, are discussed.

### Therapist Attachment Styles, Experience of Self in Close Personal Relationships, and Relational Manner in Therapy

*Margot Schofield - La Trobe University, Melbourne, Australia, David Orlinsky, Hadas Wiseman, Jan Grant*

**Aims:** Most psychotherapy research on the concept of attachment has focused on the attachment style of the client. The small amount of research available on therapist attachment style suggests that therapist attachment style affects the ways in which a secure therapeutic base is established and used. Given the importance of the therapeutic relationship to therapy outcomes, increasing research interest is being shown in the relationship between the therapist's attachment style and their relational capacities in both personal and therapeutic contexts. The Australian version of the SPR Collaborative Research Network's Development of Psychotherapists Common Core Questionnaire (DPCCQ) provided an opportunity to examine therapist attachment style and its relationship to a self-report measures of therapist relational manner in personal and therapeutic contexts. **Methods:** Online survey data were collected in 2009 from 1003 Australian psychotherapists and counsellors (76.8% female), with an average age of 53 years, and they had an average of 13.7 years in professional practice.. Attachment style was measured by the ECR-12 (Wei et al, 2007) and therapists rated on DPCCQ scales how they were in close personal relationships, and their relational manner with clients. **Findings:** The ECR items yielded 3 meaningful higher order factors: avoidant, anxious, and secure. Relationships between attachment styles and therapists' relational manner in personal and therapeutic interactions are presented. **Discussion:** Findings demonstrate a moderate and meaningful association between attachment style and relational manner in both personal and professional relationships. Strengths and limitations of the measures are explored and recommendations for future research are presented.

## Panel

Computer

**Moderator**

Markus Wolf -  
University of  
Heidelberg,  
Germany

## Technology-based service innovations for the treatment of depression

Depression is a highly prevalent mental disorder with high risk for relapse and recurrence that has significant impact on the quality of life of affected individuals. Although effective treatments are available, long-term disease management and stepped care models are needed that account for the specific conditions of recurrent and chronic depression. Recent meta-analyses indicate that Internet-based treatments for depression are feasible, effective, and have the potential to reach under served populations and provide follow-up treatments at reasonable cost. In this panel, four research groups will present technology-based innovations for the treatment and disease management of unipolar depression.

Presenting one of the few studies that have compared directly the effects of Internet-based therapy against real world therapy, Birgit Wagner will report on the effects of an adaptation of the INTERAPY approach for the treatment of depressive symptoms against face-to-face cognitive therapy. Nina Weymann will draw on data of a trial on the effectiveness of a computer-based psychotherapy program for depression to identify responders and non-responders. Gemma Kok will introduce a mobile relapse prevention program that builds on well-established psychological concepts for CT-based relapse prevention in major depressive disorders. In the last paper, Markus Wolf will outline the concept of supportive monitoring as an intervention strategy for the long-term management of recurrent depression which is currently being tested in a multi-center RCT.

#### Online versus face-to-face cognitive-behavioural therapy for depression (RCT)

*Birgit Wagner - University Hospital Leipzig, Germany, Andreas Maercker*

Background: Internet-based cognitive-behavioural interventions provide a cost-effective and low threshold treatment alternative for depression. However, little is known about the comparability of internet-based interventions with face-to-face interventions for depression. Objectives: This randomized controlled trial evaluated treatment efficacy between online (n = 25) and face-to-face (n = 28) CBT for depression. Both treatment conditions received the same 8-week treatment manual in the same time frame to maximize the comparability. Measures: Primary outcome measures were the Beck Depression Inventory (BDI). Secondary outcome measures were the Beck Suicide Ideation Scale (BSI), Beck Hopelessness Scale, anxiety (SCL-90). Results: ANOVA revealed that participants in both treatment groups improved significantly from pre-treatment to post-treatment with large treatment effects. Significant differences were found only on the anxiety scale. The patients in the online condition showed significant higher symptom reduction than the face-to-face group. Discussion: This is one of the first studies, which directly compared an internet-based intervention with face-to-face CBT. Clinical implications will be discussed.

#### Early identification of treatment success or failure in patients using the computer-based psychotherapy program "Deprexis"

*Björn Meyer - GAIA AG, Hamburg, Germany, Nadine Navarro Schmidt, Thomas Berger, Mario Weiss*

Aim: Although computer-based interventions have gained wider acceptance in the field of psychotherapy in recent years, their optimal deployment within existing treatment frameworks has not yet been clearly defined. Given scarce resources in the provision of psychotherapy and resulting widespread gaps in adequate mental health services, the implementation of computer-based treatment programs as a first step in stepped-care models is currently viewed as a promising approach. In order to permit early decisions on treatment continuation versus referral to other treatments, though, criteria for the early identification of treatment successes (or failures) are needed. Methods: The rationale of the online psychotherapy program "Deprexis" is based on standard CBT manuals for depression and elements of other evidence-based treatments such as ACT, IPT and problem-solving therapies. The individual patient's path through the treatment, however, is guided by artificial intelligence algorithms, based on each patient's unique responses and interests as they are expressed throughout the therapeutic dialogue. In the present study, patients were divided into subgroups according to their treatment success: (1) pre-post differences in symptom severity (PHQ-9) and, (2) drop-outs vs. treatment completers). These subgroups were analyzed with respect to parameters such as system usage path variability, symptoms at intake (PHQ-9), course of symptom change during the initial sessions and interpersonal interaction style with Deprexis. The sample was drawn from an ongoing study in which patients with diagnosed major depressive disorder were invited to use the program. Results and Discussion: Data from a large-scale study (N = 200) will be presented and implications for stepped care models will be discussed. Also, further applications of "Deprexis" and opportunities for conducting psychotherapy research with the program are addressed.

#### Disrupting the rhythm of depression: Prevention of relapse in depression with mobile cognitive therapy

*Gemma Kok - University of Groningen, Netherlands, Claudi Bockting, Lilian van de Kamp, Filip Smit, Evelien van Valen, Robert Schoevers, Harm van Marwijk, Pim Cuijpers, Helen Ripper, Jack Dekker, Aaron T. Beck*

Major Depressive Disorder (MDD) has a highly recurrent nature; chances of relapse rise up to 90%. This study examines the effect of adding an e-mental health intervention with SMS based monitoring, called Mobile Cognitive Therapy (M-CT) to treatment as usual (TAU) compared to TAU alone in preventing relapse.

M-CT consists of an online version of preventive cognitive therapy (PCT) based on effective face to face PCT (Bockting et al., 2005, Bockting et al., 2009) with therapist support and SMS based monitoring of mood. Remitted participants of recurrent MDD (N=268) are randomized to (1) TAU versus (2) M-CT + TAU. Primary outcome is time until relapse. Secondary outcome is symptom severity and cost effectiveness. In this presentation preliminary results of this study and the study design will be presented, also there will be a short demonstration of the new e-mental health intervention. References: Bockting CLH, Schene AH, Spinhoven Ph et al. Preventing recurrence in recurrent depression using cognitive therapy. *J Cons Clin Psychol.* 2005;73: 647-657. Bockting CLH, Spinhoven Ph, Koeter MWJ, Schene AH, Long term effects of preventive cognitive therapy in recurrent depression using: 5.5 years follow-up. *J Clin Psychiatry,* 2009;70:1621-8.

**Internet-based supportive monitoring and disease management for recurrent depression**  
*Markus Wolf - University of Heidelberg, Germany, Matthias Backenstrass, Hans Kordy*

Despite considerable advances in the evidence-based treatments and relapse prevention, the long-term management of depressive disorders remains a challenge. Many depressive disorders follow a chronic or recurrent course. Substantial proportions of patients, especially those with residual symptoms, leave treatment with considerable risk for relapses and/or persistent psychosocial impairment. Thus, cost-effective and accepted long-term disease management programs are needed in order to increase sustainability of standard treatments and improve well-being and quality of life in people with recurrent depression. In this presentation, we introduce the concept of Internet-based supportive monitoring as an disease management strategy for the specific health conditions in recurrent depression. The supportive monitoring is based on brief bi-weekly assessments of depressive symptoms and medication via the internet or an application on the patients' mobile phones. Based on the data, patients receive an immediate response that matches with their symptom course. Moreover, if the monitoring shows a health deterioration, an individual crisis management is initiated. The intervention is currently being tested in a multi-center RCT in which patients with recurrent depression are offered the program for 12 months as an add-on to standard care after the end of their index treatment. The new options that information and communication technology offers for long-term disease management for patients with recurrent depression and other chronic conditions will be discussed.

## **Panel**

Therapist

## **Moderator**

Almut Zeeck -  
University of  
Freiburg, Germany

## **New Studies of Therapists by the SPR Collaborative Research Network**

*Discussant: Helene Nissen-Lie - University of Oslo, Norway*

At the last SPR conference in Bern in 1989, a group of members who shared a common interest in therapists' professional development banded together to form the SPR Collaborative Research Network (CRN). For the past 21 years the CRN has continuously conducted a broad-ranging international study of the development of psychotherapists, based on the Development of Psychotherapists Common Core Questionnaire (DPCCQ). This panel celebrates our return home to Bern by presenting three new studies that examine the professional and personal characteristics of psychotherapists, their relation to each other, and their correlation with aspects of therapy process and outcome. Orlinsky and Rønnestad report on the dimensions of therapists' personal identity (assessed in the DPCCQ in terms of self-experience on their close personal relationships), and explore the association of these dimensions with therapists' styles of relating to patients and experiences of Healing Involvement and Stressful Involvement in therapeutic practice. Heinonen and Orlinsky examine the complex patterns of therapists' theoretical orientations revealed by DPCCQ scales and explore the degree to which the dimensions of therapists' personal identity are associated with their preferences for different theoretical orientations. Hartmann, Zeeck and Orlinsky focus on the discrepancy between patients' rating of their therapeutic alliance and their therapists' perceptions of the alliance, using measures of in-session and inter-session process and therapist experience reported on the DPCCQ to explore how the patient-therapist discrepancy in alliance ratings can best be understood.

## Personal and Professional Attributes of Psychotherapists: Relations to Each Other and to Therapeutic Work Quality

*David Orlinsky - University of Chicago, USA, Michael Helge Rønnestad*

**Aim:** Researchers' and clinicians' opinions and assumptions vary with respect to viewing psychotherapists alternately (1) as professional workers trained to correctly administer effective therapeutic techniques (whether analytic, cognitive-behavioral, etc.) or (2) as individuals with specific personal and interpersonal qualities that have a therapeutic impact on others (e.g., empathy, warmth, etc.). Both views may be true to varying extent and in different respects, but little empirical research has been done that explores the interrelations of therapists' personal and professional characteristics and their separate or combined contribution to therapeutic work quality. The present study explores one aspect of the personal/professional sides of therapeutic work. **Methods:** More than 10,000 therapists in many different countries have completed the Development of Psychotherapists Common Core Questionnaire (DPCCQ) providing a wide range of information about therapists' personal and professional characteristics. This study analyzes data on the therapist's self-experience in close personal relationships ('personal identity') and relates that to their manner in relating to patients and their experiences of effectiveness and stress in therapeutic practice. **Results:** Factor analysis identified four dimensions of therapists' personal identity: being more or less Genial, Forceful, Reclusive, and Practical in private life. Significant and substantial correlations were found with their perceived relating to patients and with scales assessing Healing Involvement and Stressful Involvement in their practice. **Discussion:** Implications of the findings for selection and training of therapists will be discussed.

## Therapists' Personal Identity and Preferred Theoretical Orientation

*Erkki Heinonen - National Institute for Health and Welfare, Helsinki, Finland, David Orlinsky*

**Aim:** A research literature has developed which examines the extent to which therapists' personality and cognitive styles predict their preferred theoretical orientations (e.g., Arthur, 2000, Boswell et al., 2009; Vasco & Dryden, 1994). These studies have mostly assessed therapist's personal characteristics as general attributes of individuals rather than as interpersonally contextualized facets of self-experience. To complement this, we focused on therapists' personal identity interpreted as their self-experience in close personal relationships, and explored their influence on therapists' theoretical orientations. **Methods:** Data from an international sample of approximately 10,500 psychotherapists were available in the SPR Collaborative Research Network data base. Therapists' self-rated theoretical preferences and personal identity were assessed with scales included in the Development of Psychotherapists Common Core Questionnaire (DPCCQ). Factor and scale analysis identified reliable dimensions of personal identity, and MRAs were used to test the predictive value of self-experience in personal relationships on theoretical orientation, controlling for other variables such as profession, career level, and nationality. **Results:** Four dimensions of personal identity were identified in the total international sample. Significant, though small, associations between personal identity dimensions and theoretical preferences were found, but personal identity did not predict theoretical orientation beyond factors such as nationality and profession. **Discussion:** Results appear to support previous findings that interpersonal qualities are less predictive of theoretical orientation than cognitive-epistemological characteristics.

## Accuracy of Therapist's Perception of Patient's Alliance: Explaining the Error

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

**Aim:** Psychotherapy research has found little to medium correspondence between the therapist's view of the patient's alliance and the patient's self-report. As patient's alliance is known to be a stable predictor of outcome, and therapists should be monitoring fluctuations and ruptures of alliance, it is important to explore the causes of the differences. **Method:** In a sample of 99 psychodynamically-oriented outpatient and day clinic treatment cases conducted by 25 therapists, session process (SEQ), intersession process (IEQ) were monitored over 10 (or more) sessions. Therapist's work involvement (TWIS) and alliance (HAQ-I) were measured at least 3 times over this period. From a linear regression of therapist's and patient's ratings of their alliance, residuals were saved and served as the indicator of therapist's error of perception. The residuals were explored for multivariate relations with patient's and therapist's session and intersession experience, as well as patient's symptom severity (SCL-90R-GSI) and quality of therapist's work

involvement. Results: The strongest predictors of therapist's deviations from patient alliance ratings were therapists' Healing Involvement and Stressful Involvement in their practice. Low Healing and high Stressful involvement predicted overestimation of patient's alliance; high Healing and low Stressful involvement predicted underestimation. Both variables explained about 23% of the variance of the error. Discussion: Implications of the findings for understanding therapeutic process will be discussed.

## **Panel Culture**

### **Moderator**

Johannes  
Zimmermann -  
University of  
Kassel, Germany

## **Unpackaging Culture in Clinical and Psychotherapy Research: Pilot Studies from Germany and Chile**

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

There is a growing interest in cross-cultural issues within the field of clinical and psychotherapy research. For example, SPR members from different countries are frequently involved in joint research projects and think about cultural differences in their datasets. But as Bond & Tedeshi (2001) noted, merely documenting cultural differences in the field may be stimulative but remains "incomplete social science" (p. 310). Accordingly, researchers should have a closer look on the specific mechanisms which account for cross-cultural variations. Following this approach, we constructed a questionnaire measuring three prominent variables from cross-cultural research: (a) independent and interdependent self construals, which refer to the degree to which people see themselves as separate from others or as connected with others (Singelis, 1994); (b) sex role ideology, which refers to prescriptive beliefs about role relationships of men and women (Kalin & Tilby, 1978); and (c) family tightness, which refers to the strength of rules and sanctioning within families (Gelfand et al., 2006). The goal of this panel is to present three pilot studies applying this questionnaire in Germany and Chile, and linking its variables to clinical phenomena or psychotherapeutic process. More specifically, the papers will examine (a) the cultural shaping of guilt in early onset depression, (b) the change of cultural variables during treatment for depression, and (c) cultural and clinical dimensions of triadic family interaction with infants. Taken together, the panel may stimulate other SPR members to think of, and engage in, "unpackaging culture" (Bond & Tedeschi, 2001, p. 311).

### **The Link Between Guilt associated Emotions and the Emergence of Affective Disorders: A Comparison Between Chilean and German Adolescents**

*Fanja Riedel - University of Heidelberg, Germany*

**Aim:** Feelings of excessive or inappropriate guilt are core symptoms of Major Depression, and adolescents aged 9-17 have a 4-8% risk of suffering from this disease. Cross-cultural studies that focus on adolescents are rare, and the substantial continuity of youth depression into adulthood has often been neglected. The objective of this study is to investigate guilt experiences in early onset depression. **Methods:** We recruited adolescent patients suffering from unipolar depression as well as healthy controls both in Heidelberg, Germany and in Santiago, Chile. Participants completed a series of questionnaires including the Self Construal Scale (Singelis, 1994), Norm Tightness and Looseness Scale (Gelfand et al., 2007), Test of Self-conscious affect (Tagney, 1990), and the BDI-II (Beck et al., 1996). **Preliminary Results:** We found a substantial difference between Chilean and German adolescents in interdependent and independent self-construals, with Chileans scoring higher on both dimensions. Chileans also scored higher on the TOSCA guilt scale. Cross-cultural differences in feelings of guilt were mediated by interdependent self-construals and family norm tightness. **Discussion:** The results indicate that high scores on guilt are associated with high interdependence and high norm tightness. Moreover, the phenomenology of guilt experiences in early onset depression differed across cultures. This could be explained by differences in self-construal and family norm tightness. We will highlight consequences for therapeutic practice and conceptual problems in the assessment of guilt.

### **The Change of Cultural Variables During Treatment for Depression**

*Nils Pfeiffer - Schoen Klinik Roseneck, Prien am Chiemsee, Germany, Annette Kämmerer*

**Aim:** In western countries society has become multicultural. Therefore, there is growing interest in the association between cultural variables and the etiology and therapy of mental disorders. The study tested whether sex roles and self construal changed during inpatient treatment in depressed patients from clinical depression to remission. **Methods:** Twenty-nine patients suffering from a major depressive episode participated in the study. Participants were in inpatient treatment, they received a combination of psychotherapy, pharmacotherapy and other interventions. On admission to as well as at the end of

treatment patients completed the Sex Role Ideology Scale (Kalin & Tilby, 1978), the Self Construal Scale (Singelis, 1994), and the BDI (Beck et al., 1961). Results: The instruments to measure sex role ideologies as well as independent and interdependent self construal showed test-retest correlations between .64 and .81. However, on the group level there were substantial mean changes: Sex roles became more conservative ( $d = .12$ ), interdependent self construal decreased ( $d = .11$ ). Mean independent self construal did not change. Discussion: The results indicate that cultural variables change substantially during treatment for depression. However, the study does not allow inferring whether this change resulted from psychotherapy, from pharmacotherapy, or from the change of depression. Future studies should expand the design of this study and implement different kinds of psychotherapy and treatments in order to find out how psychotherapy affects the individual's culture.

### Cultural Dimensions of Triadic Family Interaction with Infants

*Lisa Schwinn - University of Heidelberg, Germany*

Aim: The study will deliver insight into interactional functioning of family triads containing mother, father and infant within the first year of life. The aim is to examine how cultural dimensions such as self construals, sex role ideology and norm orientation is communicated in families and thereby implemented in infants from the beginning of their life. Methods: 61 German and 43 Chilean families were assessed. The functionality of family interaction was analyzed in the Lausanne Triologue Play (LTP, Fivaz-Depeursinge & Corboz-Warnery, 1999), with the Lausanne Family Alliance Assessment measure (FAAS, Lavanchy et al., 2008). The families completed the Self Construal Scale (Singelis, 1994), Norm Tightness and Looseness Scale (Gelfand et al., 2007), Sex Role Ideology Scale (Kalin & Tilby, 1978), and the BDI (Beck et al., 1996). Preliminary results: We found significant differences between cultures in interactional functions as well as in infant's interactional competence. German parents showed a better coordination in the structure of the task, whereas Chilean infants showed more commitment. Independent self construal correlated with better family functioning in German families and worse functioning in Chilean families, whereas the egalitarian sex role ideology correlated with better family functioning especially in Chile. The BDI correlated with less interactional functioning in Chilean families. Discussion: The results indicate that independence seems to be functional in German families and more dysfunctional in Chilean families. An egalitarian sex role ideology could be a protective factor for families in Chile. Depressive symptoms seem to be a risk factor in particular for Chilean families.

**Brief Paper**  
Instruments

**Psychometric evaluation of a short version of the Incongruence questionnaire (K-INK)**

*Sylke Andreas - Department of Medical Psychology, Hamburg, Germany, David Horstmann, Matthias Schmitz, Christoph Schmeling-Kludas, Holger Schulz*

Introduction The consistency theory by Grawe (1998) is based on the assumption, that mental processes strive for consistency and avoidance of inconsistency at a system level. In order to operationalise the construct of motivational schemata, Grosse Holtforth und Grawe (2002) developed the Inventory of Approach and Avoidance Motivation (IAAM; German version: FAMOS). For approach goals the importance and for avoidance goals the aversion of motivational goals are assessed. The Incongruence questionnaire (INK) and its short version K-INK are mainly based on the IAAM questionnaire (Grosse Holtforth and Grawe, 2002). The aim of this study was to psychometrically evaluate the short version of the Incongruence questionnaire in a widely representative clinical sample of patients in inpatient psychotherapeutic treatment. Method The data was collected in cooperation with a Clinic for Psychosomatic Medicine and Psychotherapy in Germany. Data was collected at three time points (at admission, at discharge and at 6- months follow-up). A consecutive sample of 332 patients was included in the study after providing written consent. At follow-up data of 208 patients was available. Results The present results show that the short version of the incongruence questionnaire with regard to feasibility, reliability, convergent and discriminant validity, and sensitivity to change yields satisfactory characteristics. Discussion The psychometric properties of the short version of the Incongruence-Questionnaire should be discussed in line of empirical results of other outcome measures and outcome measurement in general.

**Brief Paper**  
Family

**The Process of Recovery in Anorexia Nervosa: Two Different Paths**

*Maria Araujo - Faculty of Psychology and Education, Oporto, Portugal, Margarida Henriques, Isabel Brandao, Antonio Roma Torres*

In the 21st century, Anorexia Nervosa did not lose its poor prognosis. Over the past 50 years, little progress has been made in developing new effective treatments and there are few studies about how women recover. And, despite the evidence from research about efficacy of family therapy with young people, there is little research on family implication in recovery. In a systemic approach, this study aims to understand: How girls recover from anorexia nervosa and how families are (or not) implicated in this recovery? Analyzing autobiographical stories of recovery of Anorexia Nervosa of 20 young ex-patients (30 years old) and 10 family interviews, using a grounded theory methodology, the authors attempt to capture the sequence and nature of recovery and the possible family implication. Results show a continuum between 2 types of recovery trajectories, denominated by the authors as 'Aesthetic' and 'Relational'. In the 'aesthetic' pole, families do not take responsibility for the symptom and do not react to it with opposition. Families try to mobilize external resources to help the patient. At the end, the recovery is equivalent to a symptomatic remission and there are no family transformations. In the 'relational' pole, families adhere to family assumptions about the origin of the symptom, and blame one another. The reaction to the symptom transforms the family stage in a battlefield, until someone gives up. At the end, the narratives show changes in the family functioning and other personal transformations besides the symptomatic remission.

**Brief Paper**  
Practice

**Factors Influencing Engagement in Community-Based Mental Health Services**

*Marna Barrett - University of Pennsylvania, Philadelphia, USA, Laura Heintz, Mary Beth Connolly Gibbons, Paul Crits-Christoph*

Despite decades of research on therapy dropout, factors contributing to early engagement in treatment remain poorly understood. More than half of people calling for treatment actually attend the initial evaluation with another large percentage failing to return for the first session. This study sought to identify factors influencing consumer engagement in mental health treatment. A total of 108 consumers completed questionnaires before and after the initial evaluation. Prior to the evaluation, consumers were asked about their expectations for treatment and potential barriers. After the appointment, consumers were asked about their experience at the first appointment, whether their expectations were met, and what barriers might continue to be problematic. Analyses found that expectations for treatment did not

vary as a function of attending the initial evaluation. However, in addition to mental health issues, consumers expected therapists to address financial, medical, and religious concerns at least some of the time. In terms of barriers to treatment, only transportation and medical difficulties were endorsed as moderately problematic and these did not change as a result of attendance at the initial evaluation.

**Brief Paper**  
Migration

**The relationship between sociodemographic characteristics and help seeking behaviour in Turkish migrants**

*Kirsten Baschin - Humboldt University of Berlin, Germany, Dominik Ülsmann, Thomas Fydrich*

**Aim:** Even though few studies on this topic exist it is claimed that the utilization of the mental health care system by migrants is insufficient and often inadequate. **Aim of the study** was to investigate anticipated utilization choices of different help providers (representatives of church or supernatural powers, psychiatrist/psychotherapist, emergency services, family and friends) in the case of a mental disease as well as specific facilitating or hindering sociodemographic factors (sex, migration status, acculturation status, length of stay, residence status, socioeconomic status, country, in which education was obtained) regarding an appropriate help seeking behaviour of professionals by Turkish migrants in Berlin. **Methods:** Data of 339 participants without and with a Turkish migration background were collected in waiting rooms of general practitioners' offices in Berlin via questionnaires. Probands were supposed to rate the probability of their choice regarding different help providers for the case that they would have similar problems like a person in a demonstrated vignette who suffers from a depression. **Results:** Results regarding the help seeking preferences as well as possible factors affecting this choice will be discussed in the presentation. **Discussion:** Information about specific help seeking preferences by persons with migration background will help to determine a possible need of improvement of the help seeking behaviour by migrants. Knowledge about distinct sociodemographic characteristics which impede an adequate utilization of the professional mental health care system could be used to identify a target group to focus on regarding future interventions to promote a better help seeking behaviour in migrants.

**Brief Paper**  
Alliance

**The Therapeutic Relationship and Introject change in Dialectical Behavior Therapy: Exploring the unique contribution of Therapist and Patient Variability**

*Jamie Bedics - California Lutheran University, Thousand Oaks, CA, USA, David C. Atkins, Katherine A. Comtois, Marsha M. Linehan*

The purpose of the present study was to examine the relative contribution of therapist and patient variability in determining the association between the therapeutic relationship and introject during dialectical behavior therapy (DBT). Based on prior findings (Shearin & Linehan, 1992), we tested four hypotheses of the therapeutic relationship predicted by DBT theory including a nonpejorative hypothesis, modeling hypothesis, contingency hypothesis, and dialectical hypothesis. A total of 14 therapists provided weekly ratings of the therapeutic relationship, patient introject, and perception of patients' actions towards the therapist. All patients (N=41) participated in a one-year randomized controlled trial of dialectical behavior therapy for the treatment of borderline personality disorder. Hierarchical linear modeling was used to test our hypotheses and examine the relative effect of therapist variance, patient variance, and the cross-level interaction in determining the association between the therapeutic relationship and introject for each hypothesis. Results supported a between-therapist effect for the dialectical and modeling hypothesis suggesting the importance of therapist characteristics in determining these associations. Results supported a within-therapist effect for the contingency hypothesis suggesting patient variance as primarily contributing to this association. Lastly, the nonpejorative hypothesis showed a cross-level interaction between therapist and patient variability. Results are discussed in the context of previous findings exploring the contribution of patient and therapist variance in the alliance-outcome association (Baldwin, Wampold, & Imel, 2007).



**Brief Paper**  
Psychodynamic

**Psychoanalytic Contribution for Male intimate Partner Violence: the Role of Object Representation Assessment in Treatment Planning.**

*Silvia Benetti - UNISINOS, São Leopoldo, Brazil, Suzana Catanio Santos Nardi*

The development of intervention programs geared to treat violent man especially in intimate relationships has been a complex task involving personal, social and legal aspects of both the victim and the perpetrator. Psychoanalytic theory can contribute to the assessment and development of psychotherapy intervention considering principally the comprehension of violent acts in terms of object representation and its association to both the development of the reflexive function as well as the ability to consolidate a stable sense of the self and of the other. The objective of this work is to present the evaluation of the quality and dimensions of object relations of 15 males involved in intimate partner violence using the Bell Object Relations and Reality Testing Inventory (Bell, 1995). Results show that narcissistic elements, indicated by the highest prevalence of egocentric scores point out the need to employ psychoanalytic models of therapeutic intervention based on the development of the reflective function instead of mainly reinforcing feelings of guilt and empathy with the victim. In these sense, models such as mentalization based approaches (Bateman & Fonagy, 2010) and transference focused psychotherapy (Levy et al, 2006) are discussed and proposed as effective intervention strategies to treat male violence. Furthermore, it's highlighted the implications of both the importance of the initial assessment of object representations in relation to the development of therapeutic alliance and the evaluation of the psychotherapy process.

**Brief Paper**  
Emotion

**The relationship between adaptive affects and sense of self and others in psychotherapy for patients with cluster C personality disorders.**

*Lene Berggraf - Modum Bad Research Institute, Vikersund, Norway, Pål Ulvenes, Asle Hoffart, Bruce Wampold, Martin Svartberg, Tore Stiles & Leigh McCullough*

The PROCMAP project is conducting analysis of about 1000 videotaped sessions of psychotherapy, including cognitive and short term dynamic therapy. The goal is to investigate the contribution of various common factors' to outcome in psychotherapy for cluster C patients. These patients often report self critical thoughts and feeling of anger towards self. Fear of others being equally critical of them often leads to various difficulties in interpersonal relationships. Hypothesis: Increase of adaptive activating affects is important for change in sense of self and others and this pattern is predictive of better outcomes in therapy. Method/Instrument: The Achievement of Therapeutic Objective Scales (ATOS) was used as a process instrument. Ratings of approximately 1000 videotaped psychotherapy sessions performed by reliable research assistants operationalized the constructs of Activating affects, Sense of self and Sense of others. The outcome measures used were the SCL-90,BDI, IIP and MCMI. Statistics. The study's longitudinal data are multileveled, where the repeated measures collected each 10-minute segment of a treatment session (e.g. activating feelings) are lower level units nested within sessions and patients, which are upper level units. Therefore, mixed (repeated effects) models will be used to analyze the data, with attention to cross-lagged analyses to identify causal patterns. Results Preliminary results will be reported at the conference

**Brief Paper**  
Culture

**Cultural involvement and empowerment in Australian Aboriginal drug and alcohol treatment programs.**

*Stacey Berry - Illawarra Institute for Mental Health, Wollongong, Australia, Trevor P. Crowe, Frank P. Deane*

Aim: The extent to which clients engaged in cultural activities in treatment programs (e.g., elder mentoring, traditional artwork) and how this relates to perceived improvement and empowerment were explored. It was hypothesised that the relationship between engagement with cultural activities in treatment and perceived improvement would be mediated by general identification with Aboriginal culture. Participants: One hundred Aboriginal men who had been attending residential drug and alcohol services in NSW, Australia, for at least one month, completed a structured interview and questionnaire. Measures: The questionnaire comprised the Growth and Empowerment Measure (Haswell, Kavanagh, Tsey, Reilly, Cadet-James, Wilson, et al., 2010), Clinical Global Impressions scale (Guy, 1976), the Abbreviated Multidimensional Acculturation Scale (Zea, Asner-Self, Birman, & Buki, 2003), the Cultural

Involvement Survey and a measure of Cultural Engagement in Treatment (both developed for this research). Results: The level of engagement in cultural elements of treatment is described. The relationship between involvement in cultural activities in general and sense of empowerment is explored. Regression analysis is used to test the mediating role of cultural identification between cultural treatment activity and therapy outcomes. Discussion: The extent to which cultural treatment activities contribute to therapy outcomes has implications for program design. Further, refinement of treatment programs that incorporate cultural activities may involve consideration of baseline levels of cultural identification and involvement.

**Brief Paper**  
Integration

**Coping Styles: A Meta-analysis of Coping Styles and Outcome**

*Larry Beutler - Palo Alto University, San Jose, USA, Mark Harwood, Satoko Kimpara, David Verdirame, Kathy Blau*

It is important that children, early on, acquire both the ability to engage in self-reflection and to appraise the behavior of others in the objective world. As one begins to look both internally and externally, they must then integrate and compare the information obtained from each without becoming overwhelmed with either. The integration between internal sensitivity and external judgment - the subjective and the objective - requires that one maintain a complex but modulated response to both sources of information and to rely on a flexible system of values by which to appraise or to reflect both the impact of others on self and of self on others. The fit of patient coping style and treatment focus has been suggested as a factor that improves treatment outcome. This meta-analysis of 12 carefully selected studies tested this hypothesis. A weighted, mean effect size of .55 was found in favor of a fit between externalizing patients and symptom focused treatment or, alternatively, internalizing patients by insight focused treatment. This effect is considered to be strong and suggests that non-diagnostic patient factors, like coping style, may be important considerations in the selection of a treatment that will be effective.

**Brief Paper**  
Alliance

**Exploration of Attachment Security and Therapeutic Alliance in Couple Therapy**

*Sharon Bond - McGill University, Montreal, Canada, Tamara Glen Soles, Marjorie Rabiau*

Aim. Previous research found therapeutic alliance was a strong predictor of outcome in individual and couple therapy (Pinsof et al., 2008; Muran & Barber, 2010). Likewise, individual attachment security has been shown to predict outcome in couple therapy (Erdman & Caffery, 2004; Marvin, 2003). Few studies however, have explored how attachment security and alliance interact to predict therapy outcome. Therefore, this research explores the impact of alliance and attachment on the effectiveness of couple therapy as measured by changes in marital satisfaction domains. It is hypothesized that alliance and attachment are significantly correlated and that higher ratings of alliance and secure attachment style at intake would be associated with higher positive outcomes. Method. Participants were recruited from the Couple and Family Therapy Service at an urban hospital. Couples completed measures of attachment, marital satisfaction, and psychiatric symptoms prior to their initial evaluation. Couples also completed questionnaires related to therapeutic alliance and therapeutic goals after the third session. Measures were then completed at the end of therapy. Currently, 75 couples are enrolled. Results. 49% of the sample endorsed a secure attachment style, while 26, 11, and 14% endorsed Fearful, Preoccupied and Dismissing styles respectively. As only a subset have completed treatment, preliminary data exploring the relationship between alliance, attachment security and therapy outcome will be reported. Discussion. The implications for conducting couple therapy will be discussed. Knowing how a client's attachment status impacts both alliance and outcome provides additional tools for the therapist to increase the probability of positive therapeutic outcome.

**Brief Paper**  
Depression

**The Power of Two: Inviting Partners or Spouses to Help**

*Anna Brandon - University of North Carolina, Chapel Hill, USA, Nadia Ceccotti, Geetha Shivakumar, Robin Jarrett*

Background: The existing paradigm of addressing mental illness in an individual treatment neglects a powerful enhancement to psychotherapy: partner support. Partner-assisted therapies (PAT) include a spouse or romantic partner in sessions but are explicitly different from couples therapies by focusing upon

the patient's illness and experience of the illness. The partner is enlisted as a co-agent of change, and the dyadic relationship is used to support the treatment plan. To test the safety and feasibility of PAT, after institutional approval and informed consent eleven couples participated in PAT between January 2009 and September 2010 at the University of Texas Southwestern Medical Center at Dallas. Method: Open-label feasibility and safety study. Participants: Eleven women over 18 years of age, diagnosed with Major Depressive Disorder by clinical interview, between 12 weeks estimated gestational age and 12 weeks postpartum, and whose partners agreed to attend 8 psychotherapy sessions. Intervention: PAT is an 8-week therapy blending Interpersonal Psychotherapy (IPT) and Emotionally Focused Couples Therapy (EFT). Ten couples also attended a follow-up session 6-8 weeks after session eight. Measures: Structured Clinical Interview for DSM-IV Axis I Mental Disorders, Hamilton Rating of Depression Scale-17 Item, Edinburg Postnatal Depression Scale, and Edinburg Postnatal Depression Scale-Partner Version. Results: From Baseline to Session 8, all women responded to PAT with ten meeting criteria for remission (HRSD-17 < 9 Session 8 to Follow-Up). Data from a post-study Focus Group revealed that partners believed to have benefitted by gaining a greater understanding of depression and strategies for better supporting the women.

### **Brief Paper** Change

### **Former Patients' Perception of Change and its Relation with Psychotherapeutic Interventions**

*Malena Braun - Universidad de Belgrano, Buenos Aires, Argentina, Julieta Olivera, Paula Balbi, Andres Roussos*

INTRODUCTION: A more detailed exploration of the patient's perspective is increasingly being recognized as valuable for the understanding of the psychotherapeutic processes. The development of studies oriented to the professional awareness about the perspectives of the patient will provide relevant data that will increase our comprehension of psychotherapy and its effects. AIM: The aim of this ongoing research is to analyze how former psychotherapy patients perceive change and how they associate the therapists' interventions with that change. Methods: Semi-structured qualitative depth interviews, lasting approximately 90 minutes, were conducted with 15 former psychotherapy patients that had been in a psychotherapeutic treatment that ended no more than three years previous to the interview. A qualitative approach, with a thematic analysis, was used to analyze the interview transcripts. Results: The former patients' descriptions of change and interventions clustered around different domains: Focus of the therapists' interventions, in a continuum between symptom oriented to global functioning interventions; Type of bond (in terms of emotionally attached vs. detached) and Type of perceived change (as symptom adaptive vs. symptom altering). Discussion: The implications for clinical practice of the interrelation of those components of change and interventions are presented. The relevance of the "patient theories" about the process of change in psychotherapy generates hypothesis for future research.

### **Brief Paper** Group

### **Compendium: A Computerised Programme for the Tracking and Measurement of Group Process**

*Marion Brown - Institute of Group Analysis, London, UK, Andrew Downie; Simon Buckingham-Shum; Nicole Howard*

Compendium: A Computerised Programme for the Tracking and Measurement of Group Process Group analysis is a form of psychodynamic psychotherapy, and as has tended to lag behind cognitive behavioural therapy and other similar treatment approaches in terms of evidence based practice. In group analysis we believe that it is the psychodynamic process and the group process in combination which enable change to take place in the individual. The group process is more difficult to measure or describe and generally relies on therapists hand written notes and memory. Small wonder then that most research focuses on outcomes alone rather than seeking to identify the processes by which change came about. We are working with a computer based programme call Compendium developed by the Open University as a means of recording and analysing dialogue; its uses include web diagrams and critical pathways at work. We anticipate it will identify more clearly the process whereby individual and group change comes about. We hope to demonstrate that compendium provides an effective means of extrapolating relevant data in terms of group process in a visual form enabling easier recognition of significant patterns of discourse and points of change in individual members and the group as a whole We have used compendium to track the

group process in a brief homogeneous group. Data from this will be presented. It is soon to be trialled in a slow open heterogeneous group and as part of a means of measuring therapeutic milieu in an older adult research project.

### **Brief Paper**

Trauma

#### **Psychological distress in Lithuanian women with breast cancer**

*Giedre Bulotiene - Vilnius University, Lithuania, Laura Zalnierunaite*

Psychological distress in Lithuanian women with breast cancer Aim: About one-third of breast cancer patients experience significant emotional distress. There is a need to establish the severity of psychological distress and to determine associated factors to prioritize targets for psychological interventions. The aim of the present study was to evaluate distress in Lithuanian women with early stage of breast cancer undergoing radiotherapy and to determine factors associated with distress. Methods: We assessed 134 early breast cancer patients undergoing outpatient radiotherapy at the Institute of Oncology, Vilnius University. The distress level was assessed using the Distress Thermometer (DT) altogether with the problems checklist. Participants also completed Hospital Anxiety and Depression Scale (HADS). Results: The average DT score was  $2.67 \pm 0.212$ . Twenty percent of patients indicated distress levels of 5 or more. Sixty percent of women of age 70 and over and eighty percent of married women reported severe distress (DT score =8). Distress scores moderately correlated with the HADS depression scores. From the list of problems only family, emotional and physical problems were significantly associated with distress. Conclusions: Twenty percent of breast cancer patients undergoing radiotherapy experienced significant distress. The distress was related with family, emotional and physical problems. When rendering psychological help it is important to consider greater vulnerability of some women - of older age and married.

### **Brief Paper**

Emotion

#### **Negative Emotions Written Expression Effects in Minor Disorders Health**

*Jriso Cantuarias - Clinical Psychology Chilean Society, Santiago*

How can negative emotions influence written expression and produce minor disorder symptoms in health? There is a great deal of research about the close relationship between psychological and physical disorders, finding that anxious or depressed people report more somatic complaints and evaluate their health situation less positive than non-depressed people. Some ways that emotional experiences can influence health is through direct effects on physiological functions, in the recognition of symptoms and search for medical attention, in the involvement of healthy and unhealthy behavior as emotional regulation strategies, and in the complex relationship between health and social support. A quasi-experimental research study was carried out to evaluate health minor disorders by using The Pill Test (Pennebaker, 1997) in a group of teachers, establishing a quasi-experimental group that participated in an intervention which consisted in daily writing about important private thoughts and feelings experienced in their lives for fifteen minutes a day and for four weeks. The most relevant results were the reduction in health minor disorders in the quasi-experimental group and that a test adapted to local conditions with indicators of validity and reliability was provided, to support the results and show the importance of written expression of negative emotions in health.

### **Brief Paper**

Attachment

#### **Attachment and Trauma: Translations of Theory and Research into Clinical Practice**

*Jacqueline Carleton - USABP, New York, Jessica Kopcho*

The wealth of attachment and trauma research surfacing in recent years gives convincing scientific evidence for how the brain develops in response to attachment issues and how the nervous system is affected by trauma. The implications of these theories are being utilized in clinical practice through a variety of therapeutic techniques. Neuroscientific attachment research has shown that brain development and neural connections are directly influenced by the relationship between infant and caregiver (Allan Schore), and that insecure attachment has powerful effects on affect regulation and the brain's ability to process and withstand negative experiences. It is for this reason that people who have had insecure attachment as infants may be more likely to develop symptoms of PTSD after encountering trauma; securely attached infants are better neurologically equipped to handle the effects of trauma. It is for this reason that many therapeutic treatments for trauma victims not only address the traumatic experience at hand, but also aim to reach into the past and attend to previous attachment wounds that

may be affecting the patient's ability to cope with present experiences. This presentation will focus on a number of largely somatic- and emotion-based therapies and how they operationalize attachment theory and trauma research into their clinical work: Somatic Experiencing (SE), Accelerated-Experiential Dynamic Psychotherapy (AEDP), Sensorimotor Processing (SMP), Eye Movement Desensitization and Reprocessing (EMDR), Psycho-Physical Therapy (PPT) and Emotionally-Focused Therapy (EFT).

**Brief Paper**  
Assessment

**Experiential Assessment as an alternative methodology from a Humanistic-Experiential perspective**

*Ciro Caro García - Universidad Pontificia Comillas, Madrid, Spain, Rafael Jódar Anchía*

Experiential Assessment (EA) is proposed as a systematic approach to three activities: 1) Development of research/assessment instruments, 2) Critical analysis of those instruments, and 3) Critical consideration of the issues related to measurement and change in psychotherapy. The classical distinction between 'outcome research' and 'process research' has been the basis for researchers to differentiate outcome measures and process measures, and this configures two parallel domains of technological knowledge: one oriented to quantification –within the field of the paradigmatic explanations- and other oriented to depiction –within the field of the narrative explanations. Consequently, Psychotherapy Research is not a unitary or univocal expression and runs along two parallel and sometimes conflicting epistemological tracks. Several 'research genres' have emerged on each track, and are focused on different research methods that share some features. Some of them are under the umbrella of the constructivist procedures, and have contributed with interesting insights to the task of assessment of in-session and post-session processes and outcomes. It is from this epistemological position from where EA is formulated as a methodology consistent with the Experiential and Humanistic Theory. It is defined as a pull of conceptually related tools, procedures and meta-procedures that are person-centered and experiential, oriented to the stimulation and grasping of vivential and meaning-making processes in the context of an authentic relationship. EA is understood as an approach to research committed to the person's needs of processing, and to his/her dialectical experiential/existential process as an alternative to conduct research in psychotherapy out of the naturalistic bias.

**Brief Paper**  
Therapist

**Who are we and what do we Latin American Jungians do in Psychotherapy?**

*Alvaro Carrasco - Universidad de Chile, Santiago, Arlette Gillet, María Teresa Moreno, Ruby Dussaillant, María Elena Uettinger*

This is the report of an online survey carried out in 2009 in a sample of Jungian oriented therapist. The instrument was based in the DPCCQ questionnaire. The questionnaire explored socio-demographic characteristics, professional training, and description of clinical practice among other variables. One hundred and fourteen Jungian oriented psychotherapists answered the survey. The results show that there are a higher proportion of women. The most mentioned nationality was Brazilian. The profession most mentioned was psychologist and the sample included an important number of Jungian analyst and analyst candidates. The Jungian influence it was present since the beginning of the respondents' professional careers but it has increased with time. In their clinical practice, the therapists prefer techniques characteristic of depth psychology. The group has a very good self-perception of their own clinical and therapeutic capacities. Other results are: the decreasing importance of formal religion in the life of the therapists but the high importance of the spiritual life; 96% has some form of post-graduate training in analytical psychology; 91% has gone through their own personal therapy or analysis; the experience of the own Jungian oriented analysis is highly valued; most of the therapists work in private practice and very few in public settings. Also a qualitative analysis to the question "why you define yourself as a Jungian?" is offered. Finally some reflections on the implications for the Latin-American Jungian movement are offered.

**Brief Paper**  
Practice

**The relationship between suicide and socioeconomic change in Taiwan**

*Hsiao-Pei Chang - National Chi Nan University, Puli, Nantou, Taiwan, Chia Jung Li, Fortune Shaw*

This study aimed to explore the relationship between suicide rate and socioeconomic change from 1990 to 2009 and analyze the contributing factors to suicide in Taiwan. Two data resources were gathered. First, the official socioeconomic data (Gross Domestic Product, per capita income, unemployment rate, credit

debts, one-person household rate, unmarried rate, divorce rate, widowed rate and suicide rate) were obtained from the governmental website. Correlation and simple linear regression analysis were conducted to exam the relationship between suicide rate and socioeconomic factors. Second, the researchers gathered 2,155 completed suicide cases reported in United Daily News from 2005 to 2009. Content analysis was conducted to code those case reports, and the consistent reliability was.89 between two coders. Chi-square test was further used to explore the differences among gender, age, employment status and the relationship of family members. Strong correlation was between suicide rate and the socioeconomic factors. The result of regression analysis indicated unemployment, credit debts and divorce increased the risk of suicide (.926,  $p < .001$ ). The result of completed suicide cases analysis revealed there were significant differences among gender, employment status, relationship of family members and the cause of suicide. Male, unemployment and weak relationship of family members were the contributing factors to suicide. The results of this study indicated that suicide phenomenon was affected by socioeconomic conditions profoundly. The crash of personal finance and/or the disorganized of family structure were important factors to facilitate the risk of suicide. The implications, limitations and suggestions were discussed.

### **Brief Paper** Body

### **Obesity Disordered Eating Questionnaire: a self-report measure for dysfunctional eating in obese patients undergoing bariatric surgery**

*Eva Conceição - University of Minho, Braga, Portugal, Ana Vaz, Paulo Machado*

Introduction: Although obesity is commonly associated with the presence of eating disorders' (ED) symptoms, obese patients show specific maladaptive eating patterns that lead to overeating. Up to date, there is no self-report measure designed to address the specific eating patterns common in the obese population and questionnaires developed to ED patients are often used. We have developed a self-report questionnaire (Obesity Disordered Eating Questionnaire – ODE-Q) based on Eating Disorder Examination (EDE) questionnaire, that addresses eating disorders symptomatology, as well as loss of control and other maladaptive eating behaviors common in obese persons. This study intended to examine the psychometric properties of the ODE and test its utility to screen for dysfunctional eating behaviors. Method: ODE was administered to 130 obese patients undergoing bariatric surgery, pre or post operatively. Psychometric characteristics were analyzed and scores compared to the EDE interview. Results: The scale possessed good reliability ( $\alpha = 0,855$ ) and convergent validity, with 36,487 % of shared variance between EDE-Q and ODE. Individuals with eating disorders identified by ODE presented elevations when compared to controls on validated measures of eating disturbances ( $t(105) = -5,49$ ;  $p < 0,001$ ). The scale significantly distinguished between the EDE-identified binge and non-binge group, suggesting good discriminant validity. Criterion validity was fair with  $k$  values ranging from 0,22 to 0,41, but agreement coefficients suggest that ODE is a good screening measure. Conclusion: ODE showed to be a good self-report questionnaire to evaluate ED common clinical features and useful to screen for dysfunctional eating behaviors.

### **Brief Paper** Interpersonal

### **Copy process assessment and case formulation in Interpersonal Reconstructive Therapy**

*Kenneth Critchfield - University of Utah, Salt Lake City, USA, Christie Karpiak, Lorna Smith Benjamin*

Repeated interpersonal patterns are central to case conceptualization in Interpersonal Reconstructive Therapy (IRT), which asserts that a patient's problems can be understood in light of experiences with early attachment figures. Impact of the early experience is usually detectable in one or more of 3 basic "copy processes" (CP): 1) Identification, be like the early attachment figure, 2) Recapitulation, act like the figure is still present and in charge, and 3) Introjection, treat myself as I was treated. Previous work using a questionnaire method has provided evidence for the ubiquity of CP (Critchfield & Benjamin, 2008; 2010). Non-clinical raters primarily copy a securely-attached pattern. Only patients copy maladaptive relating at greater than base rate expectation. In IRT, an interview-based formulation is used to narrowly specify links between symptoms and internalized attachment figures. Previous work suggests inter-clinician reliability for the interview method is strong, but overlap with the questionnaire-based method has not been studied previously. Aims: to provide an overview of two different methods for identifying CP, compare their results empirically, and discuss implications for treatment. Method:  $N = 18$  patients with

available data were referred for consult after repeat hospitalizations and non-responsiveness to treatment. Clinical profiles all involve chronic, severe, and comorbid problems including strong presence of personality disorder. Each received an interview-based case formulation conducted by the third author and completed the Intrex questionnaire. Results & Discussion: Reliable overlap as well as divergence in CP is noted that has implications for clinical use of these two complementary assessment methods.

**Brief Paper**  
Training

**Beliefs about self or knowledge about psychotherapy orientation: which is more important?**

*Geanina Cucu Ciuhan - University of Pitesti, Romania, Nicoleta Raban Motounu*

A previous study showed that there is a significant difference between the students' conscious and unconscious option for psychotherapy orientation. They try to make the best choice based on efficiency studies in the field. Their unconscious option is associated with certain personality traits and interpersonal problems. The objective of the study was to determine the proportion in which the students tend to choose the therapeutic orientation according to their beliefs about themselves, their self-acceptance or in line with their theoretical knowledge about the psychotherapy. In order to accomplish this objective an experiment was conducted. We used a pre-posttest experimental design, with experimental and control group. The subjects were undergraduate psychology students, 50 in the third year (experimental group) and 50 in the second year (control group). The experimental intervention combined theoretical lectures and practical seminars during a compulsory Psychotherapy orientations course. Instruments: student's beliefs about themselves were assessed with the Young Schemas Questionnaire – Short Form (YSQ-S3); their self-acceptance was determined with Unconditional Self-Acceptance Questionnaire (USAQ); and a specially made questionnaire was used in order to determine student's preferences concerning psychotherapy training, taking into consideration the three orientations in psychotherapy: psychodynamic, cognitive – behavioral, and humanistic. (Statistical data included.) The findings suggest a model of option making to be used in initial psychotherapy training.

**Brief Paper**  
Narrative

**The narrative traces of elaboration: The study of assimilation through narrative indices**

*David Dias Neto - University of Sheffield & University of Lisbon, UK & Portugal, Kim Dent-Brown, Telmo M. Baptista*

The way clients integrate and elaborate meanings in the course of psychotherapy is crucial to their change. This process has been designated as assimilation and it is considered an important client related process of change. The attention to this process and the shaping of the intervention according to the extent of assimilation increases the impact of psychotherapy. To this end, therapists rely on clues provided by clients in the content or style of their narratives. The goal of this study is to systematize this process, by seeking to identify indices of assimilation in the narratives of clients. Indices are representations of the narrative process of assimilation and can provide further insight into the understanding of assimilation. This study is a cross-sectional analysis of individual sessions of psychotherapy of 30 adult clients with depression. The indices were derived through a qualitative analysis and a system of indices was devised. The system was then studied empirically to examine its validity and reliability. Results are discussed in terms of future research and its implications. This type of research contributes to the understanding of the process of assimilation and it has clinical relevance due to the identification of clinical signs that can be used for assessment or guiding intervention.

**Brief Paper**  
Integration

**Therapeutic Interventions Utilized by Master Clinicians**

*Marc Diener - Argosy University, Arlington, USA*

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, Bonge, & Blais, 2005). In addition, several judges used the CPPS to complete ratings of prototypical interventions based on publications by the master clinicians. Results: Interrater reliability for judges' coding decisions as well as examination of PI and CB interventions utilized

by the clinicians will be presented. In addition, differential use of PI vs. CB interventions will be compared across clinicians, and ratings of prototypical interventions will be compared to ratings of actual interventions utilized in sessions. 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.

**Brief Paper**  
Change

**Facilitating change in supported computerised cognitive behavioural therapy (CCBT) for depression: What do NHS clients say is important?**

*Kate Doran - The University of Sheffield, UK, Gillian E. Hardy, Glenys D. Parry, Rosemary Barber*

**Aim:** To elicit NHS clients' perspectives on helping and hindering aspects of their experience in using a named cCBT programme ("Beating the Blues") with case management support as a preliminary step in developing a model of change pertaining to supported cCBT. **Methods:** The service manager of an Improving Access to Psychological Therapies site contacted 225 people who had recently completed "Beating the Blues". A covering letter introduced the research study, and a flyer from the researcher invited potential participants to provide her with their contact details if they were interested in finding out more about the study. Of the 27 who responded to this flyer, 22 participated in in-depth interviews, divided between good and poor clinical outcome and whether or not they completed 8 modules of the programme. Interviews were loosely structured around a topic guide exploring participants' experiences of using cCBT. All interviews were recorded and transcribed. Interview transcript data were analysed using Framework. **Results:** Analysis is in process. Four super-ordinate themes have thus far been identified: contextual fit; relating to the service; the experience of change; and power. **Discussion:** It is anticipated that the discussion will focus on the finding that where a service facilitates the use of cCBT for depression, the relationship with the service plays an important role in the change process.

**Brief Paper**  
Trauma

**Predictors of successful EMDR treatment for PTSD: An online survey with experts**

*Johannes C. Ehrenthal - University of Heidelberg, Germany, Anna Molle, Ulrike Dinger, Frank Wagner, Henning Schauenburg*

Posttraumatic stress disorder (PTSD) is a serious mental disorder with relatively high prevalence rates and comorbidity. Several psychological treatments are considered efficacious, including Eye Movement Desensitization and Reprocessing (EMDR). Considering the widespread implementation of EMDR in clinical practice, surprisingly little research has been published on general or specific predictors of good treatment outcome. This is of special relevance, as not only clinical experience strongly suggests that some patients seem more suitable for EMDR treatment than others, but there is also an ongoing debate about proposed mechanisms of change vs. common factors in the management of PTSD. Goal of the current study is to explore predictors of treatment success according to EMDR practitioner experience. In an ongoing study, licensed EMDR practitioners from a large German database were encouraged to reply to an online-survey. Data on EMDR-specific, trauma-specific and common predictors of psychotherapy outcome are assessed, including aspects of patient personality as well as therapist variables. First results of the study will be presented and discussed with special emphasis on implications for current clinical practice as well as the discussion about specific vs. common factors in the treatment of PTSD.

**Brief Paper**  
Emotion

**Differences in Emotion Regulation**

*Katrin Endtner - Department of Psychotherapy, Bern, Switzerland, Marianne Hänni, Wolfgang Tschacher*

**Aim:** Research in psychotherapy defines emotion regulation as a common factor that is promoting therapeutic changes. Psychotherapy research also shows that problems of emotion regulation are at the core of many different psychiatric disorders. In recent years, several researchers developed concepts regarding this topic. Greenberg and colleagues distinguish between two categories of emotion regulation problems: emotional under- and overregulation. Whereas the first category is associated with diminished impulse control, the second is constituted of difficulties in perceiving and expressing emotions. Our interest was to examine the differences in emotion regulation. **Method:** Patients of a psychotherapy day clinic attended a specific group therapy program aimed at improving emotion regulation. The program included interventions to control impulses and interventions focussing on a more appropriate perception and expression of emotions. The evaluation of the program was based on pre-post comparisons of



standard questionnaires and on repeated assessments of therapy processes using session reports. Results and discussion: Results of about 60 patients attending the group therapy in emotion regulation will be presented. Different clusters depending on a patient's position on the two emotion regulation dimensions were found. In relation to these clusters specific patterns are detailed. The results show positive changes on several dimensions as well as the reduction of psychiatric symptoms.

**Brief Paper**  
Disorder

**Clinical and Research Debates about Generalized Anxiety Disorder among Cognitive Therapists and Psychoanalysts**

*Ignacio Etchebarne - Universidad de Belgrano, Buenos Aires, Argentina, Santiago Juan, Juan Martín Gómez Penedo, Andrés J. Roussos*

**INTRODUCTION:** Generalized Anxiety Disorder (GAD) is the anxiety disorder that has undergone greater amount of modifications from its first publication in the DSM-III to the drafts of the DSM-5, and its nature is still in discussion within different theoretical frameworks. **AIM:** The goal of the present study was to analyze the congruence between current research debates about GAD and its clinical conceptualization by cognitive therapists and psychoanalysts. **Methods:** Individual interviews of two samples of psychotherapists from Buenos Aires were conducted: A group of 20 psychotherapists (10 cognitive and 10 psychoanalytic) with varying degrees of expertise, were asked to listen to the audio of a fictional patient meeting DSM-IV-TR criteria for a GAD, and to present their case conceptualization (approach and diagnosis). A second group of 10 expert psychoanalysts and 5 expert cognitive therapists were asked explicitly about their clinical conceptualization of what DSM-IV-TR typifies as GAD. **Consensual Qualitative Research (CQR) methodology** was used to analyze the data. **Results:** Various domains were found relevant, especially those in relation to the nature and link between anxiety and worry, the function of worry, GAD's diagnostic validity, and focus of the case conceptualization. **Discussion:** The frequency of categories across therapists was classified, and relationships among categories from different domains were detected, generating hypotheses about future research and implications for clinical practice.

**Brief Paper**  
Change

**Positioning dynamics and Innovative Moments in a good outcome case of emotion focused therapy**

*Isabel Fernandes - Instituto Superior da Maia, Portugal, Pedro Lourenço, Anita Santos, João Salgado, Miguel Gonçalves, Inês Mendes. Lynne Angus, Leslie Greenberg*

In a dialogical perspective, self is described in a constant process of self positioning and repositioning. So, the identification of the self positions assumed by a person in therapeutic conversation is important to understand the organizational patterns and mechanisms involved in change process. On the other hand, the work on the Innovative Moments has showed that clients change can be perceived from the lens of narrative exceptions configuration, from which re-conceptualization innovative moments emerges as having a pivotal role in the change process. The aim of this work is to study the self-positions' dynamics and to understand which positions are related with innovation. We analyzed "Lisa" case, a good outcome case of emotion-focused therapy, with the Positioning Microanalysis Manual (Cunha, Salgado, Santos & Marques, 2009) in order to depict positioning that take place along the therapy session. Then, the results from the Innovative Moments Coding System (IMCS, version 7.1; Gonçalves, Matos, & Santos, 2008) were added and analyzed (cf. Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010). Our main goal is to analyze from which identity positions, or from which pattern of positions, the innovative moments depart, allowing the patient to understand new narratives beyond the problematic narrative. This is a work in progress, so main findings will be presented and implications for practice will be discussed.

**Brief Paper**  
Change

**Corrective Experiences Remembered lively**

*Nicola Ferrari - University of Bern, Switzerland, Franz Caspar*

**Aim:** Corrective experiences are rather intensive events: Hard to imagine that a patient would not remember them, even after a while. But what about subtle processes preceding, going along with, and following such events? They seem to be important for the occurrence and for lasting effects of such events. These processes are often intuitive and hard to put into words. **Methods:** Stimulated recall immediately following events is generally considered the most valid method to tap into cognitive-emotional processes. Brief structured recall (Elliott & Shapiro, 1988) is a variation especially adapted for

reconstructions with patients. This method has been used to reconstruct processes in patients around corrective experiences in integratively oriented cbts following the concept of Grawe (1998). Adjunctively, sessions with corrective experiences were compared with sessions without such events with diverse video analyses. Results: First analyses which are part of a more extensive study will be reported to demonstrate the applicability of the methods, and results will be reported from 20 cases.

**Brief Paper**  
Other

**Predictors for patients' perceived needs for psychosocial and psychotherapeutic support after breast cancer rehabilitation**

*Juliane Fink - University Medical Center Hamburg-Eppendorf, Germany, Holger Schulz, Kai Kossow, Hans Kordy, Uwe Koch, Birgit Watzke*

**Aim** Although many studies have shown that the diagnosis of breast cancer is associated with a wide range of potentially persistent psychosocial problems and needs, only a small percentage of women do participate in professional psychooncological and psychotherapeutic treatment (Mehnerdt & Koch, 2008). Given these assumptions, the aim of this study is to identify patients' perceived needs for psychosocial support. A special focus will be set on investigating predictors of patient's subjective desires for professional support. **Methods** In a prospective multicenter study data at admission (N=700) and discharge of cancer rehabilitation are assessed through standardized self-report questionnaires. Statistical analyses focus on linear regression prediction of patients' perceived need for psychosocial and psychotherapeutic treatment from sociodemographic characteristics, anxiety and depression symptoms, functional health and self-efficacy expectations. **Results and Discussion** Data assessment will be completed in May 2011. Results of the assessment will be presented with regard to the improvement of acceptance of and access to psychosocial and psychotherapeutic treatment offered after cancer rehabilitation. Findings may lead to implications for patient education and information in terms of reducing the gap between perceived need for and actual use of psychosocial and psychotherapeutic support.

**Brief Paper**  
Group

**Therapist interventions and patient working capacity in a group psychotherapy for substance addicted offenders**

*Maria Isabel Fontao - Reichenau Psychiatric Centre, Germany, Massau, C., Heinrich, C., Hoffmann, K., Mielke, R., & Ross, T.*

There is still a lack of knowledge about therapist interventions in psychodynamically oriented group therapy with offenders which are deemed to enhance patient working capacity. Patient working capacity is a psychodynamic construct which is assumed to be related with therapeutic effectiveness. This single case study explores the relationship between therapist interventions and patient working capacity in a group therapy for drug and alcohol addicted male offenders in a forensic psychiatric unit. Patient working capacity is assessed by external raters with the California Psychotherapy Alliance Scales (CALPAS-G; Gaston & Marmar, 1993); therapist interventions are measured by external raters by means of the Multitheoretical List of Therapeutic Interventions (MULTI; McCarthy & Barber, 2009; Fontao, Müller, & Ross, 2009). Selected results are presented and clinical implications are discussed.

**Brief Paper**  
Alliance

**Relationship Indices in Time-Limited Psychotherapy**

*Jairo Fuertes - Baruch College and Adelphi University, New York, USA, Claudia Perolini, Adam Joncich, Marissa Miller, David Cheng, Caroline Kasnakian, Charles Gelso*

The relationship that develops between therapists and clients has been shown to have a substantial impact on the success or failure of treatment (Gelso, 2011). While research has been directed at studying the role of the working alliance and of transference/counter-transference in therapy (Gelso and Hayes, 1998), research is only beginning to examine the real relationship in therapy, and no study that these authors are aware of has examined all three hypothesized facets of the relationship in one study. Using 6 therapy dyads, we examined the development and level of association between all three hypothesized facets of the relationship, namely, the real relationship, the working alliance, and the transference/counter-transference configuration. These three facets were examined with respect to insight and quality of sessions. Results indicate that ratings of the working alliance and real relationship overlapped considerably within and across therapists and clients. In contrast, ratings between counter-transference, and real relationship and working alliance did not overlap, except for negative counter-transference (CTR)

with client-rated working alliance (CWA). Results also indicate that the real relationship is moderately and positively related to transference, strongly related to insight, and moderately to quality of sessions. The working alliance is positively and moderately related to transference and strongly related to insight, and moderately related to clients' ratings of quality of sessions. Counter-transference is positively and moderately related to transference, and negative counter-transference is positively but modestly associated with insight. CTR is not related to quality of sessions.

**Brief Paper**  
Inpatient

### **Motivational factors predict successful treatment of anxiety (more than treatment techniques)**

*Edgar Geissner - Roseneck Hospital for Psychosomatic Disorders, Prien, Germany, Johannes Mander; Petra Maria Ivert*

Anxiety patients participating in CBT gain from treatment in different ways, as clinical observations show. Low motivation could reduce, good motivation can raise the outcome. The study examined 3 aspects of motivation (a) planning and mobilizing energy, (b) perseverance and (c) dealing with failure. We expected that patients which are initially high in those will gain more in anxiety treatment. And: If motivation could be raised during treatment, this should lead to further anxiety reduction. 200 anxiety patients were assessed by BAI, ACQ, MI, BSQ, SCL5/7. Motivation was measured by HAKEMP (Kuhl). Patients were examined 3 times including a 6 months FU. Intervention had an inpatient format focusing on exposure and cognitive therapy. Global results show good overall treatment outcome at discharge and stable effects after 6 mths. Differential results concerning motivational variables revealed good improvements in mobilizing energy and dealing with failure. Most important motivational gains during treatment revealed strong and stable effects on anxiety. Well motivated patients clearly showed better anxiety reductions than patients low in those. On the one hand exposure and treating dysfunctional cognitions themselves are effective. On the other hand concentrating on more general motivational styles (mobilizing energy, planning action, perseverance, dealing with failure) seems to be even more important. Implications: Effective therapy not only should focus on treatment techniques like exposure but should strengthen motivational aspects e.g. planning, setting goals, cope with unsuccessful trials, mobilize energy and efforts, conduct appropriate attributions, keep good self esteem and morale.

**Brief Paper**  
Narrative

### **The DFA as method for modelling the psychotherapy process: a study of convergent validity**

*Alessandro Gennaro - Università del Salento, Lecce, Italy, Sergio Salvatore, Andrea Auletta, Diego Rocco*

Psychotherapy process can be seen as an intersubjective dynamic of meaning exchange (Salvatore et al., 2009; Valsiner, 2001). In our perspective intersubjective sensemaking dynamics strongly depends on the way contents are combined into the discourse's flow (Salvatore et al 2009). According to such a perspective, the Discourse Flow Analysis (DFA) allows a dynamic analysis of sensemaking, focusing on the temporal patterns of meanings, rather than on the survey of discrete contents, by means of an automated low-inferential procedure of content analysis able to take into account the contextuality of the meaning. The present work applied the DFA to a 14 session good outcome psychotherapy process (Cristiano's Case). Data have been analyzed in comparison with data obtained by the application of the Referential Activity method (RA; Bucci, 1994) and other clinical indexes (e.g. defense mechanisms, therapeutic alliance) in order to verify clinical dimension of DFA trend. Results highlights an overall convergence between parameters and thus provide support to the DFA's validity.

**Brief Paper**  
Psychodynamic

### **The Melbourne Outcome Study of Psychoanalytic Psychotherapy (MOSPP): Preliminary findings**

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

Over the past three years the Victorian Association of Psychoanalytic Psychotherapists in Melbourne, Australia, has overseen the establishment of a Clinic providing psychoanalytic psychotherapy to adult patients from low-income households. Funding from a local philanthropic body has enabled patients to access up to two years of twice-weekly sessions with an experienced psychotherapist. In collaboration with Clinic management and psychotherapists, the Melbourne Outcome Study of Psychoanalytic

Psychotherapy has simultaneously been developed with the aim of exploring the processes and outcomes of psychoanalytic psychotherapy in this rare context. This paper will introduce the Melbourne Outcome Study of Psychoanalytic Psychotherapy and consider some recent outcome data from the first wave of patients to complete their two years of therapy at the Clinic. Qualitative data from patient and therapist narrative interviews will enrich the outcome picture and highlight some of the challenges and sensitivities of conducting scientifically-informed research in a psychoanalytic context.

**Brief Paper**  
Interpersonal

**Processing the therapeutic relationship: initial data on the reliability and factor structure of a new clinician-report measure of interpersonal patterns**

*Alessio Gori - University of Florence, Italy, Marco Giannini, Mary Luca*

Research demonstrated that the clinician's reactions to the patients may have diagnostic and therapeutic relevance and can, if properly used, facilitate rather than inhibit treatment. The present study provides initial data on the reliability and factor structure of a new clinician-report measure of interpersonal patterns designed to assess the client's behaviors with the therapist and the clinician's responses. This measure, called Risk of Conflict Scale (RCS), is based on a cognitive-interpersonal theory, and includes a client's section, to identify how the client appears in the relationship, and a therapist's section, to analyze the countertransference. The measure is based on a Circumplex model, with the two interpersonal dimensions of Dominance and Nurturance; the two-dimensional space was divided into eight equal sectors (octants), and four items were identified that best characterized each octant. The eight octants were labelled, respectively, Love (LOV), Openness (OP), Dominance (DOM), Arrogance (ARR), Hate (HAT), Closure (C), Submission (S), Respect (R). A sample of 168 certified psychologists and psychotherapists completed the Risk of Conflict Scale (RCS) at the end of a session. A group composed of 34 psychotherapists completed also the Countertransference Questionnaire (CQ). We applied Factor Analysis to identify the factor structure of the Risk of Conflict Scale (RCS). Then we examined the relationship between each of the eight factors and diagnosis of the DSM-IV. The Risk of Conflict Scale (RCS) showed good psychometric properties. High correlation between the RSQ factors and the CQ factors indicate the good concurrent validity of the instrument.

**Brief Paper**  
Assessment

**An encounter between research, organisational and clinical culture in a psychoanalytic psychotherapy Clinic**

*Michael Green - Glen Nevis Clinic, Melbourne, Australia, Celia Godfrey, Suzanne Dean, Jeanette Beaufof, Bruce Tonge, Jenny Howard*

The Glen Nevis Clinic in Melbourne, Australia, provides subsidised psychoanalytic psychotherapy and is home to the Melbourne Outcome Study of Psychoanalytic Psychotherapy (MOSPP). The Clinic is funded by a local philanthropic trust and supported by the Victorian Association of Psychoanalytic Psychotherapists (VAPP). It employs fifteen therapists, five supervisors, a research fellow and has approximately 50 patients in treatment at any one time. This paper provides an account of the development of intake and assessment procedures at the Clinic and the complex encounter between clinical, organisational and research priorities in this process. In addition, results of a recent research program investigating qualitative and quantitative measures of patient assessment are provided.

**Brief Paper**  
Integration

**Differential change in integrative psychotherapy: A re-analysis**

*Martin Grosse Holtforth - University of Zurich, Switzerland, Wilm, K., Beyermann, S., Rhode, A., Trost, R., Steyer, W.*

General Psychotherapy (GPT; Grawe, 1997) is a research-informed psychotherapy that combines cognitive-behavioral and process-experiential techniques and that assumes motivational clarification and problem mastery as central mechanisms of change. To isolate the effect of motivational clarification, GPT was compared to a treatment that proscribed motivational clarification (Disorder-Specific Psychotherapy, DSPT) in a randomized-controlled trial with 67 diagnostically heterogeneous outpatients. Previous analyses demonstrated equal outcomes and some superiority for highly avoidant patients in GPT. Re-analyses using causal-analytic methods confirmed equal changes, but also showed superior effects for GPT in highly symptomatic patients. Results are discussed regarding theory, methodological limitations, and implications for research and practice.

**Brief Paper**  
Change

**Understanding the pathways to therapeutic change**

*Ilan Harpaz-Rotem - Yale University, New Haven, USA, Sidney J. Blatt*

Processes that lead to normal development of the representations of self and others are also central to understanding processes of therapeutic change. These processes primarily 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 evaluated the contribution of different attributes of interpersonal relationships to the development of the self and to patients' well-being during the course of psychotherapy of adolescents and young adults. Our aim was to map the different paths to positive therapeutic gains in psychotherapy. 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. 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. 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.

**Brief Paper**  
Interpersonal

**Narcissism in psychiatric inpatients: Relation to interpersonal problems, adult attachment and outcome**

*Maria Hausberg - University Medical Centre Hamburg-Eppendorf, Germany, Claas Happach, Sylke Andreas*

Despite substantial interest from the clinical and theoretical perspective narcissism has received little attention in empirical research. Previous studies investigating this phenomenon primarily involve non-clinical samples. One major finding is the association between narcissism and interpersonal impairments. Results of a recent study show that this association is also present in a sample of psychiatric outpatients. Moreover there is some evidence that adult attachment may also be related to narcissistic self-regulation mechanisms. However less is known about this in patients suffering from mental disorders. The aim of this exploratory study is therefore to investigate aspects of narcissism which relate to interpersonal problems and adult attachment in a sample of psychiatric inpatients and to explore the impact on treatment outcome. A total of 97 patients consecutively admitted to a psychiatric hospital filled in self-report measures of narcissism, interpersonal problems and adult attachment as well as symptom severity at the beginning of inpatient therapy and at discharge. Data are examined using bivariate correlation and t-tests for group comparison. Preliminary results show that those aspects of narcissism which reflect vulnerability are significantly related to exploitability, problems in feeling accepted and need for care, while grandiosity correlates with cold, abrasive behaviour and dominance. Patients classified as ambivalent-anxious or avoidant show significant higher levels of narcissistic anger and longing for ideal self-object than those in the secure group. Results of the study will be discussed in relation to findings from non-clinical populations and with respect to clinical practice.

**Brief Paper**  
Group

**Drew's Hope: A support group program for children, teens, and their families**

*Shirley Hess - Shippensburg University, USA, Kurt Dunkel*

The project's purpose was to explore group members' experiences of being a part of "Drew's Hope," a seven-session grief and loss support program for children, teens, and their adult families. Drew's Hope reaches out to the underserved and never-served families in rural communities. Families are provided dinner and then meet in semi-structured thematic and age-specific group sessions. We hope this longitudinal study will enhance our understanding of the meaning and impact of grief and loss support groups. A pre-group and post-group assessment (e.g., Impact of Event Scale) is administered to the teen and adult groups. All groups take the Outcome Rating Scale (how was your week) at the beginning of each session and take the Session Review Scale (how was the session) at the end of each session. A Final Evaluation assessing the overall program is administered at the end of the final session. The program is currently completing its fifth semester and findings from the pre, post, and final assessments demonstrate

the groups are working and families are getting needed support. Results suggest that clients' participation in age-specific and theme groups help them feel supported and understood by their group and able to honor and discuss the loved one who died. Overall, participants are satisfied with their experience as group members. Given these findings, further work should be done to create such programs in areas where grief services are not readily available to families.

**Brief Paper**  
Family

**Systemic Family Outreach Intervention (SFOI) for Young Out-of-treatment Drug Users: 6 months follow-up**

*Carmen Gloria Hidalgo - Pontificia Universidad Católica de Chile, Santiago, Andrea Jaramillo, Rodrigo Santis, Viviana Hayden, Andrea Lasagna, Ivan Armijo*

In Chile, only a 5% of low-income out-of-treatment drug users enter into treatment each year. 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 years. They must live with at least one responsible adult family member who is not a drug user. 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). Drug users were recruited in the community by outreach workers. The EG received 15 to 20 sessions (in their homes) of Brief Strategic Family Therapy by clinical psychologists who were selected, trained and supervised by experts. Outcome assessment included the Addiction Severity Index-6 and questionnaires about family functioning, parental practices and risk behaviors. Results: mean age sample was 18.5 years and 62.3% male, without differences between groups. Clinical significance of changes (Jacobson and Truax method) have shown that the SFOI reduced significantly the severity of substance use, increased the level of conflict in families, the reports by parents of conduct disorders of subjects and parent alienation compared with OW. This presentation will announce a comparison between pre, post treatment and 6 month follow up interventions showing the effectiveness of SFOI to maintain the reduce substance use and changes in family functioning and parenting practices.

**Brief Paper**  
Linguistic

**How to model the Acquirement of Meaning of Terms in Language as Functions**

*Isabella Hinterleitner - Vienna University of Technology, Austria, Klaus Doblhammer, Dietmar Bruckner*

How does a set of symbols or a symbol as such gain its meaning? This is a central question ranging from semantics that is a subpart of linguistics to computer science. In the semantic Web for example there has been some research dealing with the topic how semantics can be stored and retrieved by means of domain ontologies. According to Freud, language enables a higher psychic organization (Freud, 1915), as mental content is organized by means of word representations in secondary processing. Originally, Freud founded the conception of thing representations and word representations in order to distinguish conscious and unconscious representations being processed (Freud, 1891). Essential for conscious processing are thing representations and their connection to the appropriate word representations. The psychoanalytical model of Freud is an aid for attaching meaning to symbols, just as the usage of ontologies of word representations for organizing mental content. The approach is based on neuro-psychoanalysis that can be used to gap the bridge between the psychoanalytical model on one side and the neurological model on the other side. The goal of the work is to make use of the psychoanalytical model in automation and robotics. The concept of neuro-psychoanalysis is applied for example, when a robot enters the room and has to fulfil a task based on a memory of situated knowledge. Practically, sensor values are processed in a neuro-psychoanalytical way, detected and stored as memory symbols. Therefore, ontologies of word representations are needed to make the connection to conscious processing. N.B.: The topic could potentially fit to Len Horowitz's Open Discussion round on Communion.

**Brief Paper**  
Supervision

**Diary Writings as a way of Mindfulness to Transformation the Supervision Effects**

*Su-Fei Huang - National Yang-Ming University, Taipei, Taiwan, Chiu, Wei-Chien*

Abstract The aims of the research are articulate the mindfulness process and function of the supervisee through diary writing after supervised. The supervisee in this research is a female with qualified counseling psychologist for 4 years practice experience. The supervisor is a female with qualified counseling psychologist for 20 years practice experience. The research material were 13 dairy copies. The

diary has two parts. First part was the note for supervise, supervisee make explanation to elaborate why it is important to be noted. Secondary part was reflection for supervise. Qualitative research way of "Content - Categorical" narrative analysis method was apply in this study. Diary writings as a way of mindfulness effect address as follow. The results of note for supervise are shows 4 dimensions: 1. Mindfulness to the supervisee. 2. Mindfulness to the client. 3. Mindfulness to the counseling concepts. 4. Mindfulness to the supervisor. The mindfulness process of the reflection for supervise shows from beginning to the end as: 1. absorb new knowledge 2. experience connection 3. put herself in understanding 4. dialectical thinking over and over again 5. questioning 6. integrative reconciliation 7. elasticity displacement 8. firm belief. There is different characteristic between two parts dairies. The 4 dimensions of note for supervises are lateral thinking that is thoughtful and completed breadth style. And the 8 mindfulness process of reflection for supervise are vertical thinking that is a spiral dug wells deepen style. The features of note for supervisee are 1. They are all interrogative sentence 2. They are focus on the client, others are not involved. 3. Sequentially from easy to complicated. The 3 features of reflection for supervise are 1. Write when significant event happened and connecting to supervisee's issues. 2. Write when impact with a concept different from supervisee's experience. 3. Write when crisis occur during counseling session. There are 2 mindfulness features about counseling concepts: 1. the main concern are from client & skill to counselor & context. 2. The diary writing enhances supervisee's professional development. It is confirms Stoltenberg's developmental theory. Supervisee at different stages shows different mindfulness aspects. It will be more dialectical thinking & questioning mindfulness style when supervisee is stay at beginning state. It will be more enlarge view & integrative reconciliation mindfulness style when supervisee is stay at intermediate state. It will be more whole scene & reframing mindfulness style when supervisee is stay at advanced state. Key words: mindfulness displacement diary writing self-supervision

**Brief Paper**  
Depression

**How do depressed patients after termination of treatment develop? A three-year's follow- up (Munich Psychotherapy Study, MPS)**

*Dorothea Huber - International University Berlin, Germany, Gerhard Henrich, Guenther Klug*

**Aim:** With accumulating scientific evidence of the recurrent nature of unipolar depression, there has been a paradigm shift in psychotherapy outcome research from assessing mere recovery to the prevention of relapses and recurrences. Therefore an investigation from an extended follow-up perspective is obligatory. **Methods:** The current follow up study is based on the Munich Psychotherapy Study (MPS), a prospective, quasi-experimental study that compares psychoanalytic (n=35) and psychodynamic (n=31) therapy in a randomized design, whereas cognitive behaviour therapy (n=34) was added later. As a main goal of the study was to measure mode-specific effects, measurement of changes in symptoms, interpersonal problems, intrapsychic structure and attainment of individual goals were applied. Measurement points were at pre-treatment, at post-treatment and at one-year follow-up. Subsequently, in the current study, we added a two-years and a three-year's follow-up. Patients of all three experimental groups filled out a self-rating questionnaire for ICD-10 diagnosis together with the questionnaires they had before. Therapeutic change was evaluated by comparisons of means (analysis of covariance with pre-treatment scores as covariate), additionally standardised effect sizes and clinical significance were calculated. **Results:** Treatment groups did not differ significantly in self-rated symptomatic change, but they differed significantly in clinician-rated diagnosis, in interpersonal and intrapsychic change at one-year follow-up. Results of two- and three-years follow-up will be presented. **Discussion:** Above all, differences in stability of the effects will be discussed.

**Brief Paper**  
Attachment

**Narrative Evaluation of Psychotherapeutic Change: Symptoms, Personality Traits, Coping Strategies and Attachment Internal Working Models**

*Elisabetta Ibernì - Centre for Psychoanalytic Studies, Essex, UK, Valeria Crisafulli, Valentina Liberati, Virginia Nizz, Alessandra De Coro.*

The aim of this work is to explore the relation between changes in narratives and representational processes in a group of 10 borderline patients, before and after a year of psychotherapeutic treatment psycho-dynamically oriented, and modifications related to symptomatic, personality and coping strategies dimensions. The study has been conducted in the context of a Public Mental Health Service in Rome, Italy.

Assessment conducted pre and post psychotherapy has been conducted using different instruments, in order to assess: a) symptoms, Symptom Check List-90 (SCL-90) (De Rogatis, 1977; 1984; 1994); b) defensive mechanisms, Response Evaluation Measure-71 (REM-71) (Steiner, Arauyo, Koopman, 2001); c) coping strategies, Coping Orientation to Problems Experienced (COPE) (Sica, Novara, Dorz, Sanavio, 1997); d) personality, Shedler-Westen Assessment Procedure-200 (SWAP-200) (Shedler, Westen, Lingardi, 2001); e) attachment, Adult Attachment Interview (George, Kaplan, Main, 1985). In order to evaluate the Narrative and Representational dimension has been applied the Coherence Q-Sort (Beijersbergen, M., Bakermans-Kranenburg, M.J., Van Ijzendoorn, M.H., 2006), a new q-sort methodology, focused on the analysis of conversational processes. Qualitative and quantitative data analysis has been conducted: results shows: a) the importance to adopt dimensional (versus categorical) measures for the change of attachment internal working models; b) a negative correlation between attachment security and psychopathological aspects.

## **Brief Paper** Supervision

### **Clinical Supervision in Denmark: Results from the Danish DPCCQ study of supervision.**

*Claus Haugaard Jacobsen - Aalborg University, Denmark, Jan Nielsen*

**Aim:** Supervision is a vital factor in the professional development of psychotherapists, and was rated by novice therapists as the most important factor in their own current development (Orlinsky & Rønnestad, 2005). Paradoxically, the standard version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) has only few questions on supervision. To rectify this limitation, a recent Danish version of the DPCCQ included two new sections on supervision, one focusing on supervisees and another on supervisors and their supervisory training. This paper presents our initial findings on giving and receiving clinical supervision as reported by therapists in Denmark. **Method:** Currently, the Danish sample consists of 350 clinical psychologist doing psychotherapy who completed DPCCQ. Data are currently being prepared for statistical analysis. **Results:** This paper will focus primarily on describing the amount and type of supervision received and given by the sample. Findings from these descriptive statistics will be compared within the sample across demographic parameters such as age and sex, and professional characteristics such as career level, theoretical preferences, type of clients (pathology), satisfaction or distress at work, etc. **Discussion:** Implications of the findings for the development of therapists and the training of supervisors will be discussed. **References:** Orlinsky, D.E. & Rønnestad, M. H. (2005) (eds.). How psychotherapists develop. Washington, DC: American Psychological Association.

## **Brief Paper** Supervision

### **Beyond non Specific Therapeutic Factors – how to Systematically Improve Psychotherapy Education Programs**

*Gunnel Jacobsson - Stockholm University, Sweden, Thomas Lindgren, Stephan Hau*

Postgraduate psychotherapy education combines teaching of theoretical knowledge, applied clinical experience as well as clinical practice under supervision. In an ongoing naturalistic study, the interplay between learning declarative and procedural knowledge and the development of a professional identity as a psychotherapist are investigated. Two educational programs, both located at the Department of Psychology, Stockholm university, are evaluated: A postgraduate psychotherapy education program and the psychotherapeutic training taught during the later part of the MSc Psychology education program. Much of the skills formed during the training concerns acquiring a procedural clinical knowledge. At the same time the process of developing a psychotherapeutic identity is very much linked to the capacity to form working alliances with patients, supervisors, and teachers. However, these complex interactive processes have to be studied systematically in order to improve the effectiveness of education programs. The processes of learning procedural knowledge and the communicative aspects of the education are investigated by means of video recordings, interviews, questionnaires, student's written therapy reports, and performance measures. Students, supervisors, teachers, and patients are studied before, during and after the educational programs. The project is expected to further our understanding on how to develop the education for becoming a competent psychotherapist. Preliminary results, based on student's written therapy reports and interview data from the group of students, will be presented.



**Brief Paper**  
Disorder

**Common mental disorders and psychotherapeutic treatment in young adult**

*Karen Jansen - Universidade Catolica de Pelotas, Brazil, Natália Brum Vinhas, Renata Bonati Peters, Luciano Dias de Mattos Souza, Liliane da Costa Ores, Ricardo Tavares Pinheiro, Ricardo Azevedo da Silva*

The aim of this study was to assess the prevalence of common mental disorders (CMD) and history of psychotherapeutic treatment in a sample of young adult. This is a cross sectional population-based study of young people 18-24 years living in the urban area of Pelotas, (Brazil). The sample selection was made by conglomerates. The occurrence of common mental disorders was assessed using the Self-Reporting Questionnaire (SRQ-20). The history of psychotherapeutic treatment has been questioned on the purpose of verifying the data looking for mental health services, consultation with a psychiatrist or psychologist, forms of access (public or private), degree of satisfaction, noncompliance and therapeutic reasons for the abandonment. Among the 1560 young people interviewed, the prevalence of CMD was 24.5%, however, only 29.9% had consulted a psychologist or psychiatrist, while 35.3% have or are currently psychotherapeutic treatment. For young people with CMD, the perception of psychiatric disorder was present among 43.0%, the remainder reported not suffer or have suffered at some time in life for such problems. Abandonment psychotherapy was present in 58.1% of young people with CMD. The prevalence of CMD is high, however, few seek treatment psychotherapy, as the young students did not perceive themselves to the disease.

**Brief Paper**  
Measures

**Psychological Wellbeing Early Measurement and Dropout Prediction**

*Rafael Jodar - Comillas University, Madrid, Spain, Rufino Meana, Juan P Nuñez, Gonzalo Hervas*

The importance of measuring not only symptoms but strengths and wellbeing resources is becoming a common field in psychotherapy research. The main goal of this study is to explore the role that the different psychological wellbeing dimensions play in the prediction of the reason of interruption of therapeutic treatment. A total of 105 patients that started treatment in the Psychosocial Intervention Unit (Comillas University) agreed to participate in the research. After the first session with the therapist they were administered the Spanish version of the Ryff Psychological Wellbeing Scale (Díaz et al., 2006; Ryff, 1989). The main results show that patients with a successful end of therapy showed higher scores in self-acceptance, personal growth, environmental mastery and purpose in life compared to patients who abandon treatment. Our results are discussed in the context of other studies that highlight the predictive power of psychological wellbeing (e.g. depression relapse, chronic pain).

**Brief Paper**  
Interpersonal

**Empathy, Adherence, and Outcome in Interpersonal Reconstructive Therapy with Treatment-Resistant Patients**

*Christie Karpiak - University of Scranton, USA, Kenneth Critchfield, Lorna Smith Benjamin*

In Interpersonal Reconstructive Therapy (IRT: Benjamin, 2003) individual case formulations (CF) guide intervention choices. Key internalized figures are identified in the CF based on evidence of patterns of Identification (be like him or her), Recapitulation (act as if he or she is still present), and Introjection (treat self as he or she treated me). IRT seeks to help patients become aware of copied patterns and their role in maintaining psychological proximity to internalized versions of loved ones, and to choose to differentiate from the "family in the head" and develop more adaptive patterns. A reliable measure of adherence has been developed to quantify therapist and patient use of the underlying IRT principles that guide treatment. Aim: To detect expected associations between aspects of IRT adherence and diverse outcomes. Method: Patients referred to the IRT clinic qualify for the acronym 'CORDS': Comorbid, Often Rehospitalized, Dysfunctional, and Suicidal. Seven CORDS cases were followed in outpatient IRT. They provided data about symptoms, rehospitalization rates, and personality patterns. Sessions 1, 6, and 12 were rated for therapist expression of accurate empathy, support for the patient's "Growth Collaborator" relative to the "Regressive Loyalist" (G/R support), and overall patient engagement with the IRT therapy steps. Results and Discussion. Therapist adherence to IRT principles is significantly associated with patient retention and engagement in treatment, improvement in mood and personality symptoms, and prevention of rehospitalization. In general, the formulation-specific element (G/R support) appears to be more associated with outcome than the common factor of empathy.

**Brief Paper**  
Attachment

**The impact of audio-taped AAI-transcripts on countertransference reactions**

*Helmut Kirchmann - Jena University Hospital, Germany, Elisabeth Bruederle, Bernhard Strauss*

For the purpose of clarifying the association between patients' pre-treatment attachment characteristics and the quality of the therapeutic relationship, we randomly assigned 3 audio-taped AAI-transcript sequences – each representing prototypically a secure (autonomous), an ambivalent (enmeshed), or an avoidant (dismissive) attachment representation – to a sample of N = 343 medical students. After the presentation of the audio-sequences, participants' well-being, their evaluations of friendliness of the interviewed person, and their readiness for social interaction with the person were measured. Data analyses indicated that the ambivalent AAI-tape evoked the highest impairment of well-being, whereas the participants' evaluations of friendliness and their readiness for social interaction were lowest with regard to the avoidant audio-tape. Interactions between AAI-tape sequences and listeners' attachment characteristics were not found. With our study we replicated findings from Martin et al. (2007) who described the same countertransference reaction pattern within a sample of psychotherapy trainees.

**Brief Paper**  
Depression

**The effectiveness of short- and long-term psychotherapy during 7-year follow-up**

*Paul Knekt - National Institute for Health and Welfare, Helsinki, Finland, Olavi Lindfors, Esa Virtala, Tommi Härkänen, Laura Sares-Jäske, Maarit A. Laaksonen*

Background: The majority of studies on the effectiveness of psychotherapy have reported results for relatively short follow-up times. In this study the effectiveness of short-term and long-term psychotherapy was compared during a very long follow-up. Methods: A total of 326 psychiatric outpatients with mood or anxiety disorder were randomly assigned to solution-focused therapy (12 sessions), short-term psychodynamic (20 sessions) and long-term psychodynamic psychotherapy (240 sessions) in Helsinki Psychotherapy Study. The patients were followed from start of treatment and assessed 11 times during a 7-year follow-up. Symptom Check List (anxiety, depression, and general symptom scale), Work-subscale of the Social Adjustment Scale, and use of auxiliary treatment (psychotherapy, psychotropic medication, and psychiatric hospitalization) were used as outcome measures. Results: A reduction in psychiatric symptoms and improvement in work ability and functional capacity was noted in all treatment groups. The short-term therapies were more effective than long-term psychotherapy during the first year, whereas the long-term therapy was more effective after 3 years of follow-up. No significant differences were observed between long- and short-term therapies during the 4 last years of follow-up. A total of 80% of the patients in the short-term therapy groups and 60% in the long-term therapy group used auxiliary treatment. Conclusions: Short-term psychotherapy gives faster benefits than long-term psychotherapy, but in the long run no notable differences in symptoms or working ability are seen. Considerably auxiliary treatments are taken after the end of the intervention implying further need of treatment. These findings should be repeated in other populations until firm conclusions can be made.

**Brief Paper**  
Therapist

**Therapists' lived experience of mindfulness: a phenomenological exploration**

*Maria Ersi Koliri - Metanoia Institute/Middlesex University, London, UK*

Mindfulness-based therapeutic interventions have attracted a lot of interest from the psychotherapeutic community; the concept of mindfulness and its main propositions (non-striving, non-judging, a "beginner's eye" towards inner and outer phenomena etc) (Kabat-Zinn, 1990) have introduced "eastern"/Buddhist concepts into a western frame of working with the human psyche and have spanned from specific programmes such as the Mindfulness-based Stress Reduction (MBSR) (Kabat-Zinn, 1990) and the Mindfulness-based Cognitive Therapy (MBCT) (Segal, Williams & Teasdale, 2002) to applications within the psychotherapeutic process (Baer, 2006; Germer, Siegel & Fulton, 2005). Research in the field of psychotherapy and Mindfulness has been concerned with the question of whether such an integration is possible, the mode of implementation and the expected results (Baer, 2003; Bishop 2004; Mace, 2007); very little seems to be written on the therapists' lived experience of using Mindfulness on a personal and a professional level. In this paper it is argued that the exploration of such an experience could provide important information on the appeal of the approach for western therapists especially in the case of experienced practitioners who have been previously trained in and have worked using other approaches. This research project involves a phenomenological exploration of the experience of such therapists; it presents the results of the first phase of the research project, using qualitative analysis of semi-structured

interviews of 6 therapists from various cultural backgrounds (3 British; one German; one Greek; one Turkish). The emerging themes are presented and the implications on the role of therapist are discussed.

**Brief Paper**  
Training

**Formation of Integrative Training Conception: A Case Study of the Training in Psychotherapy Integration**

*Jana Kostinkova - Masaryk University, Brno, Czech Republic, Jan Roubal*

This case study explores the process of formation of integrative training. What are the specifics of formation of integrative training? The study analyses three years of the formation of a long-term psychotherapy training – Training in Psychotherapy Integration (TPI). Using qualitative methodology the authors analysed trainers' correspondence, accreditation documents and the focus group with trainers conducted before the training began. The results indicate significant topics concerning the process of the formation of the training conception – searching for philosophy of the training, TPI conception vs. other integrative trainings, atmosphere in trainers' team, trainers own anxiety concerning the psychotherapy integration, parallel between formation of integrative training and attending integrative training, question of therapist identity and theory of integration vs. practice of teaching psychotherapy integration.

**Brief Paper**  
Depression

**Efficacy of Interpersonal Psychotherapy for Depressed Infertile Women**

*Diana Koszycki - University of Ottawa, Canada, Jean-Claude Bisserte, Pierre Blier, John Markowitz, Jacques Bradwejn*

Infertility is a risk factor for depression in women. While there is consensus that depressed women are more impaired by infertility and have a worse outcome with fertility treatment than non-depressed women, the evidence base for treating depression in this population of women is limited. This study determined whether Interpersonal Psychotherapy (IPT), a first-line depression-focussed intervention, is more efficacious than a non-specific control psychotherapy for infertile women with MDD. Medication-free women with at least moderately severe depression were randomly assigned to 12 weeks of IPT (n=15) or supportive psychotherapy (SP) (n=16). Attrition rate was 20% for IPT and 37.5% for SP (p=.28). ANCOVA revealed that IPT was superior to SP in decreasing BDI-II scores (p<0.05), with a similar trend found for blind ratings on the MADRS and CGI-S scales (ps<0.10). Response, defined as a 50% reduction from baseline in MADRS scores, occurred in 73.3% of IPT and 37.5% of SP patients (p<0.05). Remission (HAM-D score <8) occurred in 60% of IPT and 31.2% of SP patients (p=0.11). These preliminary findings suggest that IPT may be an efficacious treatment for depressed women struggling with infertility. Funded by the Ontario Mental Health Foundation and University Medical Research Fund.

**Brief Paper**  
Assessment

**Processes of Change during Mindfulness-Based Cognitive Therapy for Depression**

*Zeno Kupper - University Hospital of Psychiatry, Bern, Switzerland, Eveline Aschwanden, Claudia Bergomi, Wolfgang Tschacher*

Objectives: Mindfulness based cognitive therapy for depression (MBCT) has shown to be an effective intervention for the reduction of depressive relapse. In patients with three or more depressive episodes MBCT has halved relapse rates. However, research on the mechanisms and processes of change during MBCT remains scarce. In this study processes during MBCT were recorded and analyzed. Methods: A newly developed self-report measure (Daily Mindfulness Scale, DMS) was applied daily during the MBCT program, yielding 49 detailed daily reports. The self-reports included the assessment of mood, the mindfulness facets of present moment awareness and acceptance on the given day, a report on the awareness of personal goals and values, as well as related achievements on a given day. Additionally, subject filed a short qualitative report of experience and mindfulness practice at a given day. 40 patients from MBCT groups were included in this study. This approaches allowed for single case studies of processes during MBCT, as well as for an analysis on a groups level. Results: Results from single case studies suggest that the quantitative and qualitative measures used are congruent. The assessments allow to analyze typical change processes during MBCT. Both rather nonspecific signs of change (eg. better mood) as well as more specific signs of change became evident. There was evidence for less rumination, less endangered for depressive thought patterns following mood swings, and generally a sense of increased ability both to accept and to influence present experiences and living situations.

Conclusions: The assessment methods and analysis strategy used in this study seem both feasible in clinical practices and a promising approach to a more precise understanding of the processes of change during MBCT.

**Brief Paper**  
Depression

**Prediction of suitability for short- and long-term psychotherapy**

*Maarit A Laaksonen - National Institute for Health and Welfare, Helsinki, Finland, Paul Knekt, Olavi Lindfors*

Aim: Various pre-treatment patient-related factors have been considered essential for prediction of the outcome of psychotherapies of different length, but studies comparing the relative importance of such factors is lacking. This study compares the prediction of patient-related factors on changes in psychiatric symptoms in short- and long-term psychotherapy. Methods: A total of 326 psychiatric outpatients, aged 20-46 years, and suffering from mood or anxiety disorders were randomly assigned to short-term (psychodynamic or solution-focused) psychotherapy or long-term psychodynamic psychotherapy in the Helsinki Psychotherapy Study. Patients' psychiatric history, psychological, social, and socio-demographic factors were assessed at baseline. Psychiatric symptoms were measured with the Symptom Check List, Global Severity Index (SCL-90-GSI) at baseline and 7 times during a 3-year follow-up. Results: Patients with clearly circumscribed focus (e.g. certain childhood adversities), with good overall suitability (e.g. good suitability score based on several psychological patient factors), or with insufficient aptitudes (e.g. weak dispositional optimism) for long-term psychotherapy seemed to gain sufficiently from and be suitable for short-term psychotherapy. Patients with good aptitudes for long-term psychotherapy (e.g. high quality of object relations) seemed to get additional benefits from long-term psychotherapy and patients with poor overall suitability (e.g. poor suitability score, negative self-concept) seemed to need long-term psychotherapy to recover. Certain patients, equipped with very poor overall suitability, failed to benefit from either psychotherapy. Conclusions: Several patient-related factors seem to predict the amount of therapy needed to recover and information on these factors may be utilized as decision aid when referring patients to short- or long-term psychotherapy.

**Brief Paper**  
Personality

**Client Personality and Homework Task Variables as Predictors of Compliance with Self-Help Homework Assignments: Results from a Randomized Controlled Trial.**

*Georgios Lampropoulos - Florida State University, Tallahassee, USA, Jerry Walker*

Aim: Research on predictors of compliance with self-help therapeutic homework assignments has yielded mixed and inconsistent results. The effects of client personality, as well as those of various task variables related to homework assignments have been even less frequently investigated. This study aimed at testing the role of client personality, based on the big Five Factor model (FFM) of personality, on the quantity and quality of client compliance with homework. In addition, several task assignment variables were tested as predictors of compliance. Method: Seventy one college students with at least mild symptoms of depression (scores of 10 or higher on CES-D), who completed the three experimental conditions in a randomized controlled trial testing 2-week long self-help homework interventions (derived from CBT and positive psychology orientations), provided data for this study. Measures of predictor variables included the Revised NEO Personality Inventory (NEO-PI-R), and various items assessing client perceptions and experiences with the self-help homework task assignment. Client self-reported ratings of quantity (how much) and quality (how well) of completion of the assignments were the criterion variables. Results: Multiple regression analyses revealed that low client depression, client introversion, lack of obstacles in implementing the assignments, high match of assignment with client goals, and high degree of involvement in planning the assignment predicted quantity of completion of the self-help activities. Further, client neuroticism, low perceived difficulty of the assignment, and high level of pleasure derived from the assignment were predictors of quality of completion of the self-help activities. Discussion: These results confirm some existing findings of predictors of compliance with self-help homework assignments, and include some intriguing new findings on the role of client personality and task variables. Results and their implications will be present and discussed in detail.

**Brief Paper**  
Emotion

**Patient's emotional processes and psychopathology**

*Filipa Machado Vaz - Universidade de Lisboa, Portugal, António Branco Vasco, João Machado Vaz*

Abstract: Patients frequently display a non-adapted functioning in one or more of the aspects of the emotional processing, namely on the attention, differentiation, intensity, expression and regulation of emotions that will impede the normative function of emotions. Adjustment problems may then arise. Although previous analyses were conducted about the importance of emotions in psychopathology, the present paper will examine how each one of the emotional processes are dysfunctional in patients. The goal of this study was to further investigate the impact of emotional attention, differentiation, regulation, intensity and expression in the maintenance of several types of psychopathology, namely Depression, Anxiety and Personality disorders. Methods: The analyses will be based on data from a randomized clinical trial involving 122 patients. Once individual differences moderate how emotions are experienced, we used specific measures that access the various emotional components during psychotherapy. Psychopathology was measure via the Brief Symptom Inventory (Degoratis, 1975) and by the diagnostic given by the therapist. Results: Preliminary results indicate that the difficulties in emotion differentiation, regulation and expression predict the maintenance of several psychopathological symptoms and in all disorders evaluated. Discussion: Results suggest that patients' dysfunctional emotional processes are not likely to be a simple consequence of psychopathological symptoms but a intrinsic factor on the development and maintenance of psychopathology

**Brief Paper**  
Inpatient

**Expressive writing for patients with coronary heart disease undergoing residential cardiac rehabilitation**

*Gian Mauro Manzoni - Istituto Auxologico Italiano, Verbania-Piancavallo, Italy, Gianluca Castelnuovo, Nadia Vegliante, Enrico Molinari*

AIM: Coronary heart disease (CHD) is typically associated with impaired quality of life, depression, anxiety and psychological stress. Expressive writing (EW) has shown beneficial effects on such variables in patients with a variety of chronic illnesses. We sought to determine for the first time whether EW benefits also patients with CHD. Methods: A prospective, randomized, controlled trial is ongoing to evaluate the psychological and physiological effects of using EW in patients with CHD (N=60) participating in a residential cardiac rehabilitation (CR) program. Patients were randomly assigned to write thoughts and emotions (EW group) or facts (control group) about heart disease and treatment. Depression, anxiety, quality of life, post-traumatic growth and several coronary risk factors were recorded at baseline, at the end of the 4-week CR program and at 3 months after discharge. Follow-up at 6 and 12 months is ongoing. Results: Quality of life as well as several coronary risk factors significantly improved in both groups at 3 months and no between-group effect was evident in longitudinal multi-level regression modelling. Post-traumatic growth showed a significant improvement only within EW group along with improvement in depression. CONCLUSION: EW showed ad interim additional psychological benefits in patients with CHD when included as a component of cardiac rehabilitation.

**Brief Paper**  
Psychodynamic

**Recovery and non-recovery after psychotherapy with transference interpretation: 2 case studies from FEST**

*Alice Marble - University of Oslo, Norway, Randi Ulberg, Per Høglend*

Presentation of two case studies of depressed women from the FEST study with poor quality of object relations and PD who received transference interpretation. The role of pre-treatment motivation in recovery is explored. Recovery is defined by specified gains on PFS, GAF, IIP and GSI. The case studies include short excerpts from sessions. Patient-therapist interaction is illustrated by SASB-scored sessions that capture amount of autonomy-control and friendliness-hostility. Patient and therapist scored measures of rapport, and measures of therapist countertransference will be presented. Use of the therapist's countertransference experience is emphasized. How to understand the different outcomes is central. What was the contribution of patient limitations, what was the contribution of therapist technique?

**Brief Paper**  
Narrative

**Maltreated Children: Their Autobiographical narrative and maltreatment experiences**

*Henriques Margarida - Faculdade de Psicologia e de Ciências da Educação, Porto, Portugal, Catarina Ribeiro and Pedro Saraiva*

In the context of a narrative approach focus on the process of meaning construction, the aim of this research is to explore how institutionalized children construct the narratives about their life and how they talk about maltreatment or neglected past experiences. In general, the institutionalization of children occurs after several adverse life experiences (maltreatment, negligence). The self has the need to search mean and coherence to their life events, in order to avoid its' fragmentation (Ogawa et al., 1997). Therefore maltreatment experiences constitute higher challenges to self-integration. The focus of this study is: how institutionalized children construct their life story and maltreatment narratives; and to compare the quality of the maltreatment narratives with other autobiographical narrative produced for the same participants (control narratives). 16 institutionalized children (10 girls, 6 boys), with ages between 7-12 years old (Mean=9.19, SD=1.68) were interviewed using the Maltreatment Narratives Interview for Children, built for that purpose. The narratives were analyzed using the System of Evaluation the Narrative Matrix (Gonçalves, Henriques et al.), which include 3 standard measures of narrative structural, process and content. Data revealed that these children are able to produce an intelligible narrative about a very difficult period of their past, which evidences significant statistically higher levels of complexity and diversity and no differences in terms of coherence than control narratives. So, it seems that the very disturbing experience stimulates its adjectivation and the diversity, but without a strong structural coherence, suggesting the need of the intervention to promote their integration of these.

**Brief Paper**  
Practice

**Exploring the interface between psychotherapists and research issues: results of a survey and subsequent action plan**

*Liz McDónnell - UKCP, London, Peter Stratton*

**Aim:** This paper reports on key findings from United Kingdom Council for Psychotherapy (UKCP) Spotlight on Research Survey. It also describes how the UKCP Research Faculty Committee has responded to this through a program of work that seeks to strengthen UKCP research culture. **Methods:** UKCP members were asked to complete a survey around research issues that explored their experiences of, and activities around research as well as their views of priority research-related issues. Approximately 6, 800 members received an email of the survey and surveys were distributed at the UKCP 2010 Research Conference. 588 members responded to the survey. Quantitative data were analysed using SPSS and qualitative answers were subjected to a thematic analysis. **Results:** Members most commonly engaged with research through reading and discussions with colleagues. Lack of time was a key barrier to research engagement and doing it collaboratively with other therapists was a facilitating factor. Issues around the 'effectiveness of psychotherapy' (in particular in relation to therapeutic processes) was the most commonly identified priority issue for UKCP as an organisation, for members' own modalities, as well as the area of most interest for members. Appropriate forms of dissemination of research findings were supported. **Discussion:** The survey has begun a process of understanding what some psychotherapists need and want from research. Issues around the effectiveness of psychotherapy will form the basis of many of the UKCP RFC's coming activities eg through disseminating research findings, providing opportunities for collaboration, developing various research resources and debating issues around evidence.

**Brief Paper**  
Change

**Does symptom change during inpatient psychotherapy predict long-term outcome?**

*Hanne Melchior - University Medical Center Hamburg-Eppendorf, Germany, Holger Schulz, Levente Kriston, Anika Hergert, Kerstin Hofreuter-Gätgens, Corinna Bergelt, Matthias Morfeld, Uwe Koch-Gromus, Birgit Watzke*

**Aim** Treatment duration for patients with mental disorders has constantly been reduced, while symptom change during treatment has only been sparsely analyzed. This study aimed to examine whether the long-term outcome of inpatient treatment can be predicted by changes in symptom severity during treatment. **Method** In a prospective multicenter study, repeated weekly measurements of symptom severity as well

as 6-month follow-up data were assessed. To identify distinct subgroups of symptom change, growth mixture modeling (GMM) was applied. In order to evaluate the stability of improvement the subgroups were compared with regard to long-term outcome using covariance and regression analysis. Results In a consecutive sample of N = 576 patients (mean age: 43.9 years; 78% female; main diagnostic groups: depression, eating, adjustment and anxiety disorders; mean treatment duration: 42 days) four subgroups of symptom change were identified: gradual response (71%), non-response (11%), early response (9%) and delayed response (5%). Long-term outcome proved to be statistically significantly different across groups. Patients with early response improved with the highest effect size (Cohen's  $d = 1.6$ ) compared to the other groups. After controlling for the effects of demographic and clinical variables, symptom course still accounted for 15% of variance in outcome (total  $R = .55$ ). Discussion Research on patient subgroups with GMM captures the heterogeneity of symptom change. Results will be discussed with regard to their clinical implications. Classifications of symptom change courses may allow for an optimization of treatment processes.

**Brief Paper**  
Other

### **A Qualitative Study on Clients' Experience of Therapy Termination: does theoretical orientation make a difference?**

*Raquel Mesquita - University of Minho, Braga, Portugal, Eugénia Ribeiro*

**Aim:** The interest on therapy termination has grown considerably in the past few years (Joyce et al, 2007; O'Donohue & Cucciare, 2008; Davis, 2008). In our paper we present a qualitative study that has the objective of understanding the experience of therapy termination and describing differences emergent from processes with different theoretical orientations. The questions orienting the study are: How do clients construct the ending of the therapeutic process? What emotions/ feelings/ thoughts do they talk about? **Methods:** Participants are 20 clients, 10 have undergone cognitive-behavioral oriented therapy, and other 10 have undergone constructive-narrative oriented processes. After the last therapy session participants are asked to write a letter as if they are writing to their therapist, talking about their experience of terminating therapy. Afterwards, we interview them, with open questions about therapy and how they have experienced its last phase. Letters and interviews are analysed using Consensual Qualitative Research. **Results:** We present results comparing the emergent theory from the analysis of letters and interviews, describing the differences between the 2 groups. **Discussion:** We aim to discuss the implications of clients' diverse meanings and experiences about therapy termination, in cognitive-behavioral and constructivist-narrative psychotherapy processes.

**Brief Paper**  
Neuroscience

### **Emotion regulation and cerebral effects of psychotherapy: a meta-analysis of neuroimaging studies**

*Irene Messina - Università degli Studi di Padova, Italy, Marco Sambin, Arianna Palmieri, Roberto Viviani, Enrico Benelli*

Reappraisal has been identified as a protective factor for mental health outcomes and improved reappraisal is an aim of psychotherapies (Gross, 2002). Neuroimaging studies found reappraisal neural correlates in prefrontal cortex (Ochsner et al., 2005). In accord with reappraisal studies, it was hypothesised that psychotherapy should have the effect of prefrontal areas activation increases (DeRubeis et al., 2008). The aim of the present meta-analysis is to investigate this hypothesis in order to verify the role of reappraisal in psychotherapy. We used the Activation Likelihood Estimation method of quantitative meta-analysis (Laird et al., 2005) to evaluate the neuroimaging literature wherein consistent regions of activation are identified across the studies on psychotherapy cerebral effects. The results show less activation of prefrontal cortex after psychotherapy, the opposite of the prefrontal activation hypothesis. This and other results are discuss with the aim to elaborate a more complex emotion regulation model taking account of automatic forms of emotion regulation. Ref: Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, 39, 281-291. DeRubeis, R. J., Siegle, G. J., & Hollon, S. D. (2008). Cognitive therapy versus medication for depression: Treatment outcomes and neural mechanisms. *Nature Reviews Neuroscience*, 9, 788-796. Laird, A.R., Fox, P.M., Price, C.J., Glahn, D.C., Uecker, A.M., Lancaster, J.L., Turkeltaub, P.E., Kochunov, P., Fox, P.T. (2005). ALE Meta-Analysis: Controlling the False Discovery Rate and Performing Statistical Contrasts. *Human Brain Mapping*, 25, 155-164 Ochsner, K. N., & Gross, J. J. (2005). The cognitive control of emotion. *Trends in Cognitive Sciences*, 9, 242-249.

**Brief Paper**  
Group

**Changes in perceived social support in the course of intensive group psychotherapy treatment.**

*Michał Mielimaka - Jagiellonian University, Krakow, Poland, Krzysztof Rutkowski, Jerzy A. Sobanski, Agnieszka Murzyn (Bialas), Lukasz Muldner-Nieckowski*

**OBJECTIVE:** Evaluation of changes in the perceived social support structural and functional properties in the course of intensive group psychotherapy treatment (predominantly psychodynamically oriented) of neurotic (F40 ICD-10 group) and personality disorders (F60 ICD-10 group). **Methods:** Measurements of structural and functional properties of social support have been performed at the beginning and at the end of intensive treatment in the group of 80 patients using Berlin Social Support Scales and Bizon's method of social network and social support assessment. Psychotherapy effectiveness has been evaluated using the "O" symptoms evaluation questioner. **Results:** Findings from previous research in smaller groups have been confirmed. In the course of successful psychotherapy in terms of symptoms remission perceived structure and function of social support changes favorably: less populated networks provide more adequate support, whereas individual members of social support networks become a source of support in a wider range of functional properties. **CONCLUSIONS:** The final size of the group of patients to participate in the study is set to be above 100. Future research including analysis of relationships between changes of individual personality traits and various aspects of social support may become statistically justified and provide additional interesting results.

**Brief Paper**  
Change

**Assessing therapeutic change through the experience sampling method**

*Joana Mourão - Minho University, Braga, Portugal, Eugénia Ribeiro, Teresa Freire*

**Aim:** The goal of this study is to analyze the change individuals with social anxiety experience in their daily life, when undergoing psychotherapy. Whenever a person seeks psychotherapy he/she is looking for a change, worked through in the therapeutic context, but with an expected echo on the clients' daily life. The Experience Sampling Method (Csikszentmihalyi & Larson, 1987) tries to capture the person experience in a determined moment in time, while he/she operates in the different life contexts. The main advantages of this methodology consist in the comprehension of the behavior contingencies as it occurs in real life, analyzing the intra-subject processes, avoiding retrospective measures limitations, in which people are asked to remember past events. **Method:** For the purpose of the study the experience sampling method was used in three different moments in the psychotherapeutic process: the initial, the middle and the final phase. On these moments for one week 21 clients filled a questionnaire whenever an electronic signal was emitted by a pager (6 to 8 times a day). This questionnaire is composed by open questions, regarding the thoughts and company the person is at the moment, and the experience emotional aspects are evaluated in a likert scale that varies between 0 (absolutely nothing) and 12 (the maximum). **Results:** The weekly progression of clients will be analyzed and we expect to find differences on the variables analyzed in the three moments. **Discussion:** Results will be discussed regarding the utility of this methodology in the psychotherapeutic context.

**Brief Paper**  
Child

**Long-term treatment efficacy of training of obese children and their parents**

*Simone Munsch - University of Lausanne, Switzerland, Roth, B., Fischer, S. & Houweling, J.*

**Theoretical background:** Cognitive-behavioural lifestyle interventions have been shown to be moderately efficacious in stabilizing body weight in the short-term. Until now there has been a lack of data investigating long-term efficacy as well as predictors and moderators of change. A randomized study to evaluate the efficacy of a manualized parent-based treatment of obese children (Training für adipöse Kinder und deren Eltern, TAKE, „training of obese children and their parents“, Munsch et al., 2008) investigates the influence of externalised and internalised behavioural problems in a 5-year follow-up period. **Methods:** 53 overweight to obese 8 to 12-year-old children were randomized into a parallel but separate parent and child treatment and into a parent's only treatment. The children's weight statuses, psychopathology and mental disorders were assessed by questionnaires and clinical interviews. **Results:** Weight reduction and reduction of psychopathology was found to continue during the follow-up period. Families dropping out of treatment program showed a less favourable course of body weight and psychological symptoms compared to families completing the entire treatment program. Analysis of moderators indicated the influence of problem behaviour on the development of body weight. Children



suffering from more severe externalised behavioural problems revealed a more intense benefit due to the interventions. Discussion: Our results underline the need of interventions aimed at sustained weight loss and improvement of behavioural problems. Well-structured treatment programs may be ideal for children with externalised problems and the related sensitivity to external factors. The assessment of psychopathology as well as the conceptualisation of more individualised interventions for subgroups of obese children might foster the development of more efficacious treatments and reduce the number of treatment dropouts.

**Brief Paper**  
Linguistic

**The Development of a Two Dimensional, Language Based Measure of Unconscious Process**

*Joseph Newirth - Adelphi University, Garden City, NY, USA*

This paper describe the development of a two dimensional, language based measure of unconscious process which is used in psychotherapy process research. The Matrix of Mental Experience (MOME) operationalizes two dimensions of mental functions. The first dimension derived from the Kleinian concepts of the paranoid schizoid and depressive positions, asses the level of representation, from the concrete representation of the paranoid schizoid position to the symbolic, metaphoric or abstract representations of the depressive position. The second dimension, derived from Matte-Blanco, describes conscious and unconscious thought as serving different logical functions. Asymmetrical or conscious thought differentiates experience in terms of person, place, time and causality and is the logic of external reality. Symmetrical or unconscious thought functions to create similarities and effaces differences in the dimensions of person, place time and causality and is the logic of dreams, poetry, art and psychotic like states of terror. The following schematic illustrates the types of experiences defined by the four quadrants of the matrix of mental experience: The Upper two quadrants, concrete symmetrical, concrete asymmetrical, and the lower two quadrants, symbolic symmetrical and symbolic asymmetrical The Matrix of Mental Experiences Symmetry Asymmetry 1.Body symptoms 1. Obsessional states 2. Nightmares 2.Collection of details 3.Persecutory anxiety 3.Literal responses 4.States of terror 4. Fragmentation anxiety 5.Falling through space 5.Splitting or slicing reality 1.Dreams and creative fantasies 1.Abstract thought 2.Empathy 2.Inferential Process 3.Poetry 3.Discursive writing 4.Dedifferentiation 4.Genetic Interpretations 5. Ecstatic experience 5.The Law 6. Synchronic time 6.Diachronic time This paper describes the development of this measure and its use in an early stage of research on the interpretive process.

**Brief Paper**  
Measures

**Interactions Between Session-By-Session Outcome and Academic Performance**

*Dianne Nielsen - Brigham Young University, Provo, USA, Stevan Nielsen*

Objective: The dynamic interplay between psychotherapy outcome and academic performance at a large university counseling center was examined. Method: Structural equation modeling (SEM) and path analysis were used to evaluate mediational relationships between pre-university academic performance, pre-psychotherapy academic performance, academic performance during psychotherapy, post-psychotherapy academic performance, and symptom improvement during psychotherapy. Data were standardized university entrance examination scores, pre-university grades, term-by-term university grades, psychotherapy sessions from routine treatment at the university's counseling center, and 45-item Outcome Questionnaire scores (OQ-45; Lambert et al., 2004) gathered among 26,897 university counseling center clients (59.9 % women; 12.7% minorities; mean age = 22.7 years). Results: The optimally fitting SEM path solution was a good fit with data and revealed reciprocal mediation of academic performance and psychotherapy improvement. Pre-university grades and entrance examination scores were inversely related to OQ-45 scores; that is, poor academic indices predicted high OQ-45 scores (more symptoms). Worse initial OQ-45 scores predicted worse subsequent grades. Improvement in OQ-45 scores predicted subsequently better grades. Conclusions: Academic abilities and academic performance predict symptoms and improvement during psychotherapy. Psychological symptoms predict poor academic performance. Improvement during psychotherapy mediates and predicts related, subsequent improvements in academic performance. These patterns suggest an approach for evaluating and documenting the social costs of psychological distress and the social benefits of psychotherapy.

**Brief Paper**  
Quality

**Publication bias in meta-analyses of psychotherapy research for eating disorders, depression and schizophrenia**

*Helen Niemeyer - Heinrich-Heine-Universität, Düsseldorf, Germany, R. Pietrowsky*

**Aim** Publication bias refers to the fact that studies with statistically significant results are more likely to be published than those with statistically non-significant or null results. As one of the greatest threats to the validity of meta-analyses it may lead to overestimated effect sizes. Publication bias was never profoundly investigated in psychotherapy research. The purpose of the present study is to reanalyze meta-analyses of psychotherapy research for eating disorders, depression and schizophrenia and to control for the impact of a possible bias. **Methods** All meta-analyses about psychotherapy research for eating disorders, schizophrenia and depression conducted up to September 2010 are included. The effect sizes are reanalyzed for publication bias using the trim and fill method (Duval & Tweedie, 2000) to estimate the number and outcome of studies that are presumably missing. Begg and Mazumdar's rank correlation method (1994) and Eggers regression analysis (1997) are additionally applied. **Results** In meta-analysis of eating disorders about two thirds of the assessed effect sizes are significantly affected by publication bias. But in spite of the significant reduction the effectivity of psychotherapy is still substantial. Work is still in progress to assess all meta-analyses for schizophrenia and depression. All adjusted effect sizes controlled for publication bias will be presented. **Discussion** Publication bias did not reduce the overall effectivity of psychotherapy for eating disorders. The results for depression and schizophrenia will show whether publication bias occurs and if its impact is negligible or severe. This serves to enhance the validity of the effect estimators for psychotherapy.

**Brief Paper**  
Culture

**The Influence of Personality on the Onset of Depression in Patients from Different Cultural Backgrounds**

*Annemieke Noteboom - GGZ Ingeest, Amsterdam, Netherlands, Jack Dekker*

**Aim:** Depression is one of the most common forms of psychopathology. Next to the emotional pain depression is associated with negative effects on both social and personality functioning (Roberts & Gotlib, 1997). An integrated model of both personality and social support for depression is still lacking. **Methods:** The data from the present study were obtained from the Netherlands Study of Depression and Anxiety (NESDA), an ongoing naturalistic 8-year longitudinal cohort study including 2981 respondents from different health care settings (community, primary care and specialized mental health care) and in different phases of illness (Penninx et al., 2008) and from a cross sectional Health Monitor Survey, designed to map the general health status of the Amsterdam population (De Wit et al., 2008). In both epidemiological studies depressive and subthreshold disorders were defined with the CID-I. Personality traits were in both studies measured using the 60 item NEO-FFI, measuring the big five personality domains (Costa & McCrae, 1992). The Close Persons Questionnaire (CPQ) includes both quality, quantity and different sources of support. **Results:** In both studies personality factors as neuroticism and extraversion were associated with depressive symptoms of patients from different cultural backgrounds. In the NESDA longitudinal study we also found an association between these two factors and the incidence of depression in time. The relation with social support and personality and depression is less clear. **Discussion:** An integrated model of both personality and social support for depression will be presented, that taken into account the cultural background of the patient.

**Brief Paper**  
Therapist

**Show Me the Data: The Impact of Psychotherapy Outcome Feedback on Clinicians**

*John Okiishi - Brigham Young University, Provo, USA, David Dayton*

This study is a phenomenological investigation of psychotherapists' experience receiving quantitative/evaluative feedback on client outcomes. Participants were psychologists working at a university counseling center. They were given feedback comparing their clients' psychotherapy outcomes with the outcomes of their colleagues' clients. Outcomes were measured using the Outcome-Questionnaire 45 (OQ-45). Feedback reports included data about where psychotherapists' outcomes ranked in comparison to their colleagues. Interviews were conducted with participants to gain a deeper understanding of their experience receiving feedback. Interviews were conducted, transcribed, and

analyzed using the phenomenological method as explained by Wertz(2005) and the descriptive psychological phenomenological method explained by Giorgi (2003). Content of interviews was grouped into four emergent themes: Ego Responses, Interpretation, Credibility, and Application. Responses indicated that participants felt both threatened and reassured by feedback. Those who were reassured were inclined to see this as a validation of their approach to psychotherapy while those who felt threatened were more inclined to see the feedback as an assessment of identity. Many indicated that they struggled to understand terminology on the feedback reports and the statistical methodology used to analyze the data. Those who struggled to interpret the feedback reports were more likely to distrust or dismiss the results. While very few participants were dismissive of the notion that the feedback reports were valid measures of therapist efficacy, many were ambivalent. Participants did not indicate making concrete behavioral changes as a result of receiving the feedback, although a few reported that the feedback induced introspection and dialogues with colleagues.

## **Brief Paper** Alliance

### **Youth vs. Parental Working Alliance in Treatment of Trauma: What Role Do They Play in The Therapeutic Process?**

*Silje Morup Ormhaug - Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway, Tine K. Jensen*

Background: Many children and adolescents exposed to traumatic events such as domestic violence and sexual abuse will develop mental health problems, and many will be in need of therapy. The working alliance has been found to be the most stable predictor of outcome, but so far little is known about what role it plays in treatment of traumatized children and adolescents. There has also been a lack of focus on the role of the parental alliance and how it is related to outcome in child therapy. Objective: The aim of the study is to understand more of what role the therapeutic alliance plays in psychotherapy process and outcome with traumatized youth. More specifically; what role does the parent's ratings of the therapeutic alliance play compared to the child's ratings? Is parental alliance more related to treatment compliance and dropout than to outcome? Data: Data from a treatment study with traumatized youth between 10-18 will be presented. Treatment is delivered in 8 outpatient clinics in Norway. Symptom severity is measured before treatment, after session 6 and after session 15. The working alliance is measured with a revised version of the Therapeutic alliance scale (TASC-r), and assessments take place after 1st and 6th session. Both children and parents rate their alliance. Results: Results regarding the interplay between youth and parent perception of alliance will be presented, and relations between the working alliance and compliance, outcome and dropout and will be explored.

## **Brief Paper** Prevention

### **Meeting unexpressed psychological requests in a new context: the psychologist in chemistry**

*Francesco Pagnini - Catholic University of Sacred Heart, Milan, Italy, Gianluca Castelnuovo, Anna Gardiner, Edoardo Lozza, Enrico Molinari*

Aim There is a need for psychological support of psychotherapy, which is not expressed by the population or not totally fulfilled. Access can be precluded by economic barriers. Moreover, population should have the opportunity to access a service provided in appropriate locations, maybe related to health issues. The "Psychologist in the neighborhood" project is developed by Catholic University of Milan, in cooperation with Health Department of Milan and two Chemists' Associations and is an attempt to intercept a part of these requests. This project began in February 2009, and it allows anyone to book a free psychological counseling cycle in 23 chemists in Milan, directed to the understanding and the management of psychological diseases. The service provides the opportunity to benefit of a small cycle of free psychological counseling (5 or 6 meetings). Depending of the nature of the needs, these cycles can be sufficient to solve the issues or may be used to re-address the need to the most appropriate location. Our aim was to evaluate the requests made by patients who underwent this new service, to compare their characteristics with those from general population and to analyze preliminary outcome results. Method Socio-demographic data, reasons for the access, implicit and explicit requests, together with outcomes of intervention were collected during and after visits. The patients' mood state was assessed before and after intervention using the Psychological Global Well Being Index. Results and Discussion Results are ongoing and will be presented at the congress.

**Brief Paper**  
Integration

**Toward an Integration between Pastoral and Psychological Counseling:  
Christian Participants' Perspectives**

*Jen Der Pan - Chung Yuan Christian University, Chung Li-Taipai, Taiwan, Liang-Yu Deng, Shiou Ling Tsai,  
Jenny Yuan*

The purpose of this study is to explore Christian client-participants' perceptions of the integration between Pastoral and psychological counseling through their counseling experiences as a client and the class learning experiences as a student. Twenty participants were recruited from a Pastoral Counseling Course. Both qualitative and quantitative research methods are used to collect data. Strategies of the grounded theory generate five main categories, including clients' involvement in the counseling sessions, client expectations of discussions of Christian faith, counselor interventions, the establishment of working alliance, and the similarities and differences between the two professions. The quantitative data are collected using the Working Alliance Inventory. The results indicated above-medium scores in the subscales of Bond building, Task identifying, and Goal setting. The findings illuminated the notion that integrating two professions is not only essential but also accessible. Based on the findings, recommendations and suggestions are made for counseling practice and future research.

**Brief Paper**  
Depression

**Application of Cognitive Behavioral Therapy in a Case of Moderate Depressive  
Episode with Anxious Personality Disorder**

*Kasthuri Pandiyan - Bangalore Medical College and Research Institute, India,*

Cognitive Behavioral Therapy is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure. It is used as a treatment for many clinical disorders, personality conditions and behavioural problems (Cooper, 2008). AIM The aim of this study is to use cognitive behaviour techniques in the treatment of moderate depressive disorder and anxious personality disorder with significant cognitive distortions, negative automatic thoughts and dysfunctional schema. Methods AND METHODOLOGY The assessment included 20 sessions of therapy by keeping a diary of significant events associating feelings, thoughts and behaviours. Therapy involved questioning and testing cognitions, assumptions, evaluations and beliefs that might be unhelpful and unrealistic; gradually facing activities which may have been avoided; and trying out new ways of behaving and reacting. Relaxation techniques were also included. Results Client showed good improvement in his day to day functioning. Patients' mood was euthymic, he was able to cope with his depressive cognitions and was more confident in his ability to participate in the office. Scores on Beck's Depression Inventory and State Trait Anxiety Inventory showed a significant improvement at the end of 20 sessions. Discussion Depressed people have cognitive biases: arbitrary inference, selective abstraction, over-generalization, minimizations and magnification. These are quick to make negative, generalized, and personal inferences of the self, thus fuelling the negative schema. As a therapist develops strategies for managing problems and guides the client, Cognitive Behavioural Therapy is problem focused and structured towards the client, for a better life.

**Brief Paper**  
Narrative

**Do patients and therapists recourse to different explanations to account for  
symptoms or problems?**

*Roberto Pennacchio - Università degli Studi di Bergamo, Italy, Valeria Ugazio, Lisa Fellin*

Triadic explanations characterize systemic thinking and therapeutic technique to promote the co-construction of new narratives, alternative to the dominant problem-saturated ones (White & Epston, 1990). In a previous study (Ugazio et al., 2010) we proved that triadic thinking is relatively extraneous to common sense. Here we hypothesized that in a therapeutic context three meaning-making dimensions may be relevant to enhance change: 1. Patients rarely recourse to triadic schemes in accounting for their issues (i.e. relational problems or symptoms). 2. Patients and therapist use different types of semantic contents to explain symptoms or problems. 3. Therapist overall introduce more "intentional" explanations to account for symptoms than patients. To test these hypotheses 2 independent coders (Cohen's K= .75) applied the "1to3" coding system (Ugazio et al., 2008) and the F.ex (Malle, 2004) to gauge the 3 above-mentioned dimensions of explanations (of relational issues): breadth of the inference field, semantic contents and intentionality extracted from the verbatim transcripts of the first two (videotaped) sessions

of individual systemic therapies with 12 patients. The loglinear analysis mainly confirms our 3 hypothesis. As we expected, the differences in the explanations provided by patients and therapist concern the semantic contents and intentionality dimensions, whereas they are not significant with respect to the breadth of the inference field: in this initial consultation phase the systemic therapist's interventions aim to widen the field of observation rather than to expand the inference one. These first results provide interesting theoretical and clinical implications concerning mechanism of change that will be discussed.

### **Brief Paper** Instruments

#### **Type of Motivation Predicts Retention in Therapy**

*Björn Philips - Center for Dependency Disorders, Stockholm, Sweden, Peter Wennberg*

**Aim:** To study whether patients' type of motivation prior to psychotherapy predicts retention in treatment. **Methods:** Data was collected within a naturalistic outcome study of various forms of psychotherapy for patients with substance use disorders at a large public addiction clinic in Stockholm, Sweden. Patients completed questionnaires prior to therapy and every sixth month during therapy. Motivation for psychotherapy was examined using the Client Motivation for Therapy Scale (CMOTS), which is based on self-determination theory. **Results:** Two subscales of CMOTS were negatively correlated to retention in treatment: Introjected Motivation and Amotivation. A regression model based on these two subscales explained 10% of the variance in therapy retention. The four remaining subscales were not significantly correlated to retention. **Discussion:** Amotivation as a predictor of therapy dropout was an expected finding and a confirmation of CMOTS as a useful instrument for examining patients' motivation prior to therapy. More surprising was the finding that the three subscales representing more internal types of motivation were not significantly correlated to retention. Furthermore, it was unforeseen that introjected motivation was a stronger predictor of dropout than external motivation. Perhaps introjected motivation is a particularly unstable type of guilt-based inner reason for behaviour change in patients with substance use disorders.

### **Brief Paper** Disorder

#### **Assessing personalty with the Shedler and Westen Assesment Procedure (SWAP-200).**

*António Pires - Instituto Superior de Psicologia Aplicada, Lisbon, Portugal, David Rodrigues, Marta S. Soares, Teresa Neves, João A. Gonçalves*

The diagnosis of personality disorders (PD) has been made mainly by psychiatric interviews or through patient self-reports questionnaires. The Shedler and Westen Assessment Procedure – 200 (SWAP-200) introduced the possibility of a diagnosis by the clinician. Video and audio recordings of interviews or psychotherapeutic sessions and transcripts permit also the evaluation by external raters, the calculation of inter rater agreements and studies about the coincidence between the clinician and external raters. Although notes of the sessions taken by the therapists are the most common data about patients it is generally considered unsuitable for research. This study compares the evaluation on the SWAP-200 made by the therapist with the evaluation made by four external raters based on clinical notes of the first 35 sessions of a patient in psychotherapy. There was a moderate agreement between the external raters (between .38 and .74 with mean .50). The correlations between the external raters and the clinician were very low (.14 to .23). The results confirm the need for research comparing diagnosis based on psychotherapeutic session notes with diagnosis based on other type of data as transcripts, video and audio recordings of interviews or psychotherapeutic sessions.

### **Brief Paper** Therapist

#### **Traffic Light Feedback for Therapists in Inpatient Psychotherapy**

*Karin Pöhlmann - Technical University Dresden, Germany, Susanne Döbbel, Eileen Eismann, Sabine Löffler, Matthias Israel, Andrea Keller, Julia Schellong, Peter Joraschky*

**Background.** Predicting outcomes at an early stage of therapy is important from a clinical as well as an economic perspective. Providing feedback to therapists has been shown to improve therapy outcomes. **Objectives.** The objective of our study was to provide information to the therapist on crucial indicators of the therapy process in week 4 of inpatient psychotherapy. Indicators of the quality of the therapy process were therapeutic alliance, goal-orientation and symptom reduction within the first three weeks of treatment.. **Methods.** The sample consists of 312 patients (70% women, mean age  $M = 37.2$ ,  $SD = 12.9$ ). The average treatment duration was 72 days ( $SD = 21.6$ ) in an inpatient setting of a university hospital for

psychosomatic disorders. Assessments were conducted at the beginning of treatment (SCL-90R, BDI) and at the end of week 3 (HAQ, goal orientation, BDI). Results. Based on the HAQ-scores in week 3 three groups were identified. They differed significantly in the degree of symptom reduction at the end of treatment. Patients who felt their therapy was goal-oriented showed more improvement at the end. Patients who reduced their depression scores by at least 15% during the first three weeks of treatment were significantly less depressed at the end of treatment. Conclusions. All three measures, therapeutic alliance, goal-orientation, and early symptom reduction can predict favourable and less favourable outcomes of inpatient psychotherapy. Therapists receive information on these predictors coded as traffic lights: green = positive course, yellow = potentially critical course, red = critical course).

**Brief Paper**  
Inpatient

**The effectiveness of psychosomatic inpatient treatment – results of a multicenter follow-up study**

*Thomas Probst - Department of Psychosomatic, Regensburg, Germany*

Objectives: This multicenter follow-up study examines the effectiveness of psychosomatic inpatient treatment under the conditions of routine practice. Methods: We chose a naturalistic design with one pre- and two postmeasurements: admission, discharge, and 1-year follow-up with a follow-up sample of 935 patients from five psychosomatic hospitals. We assessed the effectiveness of inpatient psychosomatic treatments with the Global Severity Index (GSI) of the SCL-90-R at admission ( $M = 1.20$ ,  $SD = 0.68$ ), discharge ( $M = 0.67$ ,  $SD = 0.58$ ), and 1-year follow-up ( $M = 0.83$ ,  $SD = 0.68$ ) as well as with the Veränderungsfragebogen des Erlebens und Verhaltens (VEV-K) at discharge ( $M = 125.42$ ,  $SD = 27.27$ ) and follow-up ( $M = 115.50$ ,  $SD = 31.16$ ). Results: Significant improvements were shown in the GSI from admission to discharge ( $F = 802.70$ ,  $df = 1$ ,  $p < 0.001$ ) and from admission to follow-up ( $F = 312.84$ ,  $df = 1$ ,  $p < 0.001$ ) as well as in the VEV-K at discharge ( $T = 25.78$ ,  $df = 764$ ,  $p < 0.001$ ) and at follow-up ( $T = 15.05$ ,  $df = 914$ ,  $p < 0.001$ ), showing the effectiveness of psychosomatic inpatient treatments.

**Brief Paper**  
Depression

**The mentalization-based therapy with sheltered and depressed children**

*Vera Regina Ramires - UNISINOS, São Leopoldo, Brazil, Soraia Schwan, Tagma Donelli*

Aim: This study explored the mentalization-based child therapy with children who've had depression symptoms and were living in shelters. The aim was to analyze the mentalization development in the therapeutic process and assess whether the mentalization-based child therapy contributes to reducing the depressive symptoms. Method: We used a qualitative research methodology, choosing the Case Studies procedure. Two children, aged nine and seven, participated in the study. They were attended by the same therapist, in a psychotherapy which followed the mentalization-based child therapy principles. Some instruments were used before and after six months. We analyzed the first six months of the children's psychotherapy. Two trained therapists, other than those who attended the children, analyzed the first six months of the children's psychotherapy, using content analysis. The analyzed categories were: (i) level of mental functioning (equivalent mode, pretend mode, integration mode); (ii) perception of their own mental functioning; (iii) perception and identification of feelings and thoughts of others; (iv) self-representation. Results and Discussion: The results showed a significant improvement in depressive symptoms and some changes in mentalization of children. Although the results in improvement of mentalization had been more restricted, it was possible to see a movement towards a more cohesive and integrated self. The children could express their anxieties, fears, frustrations and conflicts. They could talk about their parents in a more realistic way. We conclude that the mentalization-based child therapy, therefore, could mean a promising possibility for children who have experienced disruption of emotional bonds.

**Brief Paper**  
Interpersonal

**Nonverbal and paraverbal expression of interactional agreement**

*Georg Mikis Rees - University Psychiatric Services Bern, Switzerland, Fabian Ramseyer, Wolfgang Tschacher*

Aim: In our examination, a series of simulated dyadic exchanges were carried out and involved challenges to establish active cooperation as well as to compete in standardized tasks. The tasks consist mainly of several discussions about general socio-political issues in different conditions. Important study questions are: Is synchrony higher in cooperation? Is the amount of synchrony associated with the rating of sympathy for interaction partner? Furthermore we want to check if nonverbal synchrony occurs more often

than would be expected by chance. Methods: N = 168 healthy participants of both sexes were recruited. The performed experiments explored primarily visual measures of head and body movement as well as measures of prosody in dyadic conversations. Primary variables collected, are Movement Synchrony (based on Motion Energy Analysis MEA) and Prosodic Alignment. Before the interactions were performed, we asked the subjects to complete questionnaires covering demographics, personality traits, empathy, interpersonal problems, psychopathological symptoms, attachment qualities, implicit self-worth, mood and additionally, sympathy assessments of one another. Results: Nonverbal synchrony is manifested at significantly higher levels than could be expected by chance. Synchrony was most pronounced in a playful fun-task followed by competitive and cooperative conditions. Furthermore synchrony corresponds with a high post-interaction evaluation of the sympathy for the other participant as well as with increased positive emotional activation at the end of the experiment. Discussion: The main interim result is that synchrony differs significantly between playful, conflictual and cooperative interactions. Emotional arousal and reciprocative sympathy could be moderators of nonverbal synchrony.

### **Brief Paper** Inpatient

### **Identification of non-responders and negative treatment processes. A theoretical and empirical method of analysis in comparison.**

*Laurence Reuter - Department of psychosomatic medicine and psychotherapy, Freiburg, Germany, Petra Sitta, Armin Hartmann, Almut Zeeck, Thomas Unterbrink, Edda Wetzler-Burmeister, Carl-Eduard Scheidt*

Aim: The identification and prediction of negative treatment processes are currently in the limelight of psychotherapy research. Nevertheless, there is a substantial heterogeneity in the measures, methods and algorithms used to detect those patients who seem not to profit from psychotherapeutic treatments. In this study a theoretical and an empirical method for the classification of treatment processes are scrutinized and compared. The contributions of the different outcome measures to the classification of the different response groups are presented. Methods: The Data was collected in a naturalistic sample (2005-2010) in two psychosomatic acute care hospitals in Freiburg, Germany (N=1500). During the treatment process, ranging from 4 to 8 weeks (pre-, post-, and follow-up measures) different questionnaires are administered to the patients (e.g. SCL-90, BDI, HAQ, IIP-C) and the therapists (eg. HAQ). Treatment courses are classified applying the reliable clinical change index and clusteranalysis to a multiple outcome measure (IIP, SCL-90-R and BDI). A discriminant analysis will focus on the contribution of the single measures to the resulted classification. Results & Discussion: The results to be presented at the conference may be used to select outcome measures and methods for classifying negative treatments in everyday practice.

### **Brief Paper** Training

### **Self-consciousness and Emotional Gain in Schizophrenic Patients after Event-specific Autobiographical Memory Training**

*Jorge Ricarte - University of Castilla-La Mancha, Albacete, Spain, José-Vicente Hernández, José-Miguel Latorre, Laura Ros*

This report describes the effects of a specific event group-based training program on autobiographical memory, self-consciousness of memory retrieval, and depression symptoms in a sample of 24 schizophrenic patients (experimental group). Twenty-six matched schizophrenic patients who participated in social skills and occupational therapy group sessions constituted the active control group. Subjects in the experimental group were trained to complete a diary with specific daily memories, followed by patients' ratings of the associated emotional arousal of those entries. During training, significant specific events from childhood, adolescence, adulthood and the previous year were also reviewed. After 10 weeks of those group-based sessions, the experimental group demonstrated an increase in their degree of specificity for autobiographical retrievals, presented a higher level of consciousness of their memories and showed a decrease in their depression scores. Changes in measures of retrieval specificity and autoeonic awareness were maintained when controlled for changes in emotional symptomatology. These results suggest that cognitive training strategies based on event-specific autobiographical memory training should be considered for inclusion in intervention programs for schizophrenic patients.

**Brief Paper**  
Group

**Therapist interventions and therapeutic processes in a group psychotherapy for substance addicted offenders**

*Thomas Ross - Reichenau Psychiatric Centre, Germany, Heinrich, C., Massau, C., Hoffmann, K., Mielke, R., & Fontao, M.I.*

There is still a lack of knowledge about which therapist interventions in psychodynamically oriented group therapy with offenders are actually effective and how this relates to common group processes. This single case study explores the relationship between therapist interventions and group processes in a group therapy for drug and alcohol addicted male offenders in a forensic psychiatric unit. Group processes were assessed by patients and therapist by means of visual analogue scales. Therapist interventions are measured by external raters with the Multitheoretical List of Therapeutic Interventions (MULTI; McCarthy & Barber, 2009; Fontao, Müller, & Ross, 2009) and the Comprehensive Psychotherapeutic Interventions Rating Scale (CPIRS; Trijsburg et al., 2004; Dinger et al., 2008). Selected results are presented and clinical implications are discussed.

**Brief Paper**  
Depression

**Therapeutic effects in depressive inpatients with different OPD-2 conflict patterns**

*Rebekka Rost - Psychosomatic University Hospital, Heidelberg, Germany, Johannes Zimmermann, Christina Hunger, Tilman Grande, Manfred Cierpka, Henning Schauenburg*

**Aim:** We wanted to evaluate the therapy process focussing on different therapy outcomes of depressive patients distinguished by different OPD-2 conflict groups. Questionnaire data, especially scales of personality organization, should lead to a deeper understanding of these differences. **Method:** To analyse conflict patterns of depressive inpatients in psychosomatic- psychotherapeutic treatment, OPD-interviews taped on video are evaluated (n=72). Furthermore we applied instruments to measure depressive symptoms (BDI), traditional subtypes of depression (DEQ), interpersonal motives (IIM), and personality organization (IPO-2001). **Results:** The most frequently diagnosed main-OPD-conflicts are the Desire for Care versus Autarchy and the Self-Value Conflict. Questionnaire data display that subtypes exclusively based on OPD-conflicts seem to be unsuitable to predict therapeutic effects. Significant prediction can only be achieved by using the conflict processing mode. Therapy effects were better for patients with an active mode. From the beginning, patients with a passive mode showed more immature ("primitive") defense mechanisms. At T2 (after inpatient treatment) the differences between active and passive mode patients increased significantly in all scales of personality organization. **Discussion:** OPD-experts seem to allocate the passive mode of conflict processing during the OPD-interview to patients with a lower level of defense mechanisms in the self-administered IPO. So the passive mode of conflict processing is correlated with more primitive defenses in the sense of a more trait-like variable hindering better therapy outcomes in depression.

**Brief Paper**  
Practice

**Specificity of suicidal behaviours in the different age groups: the professionals' perspective**

*Inês Rothes - Universidade do Porto, Portugal, Margarida Rangel Henriques*

Suicidal behaviours are complex and demanding for physicians and psychologists who deal with them in the clinical and this has justified research in this specific field of suicidology. **Goals General:** Understanding the specificity of youth suicidal behaviour through the professionals' perspective. **Specific:** To compare clinical responses towards suicidal behaviour in different age groups. **Participants:** 93 Doctors and Psychologists (Age: 23-71 M=40.14 SD =12.51) **Instrument:** The questionnaire Representations and Impact of Suicidal Behaviours for Doctors and Psychologists (Rothes e Henriques, 2010) was constructed for this study and includes four short clinical cases of suicide attempts in different age groups (child, young, adult, elder). For each case the professionals fill likert scales about: ability to understand and monitor the patient, assessment of suicide risk, possibility to prevent suicide. The questionnaire contains also a scale of communication with suicidal patients and questions about explanations of suicide behaviour in each age group. **Results:** The case that professionals tend to feel as more difficult to understand and less able to monitor is the child's case. The case that professionals tend to assess as the highest risk is the child's case and as the lowest risk is the young's case. Professionals tend to consider



the four cases also preventable (there aren't significant differences in means between different groups) Regarding communication scale there are differences in how professionals communicate in the different age groups. Analyses on the association between these variables and explanations of suicidal behaviours' representations are ongoing at the moment and will also be presented.

**Brief Paper**  
Cognitive

**Management of Pain through Cognitive Behaviour Therapy and Biofeedback: A Case Report**

*Sharon Ruth - Bangalore Medical College and Research Institute, India, H. Chandrashekar. J. Purushottam*

Effective pain management requires multidimensional approaches. Psychotherapeutic techniques employed in multidimensional approaches to pain can involve empirically based therapies or adjuvant approaches, used alone or in combination. Aim: This case study describes the application of cognitive behavioural measures along with biofeedback in treatment of a known case of right metacarpophalangeal joint ulnar collateral ligament tear following surgery which resulted in pain during writing. This pain had further aggravated before the patient's exams owing to inability to write his exams twice. Methodology: The patient's treatment consisted of biofeedback, behavioural techniques such as shaping, activity scheduling, cognitive structuring and deep breathing exercises. Objective measures such as Visual Analog Scale, Verbal Descriptor Scale, and McGill Pain Questionnaire were used to assess pre treatment and post treatment improvement. Results: Significant improvement was observed on the aforementioned measures. There was an improvement in the patient's ability to write following these treatments. These treatment gains were present at 3 month follow-up. Discussion: This study addresses the biopsychosocial model of pain which views pain as a dynamic interaction among physiological, psychological and social factors involved in pain management. Empirical evidence suggests that Cognitive Behaviour therapy is as effective in facilitating psychological adjustment and reducing reported pain levels as standard medical conditions (Compas et al 1998; Keefe et al 1992; Morley et al. 1999).

**Brief Paper**  
Interviewing

**How people with Asperger syndrome experience counselling**

*Anja Rutten - Staffordshire University, Stoke on Trent, UK*

Asperger syndrome (AS) forms part of the high-functioning end of the autistic spectrum. People with AS are often isolated and socially excluded due to their difficulties with imagination, communication and relationships. Mental health difficulties are common and people with AS often present with depression and anxiety disorders. To date there has been no research into the counselling experiences of clients with AS. The purpose of this study is to seek the views of clients, in particular whether and how counselling has been beneficial or unhelpful. Given the absence of prior research, a qualitative study using grounded theory methodology is appropriate and will maximise the impact of the client voice. Semi-structured interviews, supported by discussion prompts, used modified version of the open-ended Change Interview. Transcripts were analysed using domains and hierarchical category structure. Results show that counselling experiences are mixed, with a significant proportion of damaging experiences as well as some helpful experiences. Unhelpful factors relate to lack of understanding by the therapist – both of the person and their AS. Helpful factors relate to the quality of the therapeutic relationship. Early indications of this work show that people with AS value counselling opportunities and that a good quality, personal, therapeutic relationship is paramount. Implications for practice are substantial as this group of clients is not served well. Lack of accommodation of needs and poor accessibility need addressing. Research needs to continue to seek client views as they may represent a fundamentally different perspective to professionals' opinions on helpfulness.

**Brief Paper**  
Other

**Similarity of subjective idiographic data: The MF Calculator**

*Célia Sales - Universidade Autónoma de Lisboa, Portugal, Peter Wakker*

We present the MF calculator, a software for measuring similarity of subjective qualitative data. The metric-frequency (MF) measure was developed in order to measure similarity of these unique questionnaires, as individualized change measures. It combines both metric and frequency components and is targeted towards situations in which the number of aspects is unpredictable: It considers numerical differences when available but also pays special attention to the mere presence or absence of features and the information captured by corresponding frequencies. A detailed explanation of the formula is

provided in Sales & Wakker (2009). In this presentation, we present the MF measure and a free software designed for its calculation, that uses SPSS and Excel interface, and offers graphical representation. The application of the MF calculator for research purposes and in clinical practice will be discussed. This study is being funded by the Foundation for Science and Technology, PORTUGAL (Grant number PTDC/PSI-PCL/098952/2008). References: SALES, C. M. D. & WAKKER, P. P. (2009). The metric-frequency measure of similarity for ill-structured data sets, with an application to family therapy. *British Journal of Mathematical and Statistical Psychology*, 62, 663-682.

**Brief Paper**  
Family

**The development of a transmodal significant events content analysis system**

*Célia Sales - Universidade Autónoma de Lisboa, Portugal, Paula Alves, Maria João Čafé, Robert Elliott*

The Therapeutic Impact Content Analysis System (Elliott et al., 1985) is an analytic method that categorizes the sessions' helpful and hindering events identified by therapists and clients. This system has been used in different modalities of individual psychotherapy; nevertheless, to what extent does TICAS apply to other formats, namely, to family therapy? Aims: This study aims to propose a transmodal rating system, potentially applicable to family therapy, by answering the following questions: 1. To what extent does TICAS apply to family therapy significant events? Does it cover all the contents? If not, which are the new specific contents? 2. How well do raters with different backgrounds (systemic vs. psychodynamics) agree using the same system? Method: Two samples of Helpful Aspects of Therapy Forms (HAT) (Elliott, 1993), collected immediately after family therapy sessions in Spain and in Portugal, were rated by two independent raters. New categories were proposed whenever TICAS was inapplicable to contents identified in the events. Results: A total of 254 events were categorized, of which nineteen were partially scorable by TICAS, suggesting the existence of contents not covered by this system. Consequently, the following categories were proposed: client expression, sharing, negative others reaction and specific therapeutic techniques. An additional subset of 257 events were classified, using TICAS and the categories previously identified; in this phase, no events were considered as unscorable and the interrater agreement increased significantly. Results are discussed in the light of the scope of TICAS for describing family therapy impact, as perceived by the clients.

**Brief Paper**  
Psychodynamic

**Therapeutic relationship with Romani patient - one session psychotherapy**

*Ljiljana Samardzic - University Clinic for Mental Health, Nis, Other*

Romani population is the ethnic minority group in Serbia, with disparate cultural properties. There has not been any research of psychotherapy with patients from this population. The aim of our study was to observe the elements of the psychotherapeutic relationship in dynamically oriented psychotherapy (transference-counter transference, working alliance) with Romani patients and Serbian therapists. The sample consisted of 30 female, non-psychotic patients recruited in 6-month period and followed up one year after the first session, treated by female Serbian psychotherapists in the outpatient public health clinical setting. Transference-counter transference patterns were noted by psychotherapists. For the estimation of the working alliance, it was used self-report questionnaire adapted for Romani population. The results are discussed concerning socio-cultural differences between patients and therapists. Our results suggest the need for further research on psychotherapy with this population, using specific methodological design. From clinical point of view, dynamically oriented psychotherapy for Romani population needs additional adjustments.

**Brief Paper**  
Depression

**Personality organization and depressive symptoms in the course of psychotherapy**

*Henning Schauenburg - University of Heidelberg, Germany, Johannes Ehrenthal; Johannes Zimmermann, Rebekka Rost, Ulrike Dinger*

Depressive symptoms are frequent among patients with various psychological disorders and not limited exclusively to DSM-IV specified depressive syndromes. Especially patients with personality disorder may show high levels of dysphoric and depressive symptoms. However, it has been argued that the quality and course of depressive symptoms in patients with personality disorders differs from those of patients with "regular" Major Depressive Disorders (Silk 2010). The present study attempts to add to this discussion by considering criteria of personality organization (Kernberg) and their relation to certain depressive

symptoms over the course of treatment. Personality variables are expected to influence the pattern of depressive symptoms and their amenability to change. In a sample of 90 psychotherapy inpatients with Major Depression or Dysthymia, associations between measures of personality organization and structure (IPO, OPD) are related to depressive symptoms (BDI; HAM-D). In addition to the overall severity of depressive symptoms, an in-depth analysis of HAM-D and BDI scores will show specific characteristics of patients with lower personality organization. Potential differences in the course of change of depressive symptoms over psychotherapy are also examined. Our findings contribute to a better understanding of subgroups of patients with depression.

**Brief Paper**  
Attachment

**Attachment style of patients in a day hospital**

*Klaus-Peter Seidler - Hannover Medical School, Germany, Petra Garlipp*

**Aim:** Empirical findings show associations between attachment style and patient characteristics as well as psychotherapy outcome. But there are different measures which vary in their definition or operationalization of attachment style. The Bielefeld Questionnaire of Client Expectations (BQCE) is a German language self-report. Attachment patterns are operationalized as configurations of scale scores and five empirically identified attachment patterns are distinguished including the description of a partially-secure pattern for the first time. So far the validity of the BQCE has not been examined in a psychiatric population. Therefore the goals of this study were to examine on the base of the BQCE the association of attachment style and (a) baseline patient characteristics (i.e., symptom severity, and demographics) and (b) treatment outcome within a sample of day hospital patients. **Method:** Besides the attachment style, pretreatment functioning via self report measures and therapists' ratings and demographic data of 329 patients were assessed at the beginning of the treatment in a psychiatric day hospital. Outcomes were assessed at discharge using therapists' ratings regarding symptom severity, social functioning, well being and treatment satisfaction. **Results:** Some of the expected associations of attachment style and baseline patient characteristics could be confirmed. In contrast attachment style proved to be largely insignificant in predicting treatment outcome. **Discussion:** Findings will be discussed with respect to the validity of the BQCE assessing attachment style and the clinical implications concerning the relevance of patients' attachment style for treatment in the psychiatric day hospital.

**Brief Paper**  
Instruments

**Using The Brazilian Portuguese version of Psychotherapy Process Q-Set (PQS) to study the process of change in brief psychotherapy**

*Fernanda Serralta - Universidade Luterana do Brasil, Canoas, Brazil, Claudio Laks Eizirik, Maria Lucia Tiellet Nunes, Nnamdi Pole.*

**Aim:** This paper aim to present the development of a Brazilian Portuguese version of Psychotherapy Process Q-Set (PQS) and its use to analyse the process of change of a brief psychotherapy single case. **Methods:** The development of the Brazilian Portuguese version of PQS included translation, back-translation, semantic equivalence appreciation and author's discussion of results. The inter-rater reliability was tested across 7 hours of a brief psychodynamic psychotherapy. Finally, a complete brief psychodynamic psychotherapy (n=31) was assessed. PQS ratings of the actual therapy process were correlated with PQS prototypes of ideal psychodynamic therapy (PDT) and ideal cognitive behavioral therapy (CBT) to derive adherence scores. Paired t tests examined whether the psychotherapy process adhered more closely to ideal PDT than ideal CBT. Bivariate times series analysis were performed to verify relations between adherence to prototypes and different measures of therapeutic progress. **Results:** The Brazilian Portuguese version of PQS is semantically equivalent to its original and has adequate inter-rater reliability. Case study findings document the importance of therapist-client collaboration and the influence of client symptoms on therapist behavior. **Discussion:** Research on psychotherapy is poorly developed in Brazil. The study provides future researchers with a promising instrument and method to study relationship between therapeutic process and progress in empirical and clinically significant manner. Some possible limitations of the American PDT prototype to describe supportive brief psychodynamic psychotherapies are discussed.

**Brief Paper**  
Depression

**Mechanisms of Change in Mindfulness-Based Cognitive Therapy**

*Ben Shahar - Interdisciplinary Center, Herzliya, Israel, Willoughby Britton*

Mindfulness-based cognitive therapy (MBCT) is an effective treatment for reducing depressive relapse as well as residual depressive symptoms among adults with recurrent depression but the specific mechanisms through which this treatment works have yet to be examined. This study investigated MBCT's immediate (pre to post) effects on depressive symptoms and its potential theory-driven change mechanisms in a wait-list randomized control trial. Recurrently depressed patients, the majority of them in partial remission, were randomized to either an 8-week MBCT group (N = 26) or a wait-list control group (N = 19). Participants completed measures of depressive symptoms, rumination and trait mindfulness before and after the intervention. In addition, participants underwent the Trier Social Stress Test before and after the 8-week intervention period and emotional reactivity to stress was assessed using the Spielberger State Anxiety which was administered at several time points before, during and after the Test. Consistent with the MBCT change theory, bootstrapping-based mediation analyses demonstrated that reductions in brooding (an aspect of rumination) and increases in mindfulness independently and uniquely (accounting for other mediators) mediated the effects of the intervention on depressive symptoms. Also, MBCT was associated with decreased emotional reactivity to social stress, both at the anticipatory (pre) and recovery (post) phases of the social stress test. Changes in mindfulness fully mediated the effects of MBCT on emotional reactivity. Given the lack of temporal precedence, these findings provide initial evidence supporting the notion that mindfulness and brooding may be important change processes through which MBCT affects depressive outcomes.

**Brief Paper**  
Emotion

**Application of Emotional Processing Rating Scale in Individual Psychotherapy**

*Bi-Ling Shieh - Kaohsiung Medical University, Taiwan*

**Aim:** Failed emotion regulation leads to maladaptive depression and anxiety. We propose that emotion regulation is a part of a larger emotional processing, and that knowing how clients process their emotional experience as a whole can be conducive to developing effective individualized intervention. **Methods:** Emotional processing model includes four phases: emotional arousal and awareness, emotional regulation, active reflection on emotion, and emotional transformation (Greenberg & Pascual-Leone, 2006). For emotional awareness, individuals are aware of and able to verbalize inner feelings and arousal in a specific situation; emotional regulation, individuals soothe their emotions by means of different regulatory strategies; Active reflection on emotion means reframing, finding meaning, or having a new narrative of an event; and emotional transformation, individuals come up with an adaptive emotion and resolving the original maladaptive ones. In this study, Emotional Processing Rating Scale was used to rate therapy content of clients with depression or anxiety. This scale was developed by Chang and Shieh (2009), based on the researchers' elaboration of the above emotional processing constructs. The inter-rater reliabilities of most subscales were higher than 0.80, including: emotional aware for self & others, emotional regulation & recovery, emotional reflection and cognitive gain, and steps of emotional transformation. **Results/Discussion:** This study intends to further refine the Emotional Processing Rating Scale and to individualize clients' therapy via clear assessment of their emotional processing skills. It is expected that helping clients to improve their emotional processing would be beneficial interventions for reducing anxiety or depression and promoting emotional adjustment.

**Brief Paper**  
Therapist

**An investigation of therapist variability in benefitting from feedback interventions**

*Kenichi Shimokawa - Northwestern University, Evanston, USA, Matthew Kahler, Michael J. Lambert*

Enormous efforts have been expended in psychotherapy outcome research seeking treatment effects through comparative studies. An often overlooked aspect of psychotherapy outcome research is the extent of variability in patient outcome within and across therapists even in well-controlled comparative studies. In response to such variability, a line of literature has called for identifying specific therapist qualities or abilities that will most benefit specific types of clients. Others have argued for the need to measure, monitor, and provide feedback to therapists of process variables that are predictive of treatment outcome in order to make the best use of our developing understanding of treatment effects. Founded primarily on the latter perspective, a quality assurance system based on routine administration of the Outcome

Questionnaire-45 (OQ-45) and provision of client progress feedback has been demonstrated to be effective in enhancing treatment outcome of patients at risk of treatment failure. A recent closer examination of the data suggested variability in individual therapists' degree of profitability from feedback interventions. In this study, we have examined the effects of feedback interventions at the individual therapist level. Specifically, we reanalyzed the pooled dataset from the previous major feedback studies, comparing and contrasting the feedback effects among various groups of clinicians, including top performing therapists, bottom performing therapists, using multi-level modeling procedures. Findings as well as implications for routine clinical practice are discussed.

**Brief Paper**  
Trauma

**Intepreters of maladies: The challenge for interpreters and issues of quality language interpretation within one clinical setting for asylum seekers experiencing trauma**

*Salma Siddique - Edinburgh Napier University, UK, Ms Lynne Edwards*

This research proposal aims to identify and explore the dynamics of clinical work where language interpreters are employed. The research will try to understand what interpreters do during a clinical encounter when the moment by moment regulates the flow (Wadensjö: 1992) through a mutual understanding in situated social interactions (Bakhtin 1981). Language and cultural barriers produce detrimental effects for asylum seekers with social integration and multifaceted health and social care needs (Burnett and Peel 2001) The method will involve a review of the demographic data on a sample of clients, clinicians and interpreters. The clinicians and interpreters will be interviewed to explore their perceptions of psychotherapy and counselling modalities, expectations, barriers to care, cultural characteristics, and service provision Using ethnographical data this research will examine the realities of interpreters work in a clinical setting working with asylum seekers experiencing trauma. Anecdotal findings suggest that interpreters are rarely trained systematically, receive inadequate training and support for working in the medical, social welfare, counselling and psychological field resulting in poor outcomes for the client. The interpretation of disturbing disclosure about torture and abuse evokes difficult feelings and memories where both client and interpreter belong to and are known in the same ethnic community. (Ravel and Smith 2003). On a positive note, payment, booking and building relationships with the interpreters and clients "effectively promote the health, development and well-being of oppressed groups (Vera and Speight 2003:270)

**Brief Paper**  
Depression

**Perinatal depression: Cohort study in the public health system care**

*Ricardo Silva - Universidade Católica de Pelotas, Brazil, Karen Jansen, Luciana de Avila Quevedo, Luciano Dias de Mattos Souza, Luana Porto Barbosa, Inácia Gomes da Silva Moraes, Bernardo Lessa Horta, Ricardo Tavares Pinheiro*

Objective: To evaluate the relation between the antenatal risk factors for the postpartum depression, and also, the prevalence and the incidence of postpartum disorders, its risk factors and its associated maternal characteristics. Method: This is a cohort study focused on pregnant women assisted by the public health system in the city of Pelotas-RS, Brazil. It was evaluated depressive episodes with the Edinburgh Postnatal Depression Scale (EPDS), during the antenatal and postnatal period. Results: There were interviewed 1019 women in the antenatal and postnatal period. The depression prevalence during pregnancy was of 20.5%, while at postpartum it was of 16.5%. The fact of presenting neonatal depression increases the risk for depression at the postpartum. Conclusion: It must be taken into consideration the mother's poverty, her psychiatric history, her partner absence and the stressful events in her life as important risk factors for depression.

**Brief Paper**  
Alliance

**Spirituality and therapeutic alliance in the treatment of young adults with major depressive episode**

*Luciano Dias de Mattos Souza - Universidade Católica de Pelotas, Brazil, Darci Junior, Maria de Lourdes Antunes, Ricardo Pinheiro, Karen Jansen, Ana Laura Cruzeiro, Evelin Kelbert, Ricardo Azevedo Silva*

Spirituality and religious practice have a positive impact on mental health and quality of life. The appreciation of individuals' beliefs contributes to therapeutic alliance and treatment efficacy. The aim of

this study is to assess the relationship between spirituality and therapeutic alliance in young people with a diagnosis of Major Depressive Episode (MDE). First, a cross-sectional population-based study was made with 1621 young adults. Participants were interviewed by Mini International Neuropsychiatric Interview version 5.0 (MINI) and answered a questionnaire with sociodemographics, health behavior items and the Spirituality Self-Rating Scale. All subjects diagnosed with MDE (n=196) were referred for treatment at a clinical trial. In a second stage, 63 attended to treatment and 45 responded completely to the Working Alliance Inventory (WAI). Spirituality showed moderate positive correlation with the therapeutic alliance scores ( $r = 0.35$ ;  $p 0.022$ ). Stratified analysis of data according to substance use, similar correlation was found ( $0.37$ ;  $p 0.030$ ), whereas in the group of individuals who did not use alcohol, tobacco or drugs in the last three months, the correlation was not statistically significant. Spirituality and therapeutic alliance are correlated. This relationship is evident in young people who have substance use. An extrinsic immediate resolution of conflicts can lead to a better therapeutic alliance in the therapeutic process.

**Brief Paper**  
Trauma

**A Pilot Study Comparing Cognitive-Experiential Dream Work with IRT for PTSD Nightmares in Combat Veterans: An Examination of Changes in Over Time in Nightmare Content and Frequency, Gains from Dream Interpretation, and Session Quality**

*Patricia Spangler - University of Maryland, College Park, MD, USA, Clara E. Hill, Miles Bowers*

Recurrent nightmares are common among combat veterans struggling with trauma symptoms. Imagery rehearsal therapy has been shown to be effective in reducing the number and intensity of nightmares in clients with PTSD. However, contrary to current recommended treatment for combat-related PTSD (prolonged exposure therapy), IRT limits patients' exposure to nightmare material. The current study compares the effectiveness of IRT with that of cognitive-experiential dream work, a three-stage model that focuses on exposure to dream material through detailed description of dream images, re-experiencing emotions related to the images, associating to the images, and describing current waking life events that might have triggered the dream. Fifteen combat veterans with frequent recurrent nightmares will be randomized to cognitive-experiential dream treatment or imagery rehearsal therapy. Measures of PTSD symptoms and attitudes toward dreams will be analyzed to determine pre- to post-treatment changes. In addition, weekly measures of session outcome and gains from dream interpretation will be analyzed to determine changes over time in client perception of techniques used, session effectiveness, and quality of the therapy relationship. Finally, client sleep and dream journals will be analyzed to determine changes over time in amount and quality of sleep, frequency and intensity of nightmares, content of nightmares, and client insight into the nightmares.

**Brief Paper**  
Measures

**Changes in Clients' Relationships as a Route to Researching the Effects of Psychotherapy.**

*Peter Stratton - UKCP / University of Leeds, London, Julia Bland, Judith Lask*

Many outcome measures follow an image of diagnosing an illness and measuring the reduction in symptoms. The contexts of research designed to specify evidence based practice are generally a poor fit to the realities of the practice of psychotherapy. A novel approach is designed to avoid the problems of having to define a condition (illness) of a person and then measure change in that condition. Method: A research project was undertaken by a group of therapists to develop an indicator of therapeutic change based on an analysis of therapy which concluded that any model of therapy should help towards an improvement in the family life of the client(s). The SCORE, consisting of 15 Likert scale items and qualitative descriptions by clients of their problems and their family, was administered to 500 clients at the start of therapy and to a further 80 who self-reported at different stages of their therapy. Results: Different levels of SCORE outcome are related to self descriptions of family processes, of forms and levels of difficulty and of perceptions of therapy. Changes in qualitative description relate to specific components of the measured outcome. Preliminary data from several European countries are reported. The findings offer fascinating insights into the lives of people who come for help with a great variety of difficulties. Discussion: The audience will be invited to consider whether they would expect the measure to change following successful therapy using different modalities. Conclusions will be offered about the relevance of the SCORE for researching psychotherapy.

**Brief Paper**

Alliance

**Single case study of alliances in a family group***Cristina Tate de Stanley - APA, Buenos Aires, Argentina, Nilda Neves, Liliana Alvarez*

Goal: to explore the unconscious alliance in a family group. Sample: single case of a family with pathological mournings. Method: DLA (David Liberman algorithm) which is useful for the detection of drives and defenses as well as their state, allows carrying out researches in the clinical field of couples, families and groups. Procedure: through narrations we analyzed the state and changes of normal and pathological alliances in three moments of the family history. The analysis of the first narrative sequence explores the kind of alliance they had at the moment of the couple constitution. The second takes into account the narration corresponding to the moment of the traumatic situation and the effects in the unconscious alliance. The third examines the state of the present alliance in the group during the last therapeutic period. Outcomes: the systematic research of drives and defenses as well as their states in the family members, allows infer the complexity of the unconscious alliance among them.

**Brief Paper**

Therapist

**Psychotherapist's identity: Meaning-making processes more self-centered or more client-centred***Sofia Tavares - University of Évora, Portugal, Miguel Gonçalves, João Salgado*

Those who take on the psychotherapist role face a self-organizing identity challenge involving a dynamic dialogical interplay between social expectations and personal features. In this process of constructing personal meaning, the subjectivity of the position "I as psychotherapist" is established through intersubjective experiences of being with the other – in this case, with clients. In this study, the classical distinction between motives of self-enhancement and contact with the other is used as a theoretical tool in distinguishing and classifying the diversity of psychotherapists' identity in terms of two types of orientation towards clients: one more self-centred (focused on power and authority) and another more other-centred (focused on the contact and empathy with the client). Clearly rooted in a dialogical approach of self-identity, this study aims to explore the content and organization of the personal meaning system constructed by the psychotherapists around their social role. For this purpose, a survey involving thirty-four participants was conducted in two parts. The first part focuses on the affective proprieties of the personal meaning system associated with the role of the psychotherapist and professional experiences; in the second part, the content of meanings constructed and assigned to professional experiences is examined. The results suggest that psychotherapists with different motivational orientations (i.e., more focused on themselves, on the others, and focused on both themselves and others) constructed and organized meanings for their professional experiences around different themes. The main results of this study and their implications for psychotherapists training will be discussed in this brief paper presentation.

**Brief Paper**

Attachment

**Somatic Treatment of Attachment Issues: The Use of Empirical Research in the Clinical Situation***Jackson Taylor - United States Association for Body Psychotherapy Journal, New York, USA, Jacqueline Carleton, Ph.D.*

Empirical research is an all too often neglected aspect of body psychotherapy. Thus from an empirical standpoint, little is known about the usefulness of somatic techniques in the clinical situation. This brief paper seeks to address these gaps in the literature by exploring the application of empirical research to somatic-centered clinical practice. Though studies are few, findings from this domain serve to support the effectiveness of somatic techniques and help researchers and clinicians identify better those modalities which improve private practice. This paper will report on the application of this research to clinical practice, using neuroscientifically-based somatic interventions. In particular, the authors will focus on the work of Dr. Diane Poole-Heller, senior faculty member of Somatic Experiencing, who has devised body-based interventions to target and ameliorate attachment issues in adults. Specifically, the paper will comment on a recent study of the efficacy of the Dynamic Attachment Re-patterning Experience (DARE) workshop series in shifting participant's attachment styles. Conducted by Dr. Poole-Heller, DARE is a five part series which integrates a somatic modality in the exploration of attachment styles within personal, interpersonal and trans-personal relationships. The focus will shift to studying helping professionals as participants, highlighting the importance of therapists identifying attachment patterns in their own personal lives in order to improve upon their work as clinicians. Video clips of demonstration sessions

with workshop participants will illustrate the aims of this paper and lead to discussion on somatic literature and the treatment of attachment trauma in various cultures.

**Brief Paper**  
Philosophy

**Towards a definition of psychotherapy**

*Per-Anders Tengland - Malmö University, Sweden*

**Problem:** It is claimed that there are more than 400 kinds of psychotherapy. Is this true? What are the common characteristics that make these the same kind of practice? How does one differentiate between what is psychotherapy and what is not (e.g. psychiatry, coaching, education, philosophical counseling, meditation)? A clear definition would help us answer these questions. **Aim:** This is an attempt to define the concept of "psychotherapy". I start by critically scrutinizing several definitions suggested by other writers and then present and argue for my own suggestion. **Method:** The method used is philosophical, or conceptual. This means that I try to state the necessary and jointly sufficient characteristics of the term in question. The starting point is that all kinds of psychotherapy share some characteristics, without which they would not qualify as psychotherapy, and that it is these core characteristics that constitute the practice. **Result:** Psychotherapy is the interaction between two or more persons, a client and a therapist, where the latter is trained (at least to some degree), based on some kind of general theory of therapy and personality change, where the aim is to create significant and lasting positive quality-of-life-related mental changes, involving several aspects of the person's mental "faculties" (cognition, emotion, perception, volition, attitudes, or values), where the means to reach these goals are mainly verbal (but sometimes also non-verbal), and this interacting is primarily what leads to the positive change. A practice that does not fulfill these "minimal" requirements will not count as psychotherapy.

**Brief Paper**  
Couple

**Individual Distress and Dyadic Adjustment over a Three-Year Follow-up Period in Couple Therapy: A Bi-directional Relationship?**

*Terje Tilden - Research Institute, Modum Bad, Vikersund, Norway, Tore Gude, Asle Hoffart, Harold Sexton*

This Norwegian naturalistic effectiveness study examined the relationship between depressive symptoms (Beck Depression Inventory – BDI-II) and dyadic adjustment (Dyadic Adjustment Scale – DAS), as well as between interpersonal problems (Inventory of Interpersonal Problems – IIP-64, and Young Schema Questionnaire, YSQ-75) and dyadic adjustment (DAS), during residential couple therapy and at one- and three-year follow-ups (N = 106). Mixed models were used in the analyses. Significant improvement ( $p < .001$ ) occurred on all measures from admission to discharge (effect sizes .27 - .83) and from admission to three-year follow-up (effect sizes .52 - .79). With exception from a temporary relapse in DAS from discharge to one-year follow-up, the achieved levels at discharge were maintained and to some extent improved at the follow-ups. During the observation period, improvement in depressive symptoms at a time point predicted improvement in dyadic adjustment at the subsequent time point. Further, the dyadic adjustment level at discharge predicted improvement in depressive symptoms in the follow-up period. There were only modest associations between personality variables and dyadic adjustment. The clinical implication is that in couples suffering from co-existing relational and symptomatic distress, couple therapy should include the aim to lower the depressive symptoms.

**Brief Paper**  
Family

**Effectiveness of a humanistic-existential approach to parent education – A clinical experience in the Chinese cultural context**

*Siu-Ming To - The Chinese University of Hong Kong, China*

**AIM:** This study investigated the applicability of a humanistic-existential approach to parent education in a Chinese population. The objectives of this study were (1) to examine the perceptions and experiences of the participants in the program and (2) to assess the effectiveness of this approach in uncovering the growth opportunities embedded in parenthood. **Methods:** The program comprised three 5-hour seminars and three 5-hour workshops, held weekly for 31 parents. Through the use of subjective and objective outcome evaluation methods and focus group interviews, it attempted to examine the effects of the program on the growth of parenthood, enhancement of family relationships and increase in mutual support among the participants. **Results:** The findings showed that all participants were satisfied with the program as a whole and the practitioner's performance. They also perceived that the program could achieve its objectives to a great extent. Furthermore, the results indicated that the program was beneficial



to the revival of the growth momentum in parenthood and enhancement in the family relationships. The participants were also aware of the positive effects, value and significance of mutual support during the program. Discussion: The findings offer a knowledge base for evaluating the possible benefits and unique outcomes of this approach. This study also takes cultural factors into consideration to create a sensible discussion about the meaning of parent education in Chinese societies. It aims to provide reference materials to help other practitioners apply the humanistic-existential approach to parent education in different cultural contexts.

## **Brief Paper** Instruments

### **Relations between ICD-10-Symptom-Rating & SCL-90-R**

*Karin Tritt - Psychosomatics, Regensburg, Germany, Friedrich von Heymann, Michael Zaudig, Thomas Loew, Wolfgang Söllner, Burghard Klapp, Markus Bühner*

The ICD-10-Symptom-Rating (ISR) is based on the worldwide established consensus of the ICD-10 regarding which symptoms are relevant for assessing psychological disorders. It aims at a comprehensive evaluation of the severity of psychological disorders. The ISR 2.0 has 29 items and six syndrome scales: Depression, Anxiety, Obsessive/Compulsive, Somatoform, Eating Disorders and the Supplementary Scale, which covers a variety of syndromes, and a total score. The associations between the ICD-10-Symptom-Rating (ISR) and the Symptom-Checklist-90-R (SCL-90-R) were tested with a sample of  $N = 3.755$  psychosomatic inpatients. For the syndrome scales, correlations between the two instruments ranged from  $r_{\min} = 0,185$  (ISR-Eating Disorder Scale vs. SCL-Scale: Phobic Anxiety) to  $r_{\max} = 0,814$  (ISR-Depression Scale vs. SCL-Scale: Depression). With one exception (ISR-Obsessive-Compulsive Scale vs. SCL-Scale: Anxiety), the ISR-Syndrome scales correlated most strongly with the respective syndrome scales of the SCL. In addition a high association ( $r = 0,840$ ) between the ISR-Total Score and the Global Severity Index of the SCL-90-R was found. Finally, lower intercorrelations between the syndrome scales of the ISR ( $r_{\min} = 0,122$  -  $r_{\max} = 0,549$ ) were revealed in comparison to the intercorrelations of the SCL-90-R ( $r_{\min} = 0,484$  -  $r_{\max} = 0,891$ ).

## **Brief Paper** Therapist

### **Identity Formation of Psychotherapists in Training: A Dialectical and Personal Process**

*Liat Tsuman-Caspi - Columbia University, New York, USA*

Aim: Psychotherapy trainees today are entering the profession at a time of profound change, having to deal with increasingly diverse patient populations, considerable theoretical and technical pluralism, and epistemological changes. In addition, the existing socio-cultural context, in which individuals encounter constant rapid change and proliferation of technological and social stimuli, poses unique challenges to identity formation. Accordingly, this study sought to explore how psychotherapists in training develop a professional identity, while facing increasingly complicated learning experiences and contextual challenges. Method: Data derive from interviews with 29 PhD psychotherapy students in the US about their professional development. Analysis of the transcribed interviews employed several qualitative methods, including the Listening Guide and Grounded Theory. Results: A theoretical framework was developed, which can be useful in understanding the identity formation of psychotherapists in training. Specifically, psychotherapy students continuously recreate their identities through the performance of four identity tasks: Exploring, committing, feeling and reflecting. The ways in which they perform these tasks (i.e. different identity configurations) represent different and unique responses to the various challenges that the professional and cultural contexts pose. Identities that are constructed more fluidly and dialectically (e.g. shifting flexibly between identity tasks) are considered more resilient in dealing with contextual challenges. In addition, the analysis of narratives underscores the personal nature of the process of identity formation, calling for more involvement of the training environment. Discussion: The application of these findings to training, specifically the ways in which training programs can promote trainees' professional growth, will be discussed.

**Brief Paper**  
Migration

**Mental health beliefs and their influence on anticipated mental health care utilization in Turkish migrant and German non migrant populations**

*Dominik Ülsmann - Humboldt University of Berlin, Germany, Kirsten Baschin, Thomas Fydrich*

Aim: Insufficient utilization of the mental health care system by migrants in Germany implies the necessity to gain insights into determinants of help seeking behaviour in people with a migration background to improve an appropriate mental health care utilization. This study focuses on differences in causal attributions and locus of control concerning mental illness among a sample of migrants and non migrants. The explanatory potential on anticipated health care utilization provided by these two constructs will be explored. Methods: Data of 339 participants without and with Turkish migration background were collected in waiting rooms of general practitioners' offices via questionnaires in German and Turkish. Participants completed instruments regarding locus of control (KKG (adapted), Lohaus & Schmitt, 1989) and causal attributions (IPQ-R; extended; Moss-Morris et al., 2002). Anticipated health care utilization was measured through a rating of the probability of utilization choice of different help providers in the case of a mental disease. Results: Preliminary results show substantial differences in mental health beliefs between the two subsamples. Higher values for fatalistic locus of control and causal attributions, as well as lower values for bio medical causes can be shown for participants with a Turkish migration background. Differences in the anticipated usage of diverse health care providers can partly be explained by differences in these health beliefs. Discussion: It would be desirable to get better insight into actual health care utilization by people with migration background especially via prospective designs. This study refers to health beliefs as promising variables for such investigations.

**Brief Paper**  
Inpatient

**The revised inpatient experience scale (IES-2) – Process factors in inpatient psychotherapy from the patient's perspective**

*Dinger Ulrike - University of Heidelberg, Germany, Isa Sammet, Johannes Ehrenthal, Henning Schauenburg*

Multimodal inpatient psychotherapy is a well-established form of psychotherapy in Germany and several other countries throughout the globe. It offers the unique opportunity of multiple therapeutic relationships and treatment approaches at the same time. However, as in other psychotherapy forms, there is still a need for greater in-depth knowledge about mechanism of change and the development of the therapeutic process. Due to the density of the multimodal approach as well as the focus-oriented therapeutic work in this time-limited therapy, process findings from inpatient psychotherapy can be of interest for other treatment forms as well. The Inpatient Experience Scale (Sammet & Schauenburg 1999) was developed to capture relevant process factors in inpatient psychotherapy. The scale is administered repeatedly over the course of therapy and enables researchers and clinicians to monitor therapy progress and course. In comparison to the original version, the IES-2 was shortened and scales were revised in content. It now consists of 28 items, which form 7 scales: Therapeutic bond to the individual therapist, working alliance, relationship to the therapeutic team, readiness for self-disclosure, group cohesion (patient group), critical attitude and resources. The evaluation of psychometric properties took place in two separate samples of psychotherapy inpatients, allowing for confirmative testing of the proposed factor structure.

**Brief Paper**  
Cognitive

**The application of spiritual approach and karma yoga to cognitive therapy: A case study**

*Gandasi Visweswara Vaniprabha - Bangalore Medical College & Research Institute, India*

Indian Psychology emphasizes on the spiritual concept of understanding the structure of : personality, cognition, feelings, emotions, attitudes and way to healing & health. Aim :To Study the Application of Spiritual Approach and Karma Yoga to cognitive therapy (Dr. Bhat ,2004) in treating a raped depressed patient. Method and methodology: JPMR with emphasis on Rasa (sensation), Bhava (cognition) and ananda (experience) were administered. Cognitive restructuring was done. Psychological healing technics were used based on Karma yoga. Pre and Post assessment of the case was done using IPDE (The ICD 10 international personality disorder examination) and HAM-D ( Hamilton Depression scale) scores. Result: 28 sessions of therapy were held twice every week. Pretherapy IPDE scores revealed that the patient scored high on Schizoid (9)and Anankastic (7)type of Personality and HAM-D score was 28. The post

therapy assessment revealed her scores on Schizoid(2) and Anankastic personality type was negligible (2). HAM-D post therapy scores was 10, which was also negligible. There was a significant improvement in the emotions and attitude of the patient after JPMR using the Rasa, Bhava and Ananda principles. Discussion: This case study reveals that the Indian concept of spiritual approach is active on the levels of trigunas (personality). The guru shishya concept is useful in cognitive restructuring. Karma yoga principles is active on the prasadbhudi(graceful acceptance).These principles helped in cultivating equanimity of mind with a purpose to live and a shift of focus from ego growth to inner growth.

## **Brief Paper** Change

### **Guided self help CBT treatment for bulimic disorders: Efficacy and process of change**

*Ana Vaz - Universidade do Minho, Braga, Portugal, Eva Conceição, Paulo Machado*

Cognitive behavioural therapy is a first line treatment for bulimia nervosa. Alternatively less intense less costly and more widely available forms of treatment have been suggested. Self help manuals have showed to be effective The aim of this study was to test the efficacy of a guided self help manual 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 eight 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. Self help treatment showed to be efficient in improving clinical state of the participants in regard of their eating behaviour and psychological distress. Results will be discussed in terms of implications for clinical practice. At the time we are collecting follow up data and will present follow up for six months.

## **Brief Paper** Psychodynamic

### **Psychodynamic recovery after Short Term Psychodynamic Psychotherapy**

*Beretta Véronique - CCPP/DP/CHUV, Lausanne, Switzerland, Ueli Kramer, Jean.-Nicolas Despland, Luc Michel, Yves de Roten*

Recovery is the main goal for all clinicians. Beyond symptomatology, we were interested to study recovery for interpersonal schemas and for defense mechanism against conflicts and anxiety. Following Jacobson and Truax (1991), recovery was defined as a reliable and clinically significant improvement (RCSI). RCSI rates were calculated for global symptom index (SCL-90-R), social adjustment (SAS), defensive functioning (DSQ-60), and the resolution of the pathogenic internal interpersonal schemas (IIP). The patients (N = 25) were self-referred university students at a French-speaking University Consultation Center, consulting for adjustment disorder, with either anxious or depressive mood. They all had a manual-based Short Term Psychodynamic Psychotherapy (Gilliéron, 1997) over one year (approximately 40 sessions). The patients were selected from a larger sample (N= 50) on the basis of a positive RCSI on the global symptom index after the treatment. Results showed that improvement on SCL-90 was maintained at 1 year follow-up. Symptom recovery was more associated to recovery on interpersonal schemas (44%) than to the development of mature defense functioning (16%). 44% had a high level of defense functioning (ODF > 4.8) and 32% showed no interpersonal problems. Compared to patients who did not recover after STDP, patients who recover were less hostile, less worry, less depressed, less controlling and they used less disavowal at the beginning of the treatment. These results tend to confirm that interpersonal problems are a central theme worked through during STDP. Differences in time to recovery for different dimensions of patient functioning are discussed.

**Brief Paper**  
Spirituality

**Meaning in life and mental disorders in the elderly: a cross-cultural perspective**

*Jana Volkert - University Medical Centre, Hamburg, Germany, Maria Hausberg, Chiara Da Ronch, Ana Belen Santos-Olmo, Kerstin Weber, Holger Schulz, Martin Härter, Sylke Andreas*

Introduction: The fast growing proportion of the elderly in Western societies has concentrated interest on their mental health, especially as ageing is associated with a number of risk factors such as low quality of life, somatic illnesses, and social deprivation leading to increased use of health and home care services. While at the same time availability of specialised psychotherapeutic treatment for elderly patients is lacking. A number of studies suggest that older people who have a strong sense of meaning in life (MiL) tend to enjoy better physical and mental health than older adults who find little meaning in their lives. The aim of this study was to assess the importance of and satisfaction with MiL in the elderly with mental disorders from different cultural backgrounds and its relation to religiousness, social deprivation, severity of illnesses, and utilisation of health services (such as psychotherapy treatment). Method: N = 150 elderly patients with mainly depressive and anxiety disorders 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 (CID-I, HADS, HoNOS65+, WHODAS-II) and additional items to assess religiousness. Data analysis was conducted calculating regression analysis, with MiL as dependent variable. Results & Discussion: Findings will be presented and discussed according to their implications for psychotherapy treatment at the SPR conference.

**Brief Paper**  
Depression

**Effectiveness of Psychotherapeutic Interventions Alone or in Combination with Medication for Chronic Depression: A Systematic Review (Metachron)**

*Alessa von Wolff - University Medical Center Hamburg-Eppendorf, Germany, Lars Hölzel, Martin Härter, Levente Kriston*

Aim Chronic depressions represent a substantial part of depressive disorders and are associated with severe consequences. Several studies were performed addressing the effectiveness of psychotherapeutic interventions alone or in combination with medication for chronic depressions. Yet, a systematic review comparing the effectiveness of multiple treatment options and considering all subtypes of chronic depressions is still missing. Aim of this project is to summarize empirical evidence on efficacy and effectiveness of treatments for chronic depression by means of a systematic review. The primary objectives of the study are to examine, which interventions are effective; to examine, if any differences in effectiveness between active treatment options exist; and to find possible treatment effect modifiers. Methods Psychotherapeutic interventions alone or in combination with medication are considered as experimental interventions and no treatment, wait-list, psychological/pharmacological placebo, treatment as usual, and other active treatments are seen as comparators. The population of patients includes adults with chronic major depression, dysthymia, double depression, or recurrent depression without complete remission between episodes. The primary efficacy outcome is response to treatment. The primary safety outcome is dropping out of the study due to any reason. Only randomized controlled trials are considered. Results A systematic literature search resulted in identification of 14 studies meeting inclusion criteria. First results of the meta-analysis will be presented. Special attention will be given to the use of current methodological standards. Discussion Findings are likely to provide crucial information that may help clinicians to choose the appropriate treatment for chronically depressed patients.

**Brief Paper**  
Alliance

**The interaction between Therapists' Interventions, Therapeutic Alliance and Ruptures in the Alliance: A Pilot study.**

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

The Therapeutic Alliance is a factor related to several aspects of the patient-therapist dyad. The dialogic process involved in a psychotherapeutic treatment shows the interaction between the therapist's interventions and how the alliance unfolds. Eubanks-Carter, Mitchell, Muran and Safran (2009), taking into account Bordin's (1979) three-part conceptualization of the Alliance, define an alliance rupture as a deterioration in the alliance, manifested by a lack of collaboration between patient and therapist on tasks or goals, or a strain in the emotional bond. The aim of the present study is to assess the relationship between the fluctuations in the therapeutic alliance, the presence of ruptures (and their type) and the

psychotherapeutic interventions implemented by the therapists in 10 psychotherapeutic sessions from cognitive and psychoanalytic psychotherapies. For this pilot investigation we used audio-recordings and transcriptions of the sessions. Interventions were analyzed independently by trained judges using the MCPI, a schema of psychotherapeutic interventions developed by Roussos et al. (2003, 2006). Besides, trained judges evaluated the therapeutic alliance with the WAI observer form (Horvath, 1981) in its Argentinean version (Waizmann, Serrano & Roussos) and ruptures in specific sessions, using the 3RS (Eubanks-Carter, Muran & Safran, 2009), in its Argentinean version (Waizmann, Espíndola & Roussos, in preparation). The relation between the psychotherapeutic interventions (their specificity and type) and the level of the therapeutic alliance was studied. Ruptures were evaluated in those sessions, relating their type, frequency and global effect in the dyad to the therapist's interventions.

**Brief Paper**  
Prevention

**Behavioral Activation, Social Engagement, and Positive Psychology as Predictors of Well-Being**

*Jerry Walker - Florida State University, Tallahassee, USA, Georgios Lampropoulos*

**Aim:** Research has found that individuals who are behaviorally active, maintain positive connections with important others, and engage in positive psychology activities are more likely to report experiencing fewer negative psychological symptoms. However, the relationship between these types of daily behaviors and the existence of positive emotionality is still unclear in the general population. This study aimed to investigate behavioral activation, interpersonal activities, and positive psychology activities as predictors of, not only psychopathology symptoms, but also positive emotionality and various types of psychological well-being. **Method:** Three hundred and forty four college students estimated the number of hours they spent last week engaging in various activities related to the three areas of interest (behavioral activities, interpersonal activities, and positive psychology activities) and then completed a series of questionnaires that assessed for behavioral activation (BADs), depressive symptoms (CES-D), general psychopathology symptoms (OQ-45), overall psychological well-being (MHC-SF), satisfaction with life (SWLS), sense of meaning in life (MLQ), overall happiness (SHS), and introversion/extraversion (Eysenck I-E Scale). **Results:** Hierarchical multiple regression analyses controlling for the effects of extroversion and other demographic variables entered in step one, found that, from the predictors investigated in step two, only overall behavioral activation (BADs) and hours spent in positive psychology activities were statistically significant predictors of the positive emotionality and well-being measures of MHC-SF, SWLS, SHS, and MLQ. In addition, high behavioral activation scores (BADs) were also highly predictive of reduced depressive and psychopathology symptoms on CES-D and OQ-45. **Discussion:** These results indicated that, even after controlling for extroversion, non-clinical individuals who are more behaviorally active and engage in more positive psychology activities, report experiencing less psychological distress and higher life satisfaction, subjective happiness, and overall psychological well-being. These findings are consistent with those reported in experimental studies that prescribe such activities to clinical populations, and support the preventative value of behavioral activation and positive psychology in the general population.

**Brief Paper**  
Change

**Pre-post change during treatment as a predictor for the longer term outcome in psychodynamic and cognitive behavioural psychotherapy**

*Birgit Watzke - University Medical Center Hamburg-Eppendorf, Germany, Heinz Rüdell, Ralph Jürgensen, Uwe Koch, Holger Schulz*

Terminating a psychotherapeutic treatment leaves the therapist with the open question whether the patient will sustain the gains achieved during therapy. This question of the stability of treatment effects is crucial not only for the individual patient and therapist but also for the evaluation of psychotherapeutic treatments in general (Lambert & Ogles, 2004). The aim of the study is to investigate whether it is possible to predict the longer term outcome of psychotherapeutic treatments from the change a patient have made from beginning to the end of treatment. Self rated symptom severity (GSI of the SCL-14) was assessed in a consecutive sample of 204 inpatients of routine mental health care in Germany at the beginning (pre) and the end of treatment (post) as well as at 6-months follow up. The sample (70.6% female; mean age: 44.5 years; SD: 10.3 years; main diagnostics groups: depressive, adjustment and anxiety disorders) received short term psychodynamic (n=47) or cognitive behavioural treatment (n=157). As expected the pre-post effect size was lower than the pre-follow up effect size (d=.64 vs. d=.37)

indicating a so-called “deckchair-effect”. Multiple linear regression reveals that in addition to initial symptom severity (which expectedly proved to be the strongest predictor), change from pre to post contributes significantly to the prediction of symptom severity at follow up. The results are discussed taking into account differences between the treatment approaches and potential implications for the implementation of aftercare or booster sessions in mental health care.

**Brief Paper**  
Psychodynamic

**Psychodynamic Psychotherapy for Children and Adolescents with Severe Anxiety – First Results of an Effectiveness Trial**

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

**Objectives:** This waitlist-controlled field study aims to evaluate the efficacy of psychodynamic short and long term psychotherapy for children and adolescents with a prospective design. The presented analyses focus on the therapists ratings of the patients’ impairment and the self- and parent-reported levels of anxiety. **Methods:** 86 children and adolescents (aged 4 to 20 years) who entered psychodynamic therapy in private practices in northern Germany have participated in the still ongoing study. Data is being collected from therapists, parents, and from the patients themselves (aged 11 years and older). Questionnaires were 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 alongside a number of symptom measures. Anxiety levels are measured with the self- and parent-reported screening questionnaire SCARED. **Results:** Overall, patients show pronounced impairments at the beginning of therapy. Significant improvement of the IS-CA values could be seen for the short term treatments. Parent-reported anxiety has been reduced significantly, self-reported anxiety to a lesser degree. **Conclusions:** The results substantiate that psychodynamic therapy is successful in alleviating impairment and anxiety symptoms for children and adolescents.

**Brief Paper**  
Psychodynamic

**Transfer of manualized Short Term Psychodynamic Psychotherapy (STPP based on SET) for social phobia into clinical practice**

*Joerg Wiltink - University Medical Center, Mainz, Germany, Christian Ruckes, Marco Canterino, Peter Joraschky, Falk Leichsenring, Frank Leweke, Karin Poehlmann, Manfred Beutel*

There has been a lack of studies on the transfer of manualized treatments to routine psychodynamic practice. Our study is the first one to examine the effects of additional training in a manualized Short Term Psychodynamic Psychotherapy (STPP based on Supportive Expressive Therapy, SET) procedure on outcome in routine psychotherapy for social phobia. As an extension to a large multi-site RCT (N=512) in which Cognitive-Behavioral Therapy (CBT) and STPP of Social Phobia have been evaluated we will investigate how the treatment can be transferred from controlled trials into the less structured setting of routine clinical care, and whether the health care system benefits from such developments. This question represents Phase IV of psychotherapy research. It combines the benefits of randomized controlled trials (efficacy studies) and naturalistic studies (effectiveness research). Private practitioners will be randomized to one of two treatment conditions (training in manualized STPP vs. treatment as usual without a specific training). We plan to enrol 105 patients (84 completers). The study is genuinely designed to promote faster and more widespread dissemination of effective interventions. The research questions are: (1) How can manualized STPP be implemented into routine outpatient care? (2) Will the new methods lead to an improvement of treatment courses and outcomes? (3) Will treatment effects reached in routine psychotherapeutic treatments be comparable to those of the controlled, strictly manualized treatment of the main study? The study protocol and first experiences will be presented. \* The study is funded by the Federal Ministry of Education and Research (BMBF) 01GV0901

**Brief Paper**  
Attachment

**Differential Activation of Cortico-striatel-thalamic Circuitry by Depression and Insecure Attachment**

*Zimri Yaseen - Beth Israel Medical Center, New York, NY, USA, Curren Katz, Xian Zhang, Helen Mayberg, Joy Hirsch, Steve Dashnaw, Lisa Cohen, Igor Galynker, Arnold Winston*

Objective: Insecure attachment has been linked to depression and to outcome in psychotherapy. The neural mechanisms subserving the relationship between attachment security and depression are not well understood. We have addressed this question by examining activity in response to early and late attachment figures in healthy and depressed women. Methods: Fourteen depressed women and fourteen without history of psychiatric disorder viewed images of their mother (early attachment), a female friend (late attachment) and female strangers during blood-oxygen-level-dependent (BOLD) fMRI scanning. The effects of depression and attachment security were determined with whole-brain multiple linear regression analysis of haemodynamic response against Beck Depression Inventory (BDI) and Adult Attachment Interview coherence of mind score (AAI). Interaction effects between AAI and BDI were analyzed with ANOVA. Results: For early attachment (Mother-Friend contrast), depression scores correlated with activation of cortical and sub-cortical components of cortico-striato-thalamic circuits implicated in the modulation of affect, while attachment security correlated with subcortical activity in the same circuitry. Depression and attachment insecurity both correlated positively with neural activity in cortical and subcortical regions in the Mother-Stranger contract. For late attachment (Friend-Stranger contract), only cortical effects were found by depression, attachment security, and their interaction. Conclusion: Depression and attachment security may be subserved by similar but distinct components of cortico-striato-thalamic circuits related to affect regulation. Differential subcortical vs. cortical encoding of early versus late attachment suggest a bottom-up model of early attachment and a top-down model of later adult attachments, which may be relevant to psychotherapy outcome.

**Brief Paper**  
Cost

**Mental health service costs: Patient report vs. administrative records**

*Nadja Zentner - Ulm University, Günzburg, Germany, Ildiko Baumgartner, Thomas Becker, Bernd Puschner*

Aim: Accurate service use data including costs for psychotherapy are important for health economic analyses. During the last years, self-reported measures of mental health service use have become increasingly popular. Yet, little is known about the degree of similarity between patient report and administrative records. Methods: 82 of the 294 participants of the study "Outcome monitoring and outcome management in in-patient psychiatric care" were insured with a major statutory health insurance (AOK Schwaben) and gave informed consent to researchers to access their AOK administrative records. Data of self-reported mental health service use (including number and costs of outpatient psychotherapy sessions) during a 6-month period prior to psychiatric hospital admission were assessed via the "Client Sociodemographic and Service Use Inventory" (CSSRI). Results: Median total monthly treatment costs were 112.23 € (patient-reported) vs. 254.23 € (administrative records; paired Wilcoxon  $Z = -3.75$ ;  $p < .001$ ). Correspondence between total treatment costs was substantial for total ( $r = 0.48$ ;  $p < .001$ ) and all subtypes of costs. Multiple linear regressions showed that none of a number of variables predicted total costs or subtypes of costs for service use (inpatient and outpatient services). Only age predicted the difference for use of medication. Further results on outpatient psychotherapy will be reported. Discussion: In line with previous studies, participants showed a general tendency to underreport service use. Findings of this study indicate that despite differences in magnitude as compared to administrative records, self-report data adequately measure the costs of health services in people with mental illness.

**Poster**  
Other

### **Patient characteristics as moderator of effectiveness in psychological interventions for borderline personality disorder**

*Kathleen Abel - University of Bern, Switzerland, Thomas Munder, Heike Gerger, Jürgen Barth*

Background: Compared to other Axis II disorders, patients diagnosed with borderline personality disorder (BPD) are overrepresented in both, in- and outpatient samples. Within the past decades, new psychological therapies for BPD have been developed. However, previous meta-analyses and reviews of psychotherapy have not been able to consider the most recent studies (e.g. Cochrane Review only includes studies up to the end of 2002) and seldom look for patient characteristics as moderating variables. Aim: The present study gives an update on the most recent studies on psychotherapeutic treatments for BPD and investigates patient characteristics as potential moderators of effectiveness. Method: All randomized controlled trials of psychological interventions for BPD published between 1980 and 2010 will be included. There will be no language restrictions. The meta-analysis will address both the effectiveness of treatment versus control and the relative effectiveness of different treatment approaches. Stratified analyses will be used to look for moderating effects of patient characteristics. Results: Results will be presented and discussed at the conference.

**Poster**  
Psychodynamic

### **Imaginary Beliefs of Health Professionals on Effectiveness of Psychotherapy for Severe Disorders**

*Tania Aiello-Vaisberg - Pontificia Universidade Catolica de Campinas, Brazil, Cristiane Helena Dias Simões*

Introduction: This study is part of a body of research that considers the practices of mental health professionals are shaped not only by scientific knowledge, received during the years of academic education, but also in imaginative beliefs that circulate in the social environment. Aim: This research aims to investigate the beliefs of imaginative mental health professionals on the psychotherapeutic treatment of psychiatric patients. Methods: Thirteen professionals participated in individual interviews raised, for which they were asked to invent stories from observation of a set of ten photographs depicting people with various physiognomic expressions, some of which evoke emotional distress, in many daily situations. The material was considered interpretively to the psychoanalytic method. Results: Results show that mental health professionals advocate the psychotherapeutic treatment for psychiatric patients in their speeches, but that does not truly believe in its efficacy, preferring to work with psychiatric patients by the exclusive use of drugs and socio-educational measures. Conclusion: Despite advances in scientific research demonstrating the clinical efficacy of different modalities of psychotherapy, as well as signs that patients with very severe disorders benefit from this treatment combined the use of psychiatric medications, we observed, even today, even among some resistance mental health professionals. This situation is worrying because it may compromise both the relief and cure of various questions that the bias has a strong psychological influence, but also indicate a disregard for the emotional-affective aspects of mental illness.

**Poster**  
Psychodynamic

### **Collective imaginary of young psychotherapists about psychotherapy for teenagers**

*Tania Aiello-Vaisberg - Pontificia Universidade Catolica de Campinas, Campinas , Brazil, Fabiana Follador Ambrosio, Mariana Pontes Leme da Silva*

AIM - Some research has pointed to the fact that in Brazil, health professionals tend to think that teenagers would be more problematic than individuals of other age groups, and hardly would solve their problems. This position interferes in the referral of the teenagers and in the way they are received by psychotherapists. This configuration justifies the research with the aim of studying the collective imaginary of young psychotherapists about what would be the reasons to indicate psychotherapy for adolescents. METHOD - collectively interviewed ten in training psychotherapists, asking them to draw "a teenager who needs psychotherapy" and to write a story about the picture drawn. The productions were considered psychoanalytically, searching for affective-emotional fields of sense, or relative unconscious. Results - The young psychotherapists tend to think that teenagers do not seek psychotherapy from their own initiatives; in other hand, they would be brought to the clinic by their parents. The search for psychotherapy would happen on the following types of problems: drug abuse, eating disorders, social



isolation, difficulty in approaching the opposite sex and relationship problems with parents. Discussion - The tendency to imagine the teenager as someone who would not seek psychotherapy on its own initiative may contribute to a vision that these patients would be intrinsically less motivated to cooperate in the psychotherapeutic process or would infantilize it. This situation, of course, may undermine the perception of the existential challenges faced by all adolescents, in the sense of being just leaving childhood and moving into adulthood.

**Poster**  
Psychodynamic

**A three-levels study (narration, speech acts and words) of the language in chronic organic patients with successful and failed medical treatment**

*Liliana Alvarez - Universidad de Ciencias Empresariales y Sociales, Capital Federal, Argentina*

Goal: to study the wishes and defenses and their states, in the narrations, speech acts and words of 12 patients with chronic organic affection and unequal response to the medication. Sample: response given by 6 psoriasis patients and 6 asthma patients to the white sheet of the Phillipson Test. Instruments: 1) grids for the analysis of wishes in narrations and speech acts, 2) a sequence of instructions for the analysis of the defenses and their state. Both tools (grids and sequence of instructions) integrate the David Liberman algorithm (DLA) and are useful for the study of speech acts; and 3) a computerized dictionary for the analysis of wishes in words. Procedure: Analysis of the wishes and the defenses in narrations, 2) analysis of the wishes and the defenses in the speech acts, 3) analysis of the wishes in the words. Conclusions: The major or minor success of clinical response that every patient presented to the administration of the medication was connected with the type of wish and defense (and its state), 2) the result of the analysis of the words with the computerized dictionary allows to refine the study of the results corresponding to the patients who have negative response to the medication.

**Poster**  
Culture

**The Evolution of Alliance and Change during the Therapeutic Process of Depressed Woman In different Cultural Contexts**

*Cristina Amézaga - Universidad de Chile, Santiago de Chile*

Research Question: Are there differences (and what are these) between Germany and Chile, in the relation cultural variables have with the evolution of the therapeutic process (alliance and results) in depressed women? General Objective To explore the possible differences, between Germany and Chile, in the association of cultural variables with the evolution of the therapeutic process (alliance and results) in depressed women between 20 and 50 years old. Specific Objectives 1. To determine the association different cultural variables have with the therapeutic alliance and the results of the process. 2. To establish the differences in the association between cultural variables and therapeutic alliance and results, in each country. 3. Relate the level of depression with cultural variables, the therapeutic alliance and outcome. 4. To describe the relation of cultural variables with expectations and the effect of psychotherapy. Method The methodological design of the research will be trans-cultural, comparative and mixed (qualitative and quantitative). Participants The sample consists of two groups of 40 women diagnosed with depression in Germany and Chile, with an age range between 20 and 50 years. The groups will be matched according to socioeconomic status, educational level and therapeutic approach. Instruments Battery Of Multidimensional Cultural Questionnaires (HKFB) (Freund et al., 2010). Working Alliance Inventory (WAI, Horvath & Greenberg, 1986) OQ-45.2, an Outcome Questionnaire for monitoring change in psychotherapy (OQ- 45.2 Lambert & Burlingame, 1996), The Beck Depression Inventory (Beck, Steer & Brown 1996)

**Poster**  
Attachment

**Attachment Security a Mediator of Resilience and Coping with War Experience. A Cross-Cultural Comparison**

*Xhevahire Balaj - University of Pristina, Pristina, Kosovo, Other, Elisabetta Ibernì*

Drawing on critical revision of the cultural and political rhetoric on the concept of trauma (Fassin, Rechtman, 2009), this work aims to explore resilience factors within populations of adolescents exposed to war experience across cultures. Individual psychological and intra-psyche dimension is embedded and influenced by contextual, environmental and cultural factors that could mediate the response to traumatic and critical events. In this study will be examined the role of attachment security and its relationship with the construct of resilience (Ungar, 2006), in mediating psychopathological dimensions as dissociative

mechanisms, depression and anxiety. Sample is composed by N=126 Kosovan adolescents aged between 16 and 18 years, who have been assessed with Resilience Scale, Dissociative Experience Scale, Hopkins Symptoms Checklist-25 and with Relationship Questionnaire (Bartholomew & Horowitz, 1991). Traumatic experiences have been controlled with an adapted reduction of Harvard Trauma Questionnaire (Mollica et al., 1992). Data have been analysed according qualitative and quantitative methods and compared with results of cross-cultural studies. In conclusion, reflections on possible application of research studies will be discussed.

**Poster**  
Experiential

### **Change perception of clients in a brief Humanistic Psychotherapy in a Mental Health Service of the University of Chile**

*Paulina Barros - Universidad de Chile, Santiago, Laura Moncada, Mariela Matamoros*

This research studied the clients perception of change of a brief humanistic psychotherapy process. Ten students from the Mental Health Service of the University of Chile's Faculty of Medicine, completed a brief psychotherapeutic individual process. Qualitative methodology was used in order to deepen the description of the characteristics of change's perception and so, discover the importance of using humanistic techniques in achieving therapeutic goals. A semi-structured interviews based on Client Change Interview Schedule (Elliot, 2008) was the principal instrument and the results are presented based on categories which emerge from the data. The findings are organized into two central themes: perception of change in relation to the process of the patient, where the achievements are similar to long-term processes; and perception of change related to the therapeutic techniques which shows the influence of humanistic techniques in achieving the goals of the therapy

**Poster**  
Development

### **Looking Within: Self-perceived Professional Strengths and Limitations reported by Psychotherapists in India**

*Poornima Bhola - St. John's Medical College and Hospital, Bangalore, India, Shveta Kumaria, David E. Orlinsky*

The journey of professional development as a psychotherapist can be both rewarding and challenging. Therapists need the space to introspect and examine their professional strengths and vulnerabilities. Psychotherapists in India have limited contexts and opportunities for self-reflection and discussion of these internal experiences. 250 psychotherapists from varied professional backgrounds and experience levels in India responded to open-ended questions about their self-perceived strengths and limitations, on the Development of Psychotherapists Common Core Questionnaire. Responses to two questions, (i) What do you feel is your greatest strength as a therapist; (ii) What do you feel is your most problematic limitation as a therapist? were examined. Qualitative analysis of written responses was done to identify core themes. The findings offer an insight into the challenges and realities of the practice and profession of psychotherapy in the Indian socio-cultural context. The themes are discussed along with implications for training, supervision, continuing professional development and future research.

**Poster**  
Emotion

### **What's in a negative facial expression? How do patients differ in their functional use of facial expressions of negative emotions?**

*Astrid Bock - Universität Innsbruck, Austria, Doris Peham, Cord Benecke*

In this presentation an approach on attributing functions to facial expression of negative emotions will be presented. A facial expression of emotion only acquires meaning through the context in which it occurs. The context of real conversation is highly complex, but in our daily lives face-to-face interactions usually do not cause problems when we attribute a function or meaning to the facial expressions of our conversational partners. In investigating emotional facial expression of patients with psychic disorders, the understanding of the functions of a shown emotional expression is crucial. The developed function attribution rating system for negative emotions is inter-rater-reliability proofed and has been applied to 80 first interviews (Operationalised Psychodynamic Diagnostics; OPD Task Force, 2008) and 2320 displays of negative emotions coded with the Facial Action Coding System (FACS; Ekman, Hager Friesen, 2002). Differences and similarities between structural disordered patients and other groups of patients as well as healthy controls in the functional use of negative displays of emotions will be elaborated and discussed.

Poster  
Person Centered

### **Self-Organizing Wisdom in Psychotherapy: Theoretical Conception and Beginning Empirical Investigations**

*Arthur Bohart - Saybrook University, San Francisco, USA, Makenna Berry*

Aim: For Carl Rogers, the aim of psychotherapy was to promote clients' generative capacities for creative self-reorganization and healing. Wood (2007) called this self-organizing wisdom (SOW). Our aim is to elucidate the concept of self organizing wisdom and to describe the results of beginning efforts to research it. Method: We have begun to study self-organizing wisdom in two ways. First, we utilized a wisdom scoring system developed by Mickler and Staudinger as part of the Berlin Wisdom project. Two raters applied it to an intensive case study of Mackrill (2008). However, it became clear in using this scale that wisdom per se is not the same as SOW and the Mickler and Staudinger scale could not be used with single sessions of therapy. We therefore are doing intensive analyses of single sessions of therapy. We have analyzed sessions of Carl Rogers. Results: Using the Mickler and Staudinger scale, it was found that in the case study by Mackrill of a 12 session therapy of a client in an adult child of alcoholics clinic, the client showed gains in wisdom from early in therapy to later in therapy. The client moved from being scored as low in wisdom to being moderate. There were clear signs of SOW operating in the transcripts of sessions with Carl Rogers. Discussion: The research is still in its early stages. However results are promising. Limitations will be discussed.

Poster  
Couple

### **In Health and Disease. Distress, Dyadic Coping and Locus of Control as Screening Variables for the Psychological Intervention with Couples Facing a Diagnosis of Cancer.**

*Federica Bonizzi - University of Bergamo, Italy, Attà Negri*

In their life cycle a couple have to cope with different events; an oncological disease is amongst the possible negative events that may arise. The diagnosis forces the partners to reach a new relational balance and when they fail to reorganise they could be helped by a psychotherapist. Using three psychological constructs, patient's distress, dyadic coping and patient's locus of control we have investigated how a couple faces a cancer diagnosis and what kind of support can be given by therapist; the sample consisted in 25 couples, aged from 35 to 60 years who had received a cancer diagnosis within the previous 2/3 months. We used three self-report tests: the Psychological Distress Inventory, the Dyadic Coping Inventory and the scale C of Multidimensional Health Locus of Control. The results indicate that the psychological intervention is particularly suggested not when the individual patient's distress is elevated but when it is associated with a patient's internal or "powerful others" locus of control and the couple's difficulty to cope together with the disease. In fact a psychological intervention is necessary and useful only when the quality of patient's relational context doesn't help him/her to deal with his/her distress, in spite of the intensity it might reach. In all instances, the aim of any interventions, be psychotherapeutic or supporting, should be to activate and empower the couple as one of the most useful tools that partners could use to cope with the disease.

Poster  
Depression

### **Therapist Adherence and Socratic Questioning as Predictors of Symptom Change in Cognitive Therapy for Depression**

*Justin Braun - The Ohio State University, Columbus, USA, Daniel Strunk, Andrew Cooper*

Cognitive therapy (CT) for depression is a form of psychotherapy that has strong evidence for its efficacy. However, the processes of CT that enact symptom change remain unclear. This study aimed to explore the relationship between therapist adherence to CT and symptom change in a sample treated by novice therapists. Also, given the potential difficulty of novice therapists implementing Socratic questioning, process ratings of the use of this questioning method are a special focus. The sample consisted of 65 adults with a primary diagnosis of Major Depressive Disorder, according to DSM-IV criteria. Seven advanced undergraduates rated therapy videos (sessions 1-3) on all process variables for each participant. A modified subset of the Collaborative Study Psychotherapy Rating Scale (CSPRS) items and a newly developed Socratic method scale were used. Based on past research, we predict that higher adherence scores will be related to greater symptom change. By utilizing a repeated measures regression analysis, we will examine three facets of adherence assessed by the CSPRS (e.g., Cognitive Methods,

Negotiating/Structuring, and Behavioral Methods) and Socratic questioning as potential predictors of session-to-session symptom change. Our results will help identify the importance of adherence and use of Socratic questioning as predictors of symptom change among novice therapists, and may help strengthen CT by shifting therapeutic focus to those processes that will enact the most change.

**Poster**  
Family

### **Experiences of caregiving and self-discrepancy in family recovery**

*Kellie Buckley-Walker - University of Wollongong, Australia, Trevor Crowe, Peter Caputi*

**Aim:** To describe the journey of families who have been impacted by a loved one's alcohol/other drug use (AOD) and/or mental health (MH) problems. This recovery journey focuses on the family members personal identity status (i.e., self discrepancy) it examines the relationship between current personal identity status, experiences of caregiving, hopefulness, grief and wellbeing. **Method:** This is a longitudinal study which involved both qualitative and quantitative components measured at the start and end of twelve months. The qualitative component involved both unstructured and structured interviews (n=19). The quantitative component involved a number of questionnaires plus a repertory grid, to measure personal identity (n=44). **Results:** Strong correlations found between changes in the questionnaires of hope, wellbeing, loss and grief and movement towards their ideal self over twelve months. **Discussion:** Caring for someone represents significant burden for caregivers and they often become preoccupied with focusing on the person diagnosed with an AOD/MH problem, which can impact on their own personal well-being and growth. One core process of recovery, is changes in personal identity (Andresen, Oades, & Caputi, 2003), defined as a movement towards a 'preferred' or 'ideal' self. As a person moves further from his/her preferred identity (i.e., increasing self-discrepancy), such as may occur when enmeshment is a feature of caregiving, among other things it might be expected to be associated with reduced wellbeing. This study has found that a movement towards an 'ideal' self is associated with an increase in hope and wellbeing and a decrease in loss and grief.

**Poster**  
Depression

### **A Video Game Design Based Research for the Prevention of Depression in Adolescent Women**

*Alvaro Carrasco - Universidad de Chile, Santiago*

The objective of this research is to design a video-game, sustained in a psychological model, to help in the prevention and treatment of depression of teenage girls. By the end of this project, it is expected to have a video game that can be played by a youngster with a therapist or independently. A web site will be created in order to host the game and to deliver complementary information and resources related to early detection, treatment and prevention of depression. It is not only expected to design a video game but, mainly, from this process the researcher will identify ludic properties, psychological and cultural variables that contribute in making an effective video game for the treatment and prevention of depression. A design based research methodology is proposed. This type of research begins with some hypothesis and initial principles that guide the design through an iterative process of construction, test, and use of the information obtained during the test to redesign the artifacts. In each cycle the researcher gradually elaborates hypothesis in coherent models or theories of the discipline of study and of the design process itself. The research question is: ¿What characteristics a video game should have in order to help in the prevention and treatment of depression of teenage girls? To answer this question 3 cycles of gathering of information and design are proposed, resulting in a final version of the video game to be evaluated in a pilot study.

**Poster**  
Person Centered

### **How therapeutic relationship works on a self-injury adolescent who was bullied: Perceptions from the client**

*Hsiao-Pei Chang - National Chi Nan University, Nantou, Taiwan*

This case study aimed to explore the counseling experiences of an adolescent who was bullied for a long time in high school and used self-injury behaviors as his coping strategy to understand how the therapeutic relationship factors contributed to the counseling. A counseling psychologist worked with the client by using the concept of the relational depth (Mearns & Cooper, 2005), including 18 sessions. After the terminal of counseling, the client was then interviewed to elicit his experiences in the counseling process. The interview was audio-recorded and transcribed entirely. The author used content analysis

approach to analyze the data. Four factors were recognized by the client that facilitated counseling at relational depth to make him do something different to cope with bullying instead of self-injury, including sincere caring, equalitarian, transparency and advocacy. The clinical implications of the findings were discussed.

Poster  
Child

### **Effects of a Parent-Child Cognitive-Behavioral Group Therapy Program on Taiwanese School-Age Children with Attention Deficit/Hyperactivity Disorder**

*Chia-Chen Chao - Taipei Municipal University of Education, Taiwan, Huei-Lin Huang, Shun-Chi Huang, Pin-Chen Yang, Cheng-Chung Chen*

Background: Research has shown that CBT can reduce ADHD symptoms and improve interpersonal skills of ADHD children, as well as parental involvement, which is crucial for the treatment outcome. This study intends to examine the effect of a parent-child cognitive-behavioral group therapy (CBGT) program on Taiwanese children with ADHD. Methods: Twenty-nine Taiwanese parent-child (grades 2-5) sets, in 6 groups, completed a 22-session CBGT program, which included 3 parent-only and 18 parent-child weekly sessions and one booster session; each session lasted 90 minutes. The Child Behavior Checklist (CBCL), Teacher Report Form (TRF), and Disruptive Behavior Rating Scale were completed by parents and teachers at pre- and post-test. Results: (1) All the CBCL and TRF post-test scores were lower than the pre-test scores, except somatic complaints on the TRF. (2) Scores on the CBCL scales of internalizing syndromes (anxious/depressed), externalizing syndromes (rule-breaking behavior and aggressive behavior), thought problem, and total problem significantly reduced after treatment. (3) Scores on the TRF scale of attention problem (hyperactivity-impulsivity) significantly reduced after treatment. (4) The DSM-oriented scale scores of affective and ADHD problem on the CBCL as well as of ADHD problem on the TRF also significantly reduced after treatment. Conclusions: The results support some positive effect of a parent-child CBGT program for ADHD children. Future research should evaluate the effect and cultural implications of such a program on Taiwanese parenting behaviors.

Poster  
Depression

### **Negative self thinking habit, self reflection, meta-cognition and their interactive effects on depressive symptoms: For psychotherapy implication**

*Hsiu-Jung Chen - Taiwan Society of psychotherapy research, Bee-Hong Lue, Yih-Ru Cheng, & Fu-Chien Hung*

One of the most important topics in depression research is the question of vulnerability versus resilience and cognitions play the bi-directional crucial role in how much people are affected by negative experiences and determine whether these events will be followed by quick recovery or by recurring depressive episodes. The purpose of this study examined whether self reflection and meta-cognition awareness moderate the effects of negative self thinking habit on depressive symptoms. Using the purposive sampling methods, adults of normal and depression of out-patients total 496 participants completed the following questionnaires: Beck Depression Inventory-II, Negative Self Thinking Scale, the Self of Meta-Cognitive Awareness scale, and Reflection Scale. The results revealed that when controlled psychological stress, as predicted greater levels of negative thinking of self were associated with decreasing depression symptoms for individuals who engage in moderate to high strategic ability of meta-cognitive awareness or self reflection. Suggesting that cognitive functional model may be relevant to understanding recurrent or alleviate symptoms of depression. The implications of possibility which to develop a maintenance version of cognitive therapy was discussed.

Poster  
Crisis

### **The community resilience: a case study of the Tao-mi community development and residents growth after 921 earthquake in Taiwan**

*Yu-Li Chen - National Chi Nan University, Nantou County, Taiwan, Chia-Chi Fang*

Tragedy struck Taiwan on September 21st, 1999. A heavy earthquake hit Taiwan and caused heavy damage in many communities, Tao-mi was one of them. Many residents faced a terrible life crisis, felt intense alienated and losing, suffered from Posttraumatic Stress Disorder after the disaster. At that time, Tao-mi appeared as if a dead city. However, ten years past, Tao-mi re-established with surprising changes. Nowadays, Tao-mi becomes a famous tourist spot. According to literatures, in many cases,

people who suffered from natural disaster would still have healthy lives that could be related to resilience factors. This study aims to explore how the residents in Tao-mi can survive from the disaster, what resilience factors they have, how these factors help them to lead lives better, and individual resilience produce what important feedbacks to community. Six residents are invited to participate the research. The authors conduct retrospective interview and all the contents are audio-taped. The data will be analyzed by content analysis. The further results and clinical implications will be represented and discussed. This study can be recommendable to community counselors, social workers, disaster recovery workers, and concerned educators and researchers.

**Poster**  
Child

**Joint attention intervention for young children with autism and their parents: the preliminary findings**

*Chung-Hsin Chiang - National Chengchi University, Taipei, Taiwan, Jia-Qing Lin, Ya-Ling Peng, Shu-Jung Chiang*

**Objectives:** The purpose of the study was to develop JA intervention program for young children with autism and their parents in Taiwan. The current report was to describe initial findings for three young children with autism below 3 years. **Methods:** Participants were three children with autism (CA = 26-32 months), the JA intervention program consisted of two parts, one for children, the other for their parents. The child JA intervention program was referred from Kasari's suggestion (Kasari, et al., 2006). For the child training, each session was 30 minutes, 3 times per week, and the total was 24 sessions. The JA intervention program for the parents was based on both of Kasari et al. (2010) and authors' clinical experience and followed the Parent JA Intervention Manual (PJAIM). The pre-, post-, and 3-month follow-up measures were used. **Results:** The results show that all of the three children improve their JA and play abilities after the JA intervention program. The improvements are also shown in the 3 months follow-up measures. The parents also changed their teaching strategies from adult-directed approach to child-directed approach in the sessions and maintained the child-directed teaching strategies after 3 months. **Conclusions:** The initial data revealed that the JA intervention program young children with autism and their parents are promising. Further studies are needed to recruit more subjects and include the control groups to learn the long term effect.

**Poster**  
Therapist

**Therapist Mentalization, Therapist Attachment and Therapist Effectiveness: Implications for Psychotherapy Training**

*John Cologon - Queensland University of Technology, Brisbane, Australia, Robert Schweitzer*

**Aims:** There has been considerable debate in the field concerning the effectiveness of psychotherapy, with consideration given to patient variables, process variables, technique, and therapist variables. This study explores the contribution of therapist variables, from the perspective of therapist mentalization, with the following aims: 1. To investigate the relationship between therapists' mentalizing capacity and psychotherapeutic effectiveness. 2. To examine the extent to which this effect is mediated by the working alliance. **Method:** Fifty-four postgraduate clinical psychology students are being assessed by the following methods: the Adult Attachment Interview (scored for reflective functioning), the Experiences in Close Relationships Scale, the Interpersonal Reactivity Index, and the Movie for Assessing Social Cognition. In order to assess therapist effectiveness, participants have been requested to ask at least 4 of their patients to complete the OQ-45 at each session and the WAI (short form) after the third session and 8th sessions. Therapists are also recording problems presented by the patient and therapeutic methods used. **Results:** Data collection is continuing. Results to date and strategies for improving participation will be presented. **Discussion:** Most studies of mentalization and attachment in psychotherapy examine the patient. This research examines these factors in relation to the therapist. Implications of results so far for psychotherapy training will be discussed.

**Poster**  
Change

**Studying the Process of Change in Three Therapeutic Modalities**

*Meghan Craig - Regent's College, London, UK*

This study assesses the putative mediators and underlying causal mechanisms influencing client change in therapy. Three modalities are investigated, namely Personal Construct Psychotherapy, Existential-Phenomenological Therapy, and Cognitive Behavioural Therapy. The Hermeneutic Single Case Efficacy

Design is employed to gather quantitative and qualitative data that provides a rich case record of the therapeutic process and its associated outcomes. Inferences to the best explanations for client change processes are formulated through abductive reasoning methods. A single participant from each modality is invited to complete questionnaires at baseline, at each therapy session, and after therapy is completed. Two interviews are conducted with each participant at the mid-point and end of therapy. Associated therapists provide weekly evaluation on sessions that are cross-referenced with client measures for analysis purposes. The quantitative data is analysed by scoring the outcome data, mapping process to outcome, and investigating connections between in-therapy events and outcome shifts. The change interviews are transcribed and analysed using a hermeneutic phenomenological style. Exploratory data analysis is conducted to detect change phenomena and putative mediators in the data. Abductive reasoning strategies generate and develop competing theories to explain observed changes. Theories are appraised using specific criteria to draw inferences to the best explanation. The causal mechanisms for change in therapy are suggested, and a contribution to the evidence for alternative therapy modalities is made through the findings of this study.

**Poster**  
Disorder

**The Treatment of Social Anxiety in People Who Stutter**

*Stephen Crawcour - Technische Universität Dresden, Germany*

In addition to their struggle to speak, people who stutter must cope with negative listener reactions, which may range from a simple frown, gaze aversion (Bowers et al., 2009), to overt discriminatory behaviors (Sobel, 2001). Hence people who stutter may develop anxiety related to social situations (Bloodstein, 1960; Ezrati-Vinacour & Levin, 2003), with severity levels occasionally in the range of social phobia (Kraaimaat et al., 2002). Not surprisingly, recent studies have shown a higher prevalence of social anxiety in people who stutter (Blumgart et al., 2010) than in nonstuttering populations. The long-term consequences of social anxiety may hinder the person's participation in both social life (Yaruss & Quesal, 2004), working opportunities (Gabel, 2006), and thus the general quality of life (Yaruss, 2010). Because social phobia is known to be a risk factor for depression, substance abuse and other anxiety disorders (Witichen et al., 1999), intervention in social anxiety is warranted. Based on the model of Clark and Wells (1995), a rationale for the treatment of social anxiety in those who stutter will be presented. It is expected that treating people who stutter for social anxiety may reduce fears related to social situations and increase the perceived quality of life.

**Poster**  
Emotion

**The Effects of Passive and Active Desensitization on Psychophysiological and Emotional Reactions to Stuttered Speech**

*Stephen Crawcour - Technische Universität Dresden, Germany, Andrew Bowers, Tim Saltuklaroglu*

Recent studies have shown that listeners present physiological and subjective indicators of high arousal and emotional negativity to stuttering (Guntupalli et al., 2007). As negative listener reactions may have a strong impact on lives of people who stutters, the present study was dedicated to searching for conditions under which these reactions might be weakened. Specifically, the effects of prior passive exposure to informational audiovisual material on stuttering and active imitation of stuttering behaviors (i.e., passive and active forms of desensitization) were examined. Thirty-three adult participants were divided into a control group and two treatment groups with prior passive and active exposure to stuttering. Skin conductance and heart rate measures were collected while all participants watched and listened to 6 video clips of speakers, 3 of whom stuttered, and 3 of whom spoke fluently. After the presentation of each clip, 3 rating scales were also completed to report on the experienced arousal, general emotional valence, and specific emotions. Treatment groups displayed a lower physiological arousal on the first stuttered clip relative to the control group. In contrast, heart rate was lower during stuttered relative to fluent clips, regardless of group membership. No group differences were obtained regarding ratings of arousal and emotional valence. The present findings suggest that, while prior active and passive desensitization attempts may have reduced the physiological arousal (i.e., skin conductance) during the first stuttered clip, it had no effect on either heart rate or the way stuttered speech was subjectively experienced. Clinical implications will be discussed.

**Poster**  
Emotion

**Psychological well-being: prevalence and associated factors in individuals of middle-age and elderly**

*Ana Laura Cruzeiro - Universidade Catolica de Pelotas, Brazil, Letícia Müller Dallmann, Maria Rita Azambuja Tavares, Ricardo Azevedo da Silva, Elaine Tomasi, Viviane Porto Tabeleão, Michelle Souza Dias, Mariane Lopez*

The present study proposes to demonstrate the estimative of the psychological well-being prevalence and the associated factors in individuals older than 40 years. It has been analyzed a transversal study coupled with a study of evaluation and intervention in middle-age and elderly individuals of the three Basic Health Units of the Universidade Católica de Pelotas, RS, Brazil, in the year of 2009. The psychological well-being evaluation was obtained with the Faces Pain Scale, while the independent variables were obtained with the MINI-International Neuropsychiatric Interview. The study analyzes the probable relation between the psychological well-being and factors like age, sex, economical classification, scholarship, current major depressive episode and the presence of paid work in the last year. The total sample was composed by 673 people. The estimative of 62% of the sample showed an indicative of psychological well-being. In the bivariate analysis only the scholarship, economical classification and the presence of major depressive episode were associated with outcome.

**Poster**  
Experiential

**The subject's openness to experience: a new instrument to determine it**

*Geanina Cucu Ciuhan - University of Pitesti, Romania, Nicoleta Raban Motounu*

Experiential psychotherapy is one of the most spread psychotherapy orientations in Romania, fact that makes possible studies about mechanisms of psychotherapeutic change. The present study presents a new instrument useful in this area. It is a self-assessment questionnaire that determines the subject's openness to experience (sensorial, affective and cognitive). The paper presents the procedure used to conceive and validate this instrument. In the initial phase a team of experts, experiential psychotherapists, defined the concept of openness to experience and established the main domains. Then a larger group of experts, psychology students, generated the items as specific behaviors. The items were again rated by experts according to the domain, retaining the most relevant items. In the third phase the questionnaire was pretested on a sample of 200 college students, other than psychology students. The final form of the questionnaire kept only the items that contributed to a high internal consistency and were accessible to the target population. Some of the items were reformulated. The final questionnaire was tested on another 200 subjects. The factors were determinate according to the items. The test-retest reliability was computed and the internal consistency. For convergent validity the Unconditional Self-Acceptance Questionnaire (USAQ) and The Philadelphia Mindfulness Scale (PHLMS) were used. Statistical data included.

**Poster**  
Other

**An alternative therapeutic device to reduce burnout symptoms in doctors of a university hospital: a pilot study**

*Marlene Curi - Universidad de Belgrano, Buenos Aires, Argentina, María San Martín, María Victoria Viel Temperley, Ludmila Jurkowski*

Introduction: Burnout syndrome has been studied since the early 70's mainly in health care professionals, it is characterized by 3 dimension: emotional exhaustion, depersonalization and personal accomplishment. Nowadays it is said to be a 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 burnout syndrome in doctors of a university hospital by a new alternative therapeutic device. Method: The present study is a quasi experiment clinical trial. Participants (n=83), 47 in the experimental group and 36 in the control group, completed the Maslach Burnout Inventory (Maslach & Jackson, 1986) before starting the treatment, the experimental group received 8 sessions (one per week) of the alternative therapeutic device. There was a post treatment measure for both groups and 1 month follow-up. Results: Data analysis is still on course in order to test the hypothesis; nevertheless, preliminary results indicates that the burnout levels are reduced, and further analysis will confirm or refute these results. Discussion: If findings show that there is a change in the burnout levels, new hypotheses will be developed related to why this alternative therapeutic device works.



**Poster**  
Assessment

**How much is enough?**

*Paula Dagnino - Pontificia Universidad Catolica de Chile, Santiago, Paola Luzio, María Angélica Rodríguez, Guillermo de la Parra*

Since the 50's with Eysenck, psychotherapy research has been aimed at demonstrating its effectiveness. Psychotherapists have been confronted to contrast their views on the changes observed in their patients with the research results. Adding to this, the ethical responsibility to make objective assessments about the quality of services, allowing direct clinical work from a scientific perspective. Given this, the Adult Psychotherapy Unit (UPA) of the Mental Health Center of the Pontificia Universidad Católica de Chile, has conducted assessments of patients with the outcome questionnaire OQ 45.2, seeking to assess the effectiveness and progress of psychotherapy. The Aim of this study is to answer: what dose of psychotherapy is sufficient to achieve a better well-being in patients?. We used the Methodology of dose-response, which originates in the biological sciences. It considers the impact of various doses of a stimulus (psychotherapy) in response to an identified variable (change) (Hansen, Lambert & Foreman, 2002). This methodology has been widely used in studies of this type (Howard et al., 1986). The sample consists in 1200 OQ 45.2 applications, made between 2002 and 2009. Results are consistent with those of Hansen, Lambert, & Foreman (2002), which concluded that 50% of patients improved in session 10. These results validate the models of Crisis Intervention and Brief Focal Therapy performed in our Unit.

**Poster**  
Integration

**Trainers' Integrative Perspective Development: the Case of the Training in Psychotherapy Integration**

*Ester Danelova - Masaryk University, Brno, Czech Republic, Tomas Rihacek*

The goal of the study is to create a model describing psychotherapist development in relation to integrative perspective in the specific case of trainers of the Training in Psychotherapy Integration (TPI, the first psychotherapy training in the Czech Republic based on the theory of common factors). The authors employ the method of grounded theory to explore the individual approaches to psychotherapy integration of TPI trainers and the development of these individual approaches during their career paying special attention to a shared context of recently institutionalizing integrative approach in a form of training. The result of the study is a model of mutually interacting factors that influence the process of integrative perspective development which is compared to existing models of psychotherapist development and discussed regarding the specific characteristics of TPI.

**Poster**  
Disorder

**Identification of Risk factors associated with Suicide in Adolescents attending Secondary School**

*Yolanda Dávila - Universidad de Chile, Santiago, Rolando Marín*

Objectives: Early identification of suicide risk and associated factors in adolescents using the Test ISO30-modified to intervene and reduce the prevalence of attempted suicide. Method: We studied the prevalence of suicide risk and associated factors in adolescents, using the ISO30-modified test. Universe: students aged 15-19, were used: prevalence: 1.77% (prevalence in Azogues), CI: 95%, error 1.5%, power 80%. The test was modified in workshops to fit the local language and made several pilots. For the diagnosis of associated factors were used DSM-IV-revised. Used: Odds Ratio (RR), Chi square (p) and statistical tests of association and descriptive statistics. Results: Sample (n = 663), 68.5% (n = 454) males, 31.5% (n = 209), mean 16.24 years, STD 1.08. The frequency of risk was: mild (RL) 52.8% (n = 559) moderate (RM) 37.1% (n = 246) more common in women, severe (RG) 17.0%. Frequency risks: Moderate: dysfunctional families (12.97%), depression (10.41%), risk serious: depression (24.97%) and dysfunctional families (8.45%). in all other cases the RR are positive with  $p < 0.0001$ , with a strong association with the serious risk, the only female is associated with RM: RR 3.28  $p < 0.0001$  Conclusions: ISO30-modified test to identify suicide risk in Azogues is high, the identification of related factors can design treatment strategies and early intervention.

**Poster**  
Family

**Researching the therapeutic alliance in a family psychotherapy, applying the DLA**

*Rita de Durán - Universidad de Ciencias Empresariales y Sociales, Capital Federal, Argentina, Jorge Cantis, Horacio García Grigera, , David Maldavsky*

Goal: to detect the positive and negative contributions to the therapeutic alliance in a family psychotherapy including a recently Parkinsonian integrant. Sample: three sessions with the Parkinsonian patient, two sessions with the whole family (parents, a daughter and two sons), three sessions with the couple of parents (the man suffering Parkinson disease). Instruments: the David Liberman algorithm's tools for the analysis of wishes and defenses (and their state) in narrated and enacted episodes. Procedure: 1) To detect wishes and defenses in the narrations of each member of the family in the sample, 2) To study wishes and defenses in the enacted episodes of each patient, 3) To study the enacted episodes between the patients, 4) To study the enacted episodes between one or more patients and the therapist, 5) To compare some of the narrated and enacted anecdotes. Each step on the analysis of the sample was consensuated between the members of the research team. Conclusions: I) It was possible to operationalize the positive and negative contributions to the therapeutic alliance in terms of the defenses (and their state) appearing in the episodes enacted 1) by each patient, 2) among the members of the family, and 3) mainly in the answers to the therapist interventions, II) The outcome of the research shows the necessity of a conceptual frame allowing to include the diversity of combinations between the partial results corresponding to each patient, the link between two or more of them and one or more of them with the therapist.

**Poster**  
Culture

**Latin American International Presence in Psychotherapy Research in the last 20 years.**

*Guillermo de la Parra - Pontificia Universidad Catolica de Chile, Santiago, Andrea Jaramillo, Paula Dagnino, Rodrigo Rojas*

Aims: to describe the Latin American (LA) scientific production at the international level, focusing on: 1) the relative presence of psychotherapy research in Latin American mental health meetings and publications in relation to other publications and presentations, and on 2) the relative presence of LA papers and presentations in international (not LA) psychotherapy research journals and meetings. Method: regarding the first aim, three ISI LA Journals, and three LA meeting programs between 1990 and 2010 were examined. Regarding the second aim, three international journals and three international meeting programs between 1990 and 2010 were examined. Results: The presence of psychotherapy research in three LA Psychology Journals represented 5% of the papers. They grew from 1% in the 90's to 7% in the 2000's. Analysis of the SPR international meetings between 1990 and 1999, showed the presence of 17 presentations (0,85% of the total). The decade 2000 to 2010 showed an explosive growth to 400 presentations, (11,4% of the total). An analysis of the "Journal for Psychotherapy Research" showed that 2.0% of the publications were LA, (published between 2000 and 2010). The journals of Consulting and Clinical Psychology, Counseling Psychology and Behavior Therapy, showed no LA publications. The reasons for the difference in the growing rate of LA presentations in the international milieu and publications are discussed. There is further work to do to achieve greater presence of psychotherapy research, in LA mental health meetings and publications, and in the insertion of LA scientific production at the international level.

**Poster**  
Alliance

**Defense mechanisms of the clinician, patient satisfaction and therapeutic alliance observed in oncology consultations: A pilot study.**

*Mirjam de Vries - Institut Universitaire de Psychothérapie, Lausanne, Switzerland, Yves de Roten, Jan Passchier, Frits Stiefel, Jean-Nicolas Despland*

Defense mechanisms of the clinicians, patient satisfaction and therapeutic alliance are studied in the oncology outpatient facility of the University Hospital Lausanne, Switzerland. This is the first time that such an investigation is conducted in a real-life setting. Sessions between clinicians (N = 20) and their patients (N= 120) are audio-recorded. All sessions are emotionally charged since the clinicians communicate results to their patients who are in a palliative situation. Defense mechanisms are evaluated

by means of the Defense Mechanisms Rating Scale (DMRS), an observer-rated method based on the transcripts of the sessions. Clinicians completed an auto-evaluation of their perceived stress after the session, and patients rated satisfaction and alliance, as well as anxiety and sadness after the session. Results of this pilot study discuss patient satisfaction and therapeutic alliance in relation to the defensive functioning of the clinician. Furthermore, the feasibility and the implications of the study results are discussed.

**Poster**  
Couple

**Interpersonal aspects of depression: the role of daily positive and negative processes in romantic relationships**

*Anik Debrot - University of Fribourg, Switzerland, Meinrad Perrez, Andrea B. Horn*

It is well known that interpersonal processes play an important role in the development and maintenance of depression (Coyne, 1976; Potthoff, Holahan, & Joiner, 1995). However, little research has focused on interpersonal processes that can protect from negative interpersonal influences on depression. The goal of the present study is to investigate the impact of daily reported positive couple processes and negative couple affect on depressive symptoms in couples. As a positive marker of relationship quality, perceived partner responsiveness has been shown to enhance positive affect toward the partner. We therefore hypothesize that it could have a positive impact on the mental health of partners of romantic couples. A computer-assisted ambulatory assessment method allowed us to assess reports of positive and negative couple processes in the daily lives of both partners of 102 young dating couples. Furthermore, depressive symptoms were assessed with the CES-D. Relying on the actor-partner interdependence model (APIM, Kenny & Cook, 1999), preliminary analysis showed that negative affect toward the partner is positively linked with own depressive symptoms. Furthermore, it could be shown that own perceived partner responsiveness can take an indirect protective function on depression in reducing negative couple feelings of the partner. These results show the relevance of studying negative and positive couple related processes in both partners in the research of individual depression. Moreover, implications for the psychotherapeutical treatment of depression suggesting e.g. the inclusion of the romantic partner are to be discussed.

**Poster**  
Disorder

**The Process of a Short Term Psychodynamic Therapy in a Patient with Dissociative Identity Disorder: An Empirical Single Case Report**

*Mattias Desment - Ghent University, Belgium, Ruth Inslegers, Stijn Vanheule, Reitske Meganck*

Introduction: An increasing amount of outcome research supports the efficacy of Short Term Psychodynamic Psychotherapy (STPP) for a range of psychological disorders, reporting effect sizes in meta-analyses between 0.50 and 1.40 (see Shedler, 2010). Mapping characteristics of the STPP process is the major challenge for the decades to come. Aim: This poster presents mixed quantitative-qualitative analysis of the process of a STPP with a 25 year old male patient diagnosed with dissociative identity disorder. Method: Outcome was assessed by comparing pre- and post therapy assessment procedures including self-reports, interview measures, and registration of cortisol concentration in saliva. The patient filled out the Inventory of Interpersonal Problems (IIP-32) and the General Health Questionnaire (GHQ-12) after each session and all psychotherapy sessions were audio taped. Furthermore, the patient delivered eight saliva samples a week to register the evolution in cortisol concentration throughout the therapy. Results: Pre- and post therapy assessment procedures showed (1) significant reductions in general psychological and physical complaints and (2) highly significant reductions in cortisol concentrations. Quantitative analysis of associations between the longitudinal IIP-32 and GHQ-12 scores showed significant associations between both. Qualitative analysis showed that dissociative memory loss was progressively restored throughout the STPP process as the patient integrated conflicting parts of his identity. Discussion: The discussion focuses on the question whether or not this patients' dissociative experiences show the same structure as hysterical symptomatology. At the methodological level, strengths and weaknesses of single case research are discussed and perspectives for further research are presented.

**Poster**  
Disorder

**The Interpersonal Function of Tinnitus in the Process of a Short Term  
Psychodynamic Therapy: An Empirical Single Case Report**

*Mattias Desment - Ghent University, Belgium, Reitske Meganck, Stijn Vanheule*

Introduction: An increasing amount of outcome research supports the efficacy of Short Term Psychodynamic Psychotherapy (STPP) for a range of psychological disorders, reporting effect sizes in between 0.50 and 1.40 (for review see Shedler, 2010). Mapping the STPP process is the major challenge for the decades to come. Aim: This poster presents mixed quantitative-qualitative analysis of the interpersonal function of tinnitus as it appeared in a 34 year old male patient that went through an STPP. Method: Outcome was assessed by comparing pre- and post therapy assessment procedures performed by a medical team of Ghent University. The patient filled out the Inventory of Interpersonal Problems (IIP-32) and the General Health Questionnaire (GHQ-12) after each session and all psychotherapy sessions were audio taped. Results: Quantitative analysis showed (1) significant reductions in general psychological and physical complaints, and tinnitus when comparing pre- and post assessments and (2) significant associations between the longitudinal IIP-32 and GHQ-12 scores. Qualitative analysis showed that tinnitus disappeared progressively throughout the STPP as the patient became increasingly aware of specific coping styles associated with lack of recognition by significant others, feeling threatened at the level of his wishes and desires, and feeling paralysed by intense anger and destructiveness towards others. Discussion: The discussion focuses on the question whether or not this patients' tinnitus shows the same structure as hysterical conversion symptoms. At the methodological level, strengths and weaknesses of single case research are discussed and perspectives for further research are presented.

**Poster**  
Family

**Family therapy LGB individuals and their non-accepting parents: A treatment  
development study**

*Gary Diamond - Ben Gurion University, Beer Sheva, Israel, Maya Shpigol*

Parents often have initial negative reactions to their child's disclosure of being lesbian, gay or bisexual, though in most cases this initial negativity gives way to increased acceptance over time. When parents remain critical, rejecting or abusive, the fabric of the child-parent relationship is undermined and the likelihood of conflict, disengagement and psychological distress increases. Aim: Adapt Attachment-Based Family Therapy (ABFT) for use with non-accepting parents and their LGB offspring, in an effort to repair relational ruptures and improve the quality of parent-child relationship, and gain feasibility and pilot outcome data. Method: Ten LGB adolescents/ young adults and their parents will receive 20 weeks of ABFT. Self-report measures of relationship quality, internalized homophobia and psychological symptoms are completed at pretreatment, mid-treatment and post treatment. Post-treatment qualitative interviews examining patients' experience of the therapy are conducted. Results: Four families have been recruited to date through various LGB organizations. Successful engagement of parents has occurred via the adolescent/young adult. We have been able to reduce overt criticism and punitive behavior, though increasing acceptance and autonomy granting has been more difficult. Interventions such as including accepting family members in the treatment, focusing on relationship loss and family connections, challenging parents' theories about the origins of minority sexual orientation, and empathizing with parents' own anxiety, shame and loss have shown potential. In depth qualitative data from at least 4 cases, including will be presented.

**Poster**  
Depression

**I am not who I want to be – a fMRI-Study of Self-Criticism in Depression**

*Nadja Doerig - University of Zurich, Switzerland, M. Grosse Holtforth, B. Quednow, S. Spinelli*

Aim: Self-criticism is associated with different kinds of distress such as depressiveness and anxiety (Higgins, 1987). Self-criticism is conceptualized as a way of dealing with perceived discrepancies between self-state representations. Recent brain imaging studies have identified an abnormal pattern of neural response to negative or sad stimuli in depressed patients (Fu et al., 2008) as well as neural abnormalities in subcortical-cortical midline structures during self-referential processing (Grimm et al., 2009). But there is still little knowledge about the neural processing during confrontation with self-critical material of high personal relevance. Our aim is to investigate the neurobiological correlates of self-criticism as a step towards an improved understanding of the effect of negative self-referent feelings in normal individuals and depressed patients. Methods and Design: 35 adults meeting DSM-IV criteria for major depressive

disorder and 35 healthy control subjects participate in a functional magnetic resonance imaging (fMRI) session. During the session, participants are confronted with three different types of adjectives in a randomized block design: neutral adjectives, self-critical stimuli and negative stimuli without self-critical aspects for the individual. Stimuli are generated idiosyncratically before the scan. Discussion: Study design and hypotheses will be presented and discussed.

**Poster**  
Culture

### **Translations of the CORE system measures**

*Chris Evans - Nottinghamshire Healthcare NHS Trust, UK*

The self report measures in the CORE system are based particularly on the CORE-OM (\*\*\*) and its shortened versions: CORE-SFA, CORE-SFB, CORE-GP, CORE-10 and CORE-5. There are also the YP-CORE for young people (10 items for age range 11 to 16) and the CORE-LD for adults with learning difficulties/disabilities (14 items). The CORE-OM and its shortened versions have been translated into 18 languages: Gujarati, Norwegian (Bokmal), Italian, Slovak, Swedish, Icelandic, Albanian, Greek, Dutch, Danish, Portuguese, Brazilian, Croatian, Welsh, Serbian, German, Lithuanian, Polish. Translations are very nearly finished for Turkish, Finnish, Spanish, British Sign Language (BSL), Bulgarian and Romanian and work is underway on Bosnian, Catalan, French, Kannada, Sami, Tamil, Czech, Japanese, Latvian, Somali, Arabic, Afrikaans, isiXhosa, Urdu, Punjabi, Maltese and Kurdish. The YP-CORE has been translated into Danish, Dutch, Welsh and Croatian and Portuguese and Turkish are in field checking and work is underway on a number of other languages. The poster will present the translation method and the new web based data collection system generously donated by CORE-IMS ([www.coreims-online.co.uk/](http://www.coreims-online.co.uk/)) and designed to enable practitioners to contribute to referential clinical data for all translations free of charge. People seeking other translations or to join the data collection network can discuss this with the author who is the CORE translation lead.

**Poster**  
Supervision

### **Supervisee Insecure Attachment Style and Supervisor Perception of Supervisory Alliance**

*Chia-Chi Fang - National Chi Nan University, Taiwan, Taiwan*

The purpose of this study is to explore the relationship between supervisee insecure attachment style and supervisor perception of supervisory alliance in counseling supervision. Specifically, the study seeks to answer the following questions: 1. Does the supervisee insecure attachment style significantly vary along with the progress of supervision? 2. Does the supervisor perception of supervisory alliance significantly vary along with the progress of supervision? 3. Is there interaction between supervisees' insecure attachment style and their supervisors' perception of supervisory alliance? In order to answer the questions, survey data will be gathered from counselors receiving supervision services (i.e. supervisees) and their supervisors from schools or community counseling institutes. The Supervisee Attachment Behavior Scale and the Working Alliance Inventory Supervisor's Form will be used to collect data after each supervision session. The findings of this study can be significant to counseling supervisors, counselor educators, and future researchers.

**Poster**  
Cognitive

### **Early changes in the cognitive system of eating disordered patients in day care: A naturalistic study**

*Guillem Feixas - Universitat de Barcelona, Spain, Gloria Dada, Marta Salla, Monica Antequera*

Introduction. Treatment in day care is very common for eating disorders (ED). Symptom improvement is usually attained in a few months but little is known about cognitive changes. Most studies focus on eating attitudes although the importance of interpersonal issues is also well established. It would be important for the understanding of the change process to monitor the construction of self and others. Aim. To explore the cognitive changes of patients suffering from ED shortly after being admitted to day hospital. Specifically, we searched for changes in the construction of self and others, cognitive differentiation and cognitive conflicts as derived from the Repertory Grid Technique (RGT). Method. Thirty seven women who fulfilled criteria for ED (Anorexia n=16; Bulimia n=11; EdNOS n=10) were assessed using RGT and the Eating Attitude Test (EAT-40) when admitted for day care and then after 3 months of treatment. Results. Preliminary results showed a significant reduction of disturbed eating attitudes. Also, a diminution of self-ideal discrepancy was found, while self-others correlation increased and ideal-other correlation

decreased. Cognitive conflicts decreased too, in terms of both dilemmatic constructs and implicative dilemmas. Discussion. Because they were sensitive to change, these measures provided by the RGT can be useful for the assessment of cognitive changes occurring in the treatment of ED patients, thus providing a better understanding of the therapy process. Also, differential patterns among ED subtypes and/or other treatment modalities can be explored.

**Poster**  
Spirituality

### **Religious beliefs and clinical severity among suicidal women hospitalized in Chile**

*Ramon Florenzano - Universidad del Desarrollo / Hospital del Salvador, Santiago, Chile, Carolina Aspillaga, Eny Cataldo, Claudia Musalem, Claudia Aratto, Ximena Ballivian*

Religiosity is a protective and a risk factor for suicidal depression. We are presenting here the correlation between religiosity and severity of depression in 40 women sequentially hospitalized at the Servicio de Psiquiatria of the Hospital del Salvador in Santiago de Chile. Lambert's OQ 45.2 and Halstead's sPaCE were applied. Suicidal women with depression were less religious than the average Chilean population. However, religious observance was higher in patients with more severe scores in OQ 45.2: cases that never attended church or temple had a mean global score of 90,7 (SD 27,3), patients that went weekly of 115,5 (SD 15,1). The same was found in Halstead's and Beck's questionnaires. Those who believed in an afterlife had lesser severity scores ( $X=100,32$ ,  $SD=29,1$ ) than unbelievers ( $X=108,3$ ;  $SD=34,9$ ). Next, we will randomly assign patients to treatment as usual, following the guidelines of the Chilean Ministry of Health, or to an experimental group with an added spiritual psychological intervention. We conclude that an intervention that takes into account beliefs of suicidal women has to address the severity and characteristics of depression, and the characteristics of their beliefs. We will measure outcome in cases that are treated with a therapeutic design that considers these elements, using an RCT and applying an intervention. Funding from FONDECYT Grant No 1100731 and Universidad del Desarrollo Research Fund.

**Poster**  
Supervision

### **A Qualitative Investigation of Doctoral Students' First Formal Experiences as Clinical Supervisors**

*Nicola Gazzola - University of Ottawa, Canada, Jack De Stefano, Cristelle Audet, Anne Theriault*

Despite the prominent place that supervision holds in the psychotherapist's development and training, research on supervision is relatively scarce. Until recently it was assumed that experience as a psychotherapist qualified the supervisor ipso facto. However, supervision is increasingly considered a speciality, distinct from psychotherapy, requiring its own knowledge base. The aim of this study was to investigate how doctoral students in counselling psychology experienced supervising the clinical work of Master's-level counselors. We developed a semi-structured interview protocol and interviewed 10 graduate students who had completed their first year of doctoral studies which included a mandatory supervision training component. A variation of the consensual qualitative research method (Hill, Thompson, & Nutt Williams, 1997) was used for data analysis. Participants described five main obstacles, including (a) difficulties with evaluative requirements, (b) managing supervision processes, (c) struggles with their own supervisory stance, (d) managing their professional self-doubts, and (e) managing conflicts with co-supervisors. Two main categories of positive experiences were identified: (a) increased counselling self-efficacy and (b) perceived sense of reciprocal learning between supervisors and supervisees. Findings are discussed in terms of implications for supervision and psychotherapy training.

**Poster**  
Trauma

### **Study quality in randomized controlled trials of psychotherapy with traumatized patients: a meta-analysis**

*Heike Gerger - University of Bern, Switzerland, Thomas Munder, Boris Sperisen, Jürgen Barth*

Background: Low study quality has been shown to be associated with larger effects in randomized controlled trials (RCTs) of psychotherapy versus control conditions (Cuijpers et al., 2009). This association has been shown for adult depression patients so far. Overestimation of treatment effects may be a general problem in low quality psychotherapy outcome studies. Thus, replicating this finding in other patient samples would be a necessary next step. The present study therefore aims at investigating indicators of study quality in RCTs of psychotherapy with adult trauma patients. Method: We examined effect sizes of 36 trials with 49 comparisons between psychotherapy and control conditions. As indicators of study quality we examined methodological characteristics of the studies: e.g. patient therapist ratio,

concealment of allocation, sample size. We conducted a series of meta-regression analyses in order to estimate the effect of each study quality indicator on treatment outcome. Additionally, subgroup analyses were conducted for clinical aspects of studies (e.g. presence of a PTSD diagnosis). Results: In preliminary analyses some but not all study quality indicators were associated with treatment effects. None of the studies met all predefined study quality indicators. Conclusions: The association between low study quality and higher effects appears less pronounced than in the studies on adult depression. Overall, studies with trauma patients meet a lower number of study quality indicators, compared to psychotherapy outcome studies for adult depression.

**Poster**  
Narrative

### **Research on wishes and defenses in parental relationships of 12 transvestite subjects, applying the DLA**

*Carla Gherardi - Universidad de Ciencias Empresariales y Sociales, Capital Federal, Argentina, L. H. Alvarez, David Maldavsky, S. Perez Zambón, D. Scilletta*

Objetivo: to study the wishes, defenses and their state in the episodes narrated by male transvestite subjects. Sample: answers to semi-structured interviews with 12 male transvestite subjects, aged between 20 and 38, that practiced street prostitution in Palermo and Almagro (Buenos Aires). Tools: grids and instructions from the David Liberman algorithm (DLA) for the analysis of wishes and defenses (and their state) in narrations. Procedure: 1) to select and analyze the illustrative fragments, 2) to compare the corresponding results. Conclusions: 1) Regarding the relationship with the mother, wishes and defenses corresponding to the attachment link, mostly with a strong positive connotation usually prevail, 2) Regarding the relationship with the father, wishes and defenses corresponding to suffering violence scenes, mostly with a negative connotation are usually dominant.

**Poster**  
Therapist

### **Personal Style of the Therapist (PST). Intra and inter therapist verbal behavior analysis.**

*Beatriz Gómez - Fundación Aiglé, Buenos Aires, Argentina, Castañeiras, C.; Curtarelli, A., Fraga Miguez, M., García, F., Maristany, M.; Fernández-Álvarez, H.*

We posit the Personal Style of the Therapist (PST) construct. It is defined as "the set of characteristics that each therapist applies in every psychotherapeutic situation, thus shaping the main attributes of the therapeutic act". So far the PST has been assessed as a self-administered inventory (PST-C) operationalized by 5 dimensions. It has shown satisfactory psychometric properties. We are currently exploring new aspects of the construct through direct observation of videotaped clinical sessions. This study presents a verbal behavior observational guide design based on Searle speech acts classification. The guide in its verbal form (GOTA-V) was applied to a sample of psychotherapy sessions of three therapists, one novel, one with medium experience, and one with more than 25 years of experience. Frequencies of speech acts performed by each of the therapists and subcategories within each of these acts are presented. Results comparing intra and inter-therapist will be described. These data and its relevance for the construction of a comprehensive map of the Personal Style of the Therapist are discussed.

**Poster**  
Alliance

### **Patient engagement with psychoanalytic psychotherapy**

*Michael Green - Australian Catholic University, Melbourne, Michael Green, Celia Godfrey, Jo Grimwade, Suzanne Dean, Jeanette Beaufoy, Bruce Tonge*

The Melbourne Outcome Study of Psychoanalytic Psychotherapy (MOSPP) explores the work of a subsidised psychoanalytic psychotherapy Clinic in Melbourne, Australia. This poster provides details of a quantitative study conducted as part of the MOSPP in 2009. The study measured patient personality and symptom factors and analysed these for correlations with engagement and continuance in psychotherapy. The study also examined the utility of these measures as descriptors of the patient population. Results found that, despite an often considerable level of disturbance, more than 50 percent of the patients assessed in the Clinic were able to engage in the work of psychoanalytic psychotherapy.

**Poster**

Psychodynamic

**Affective narratives in patients with depressive disorders***Verena Gruber - Institute of Psychology, Innsbruck, Austria, Toussaint Kyra, Peham Doris, Bänninger-Huber Eva & Benecke Cord*

In our research approach we understand mental disorders as disturbances in affective regulation processes that are characterized by specific elicitors, typical forms of subjective experiences and dysfunctional regulation strategies (Bänninger-Huber, 1996; Benecke et al., 2005). Currently a lot of effort in research focus on the investigation of the characteristics of affective experiences and regulation strategies in patients suffering from mental disorders since one main goal in psychotherapy treatments is to change these affective disturbances. According to different empirical studies depressive disorders are characterized by the experience of different negative emotions, like guilt feelings and shame (Orth et al., 2006), sadness and disgust (Power & Tarsia, 2007), anger and anxiety (Kring & Werner, 2004), and decreased levels of happiness in comparison to healthy controls (Power & Tarsia, 2007). In order to get a closer look to this phenomena we are investigating affective narratives in patients with depressive disorders (n=10) in comparison to a matched healthy control group (n=10). Data material derives from an extensive research project using the OPD-2 Interview (Benecke et al., 2009; OPD-2 Task-Force, 2008). On the basis of the model of elicitation, phenomenology and function of emotions in psychotherapy (Bänninger-Huber & Widmer, 1996) elicitors, subjective experiences and regulation processes were extracted from the verbatim protocols and categorized by doing qualitative content analysis (Mayring, 2000). The results will be presented and discussed in relation to the clinical ratings on OPD Axis II (relationships), III (conflict) and IV (structure level) and with regard to implications for psychotherapeutic treatments.

**Poster**

Training

**Practice of Balint group work in Germany - Results from a Survey among Balint group leaders***Steffen Häfner - Deutsche Klinik für Integrative Medizin und Naturheilverfahren, Bad Elster, Germany, Heide Otten, Ernst Richard Petzold*

Background and aims: In this study, the reality of Balint group leadership in Germany today is analyzed. Methods: A questionnaire was sent to 503 German balint group leaders. 333 (66.2 %) sent the questionnaire back (59 % men, 41 % women, mean age 57.2 years). Results: Despite the original intention of Michael Balint, the idea of weekly Balint groups is not realized in practice. Neither is Balint-group-leadership by psychoanalysts very common. The duration of each session is according to the ideas of Michael Balint. So is the number of participants in one group, but not if we have a look at the number of really participating members. Astonishingly, 17.4 % of the Balint group leaders were more than 65 years old. As for the composition of different professions (physicians with different specialities, psychologists, teachers etc.) in Balint groups there is a desirable heterogeneity. Conclusions: This shows that Balint group work in Germany is not only integrated in general medicine or in the field of psychotherapy, but is also of interest for many specialists of other disciplines as a good way of continuous education. The idea of Michael Balint is very much alive, but – according to changed realities in the medical field – no longer in its original way, but in settings adapted to the new situations in medicine.

**Poster**

Emotion

**Under- and Overregulation: On Emotion and Personality***Marianne Hänni - University Hospital of Psychiatry, Bern, Switzerland, Katrin Endtner, Wolfgang Tschacher*

Background: The terms “emotional under- and overregulation” are frequently used in the clinical setting, predominantly following the concept introduced by Greenberg and colleagues. This concept refers to two emotional states: Whereas underregulated patients have difficulties in calming down, overregulated patients withdraw from emotional experiences. Presently, there is a lack of validated instruments that operationalize the two different feeling states and the insufficiently defined concept is not placed into a broader theoretical context. It is not yet clear how the concept relates to those from personality research, referring to a person’s under- and overregulation in general. Aim: We propose steps towards the validation of the concept, operationalized as two dimensions in a preexisting emotion regulation questionnaire. Furthermore, we wish to explore its relation with well-known personality traits. Method: Data are gathered from 100 patients attending a psychotherapy day clinic program. The relationship



between emotional under-/overregulation and personality traits were assessed at the beginning of a 14 weeks treatment. Stability and change were examined by pre-post comparisons. Results and discussion: Relations between emotional under-/overregulation and personality traits will be presented. Moreover, mediational models, which integrate these variables, will be provided. The impact of the results on psychotherapeutic treatment will be discussed.

**Poster**  
Change

### **A Brief History of sPaCE**

*Jeremy Halstead - SWYPFT, Ossett, UK, Chris Leach, Sam Tucker,*

sPaCE (shorter Psychotherapy and Counselling Evaluation) is a brief measure of symptoms designed to screen for anxiety and depression and measure change. Although brief sPaCE has a robust factor structure, which means that it has the potential to be more informative than some global measures of a similar length. Data is presented showing its relationship to a number widely used measures including: BDI, BAI, PHQ9 and CORE-OM. There is a brief discussion of the relationship between the concepts of depression and anxiety and the components that make them up. Information is provided about four official translations (German, Japanese, Spanish and Italian) and the version used for session by session data collection. sPaCE has been validated in secondary care psychological therapies settings in the UK and Chile. It would be interesting to see how sensitive it is in other English and non English speaking settings. There are non clinical norms but again it would be useful to extend these. This is a presentation of an alternative brief free to use symptom measure for use in psychotherapy and counselling.

**Poster**  
Alliance

### **Co-regulation and Meaning Making in Psychotherapy of Psychosis**

*Susanne Harder - University of Copenhagen, Denmark*

This qualitative process study apply knowledge and models from research in intersubjectivity in early mother-infant interaction to the field of psychotherapy of psychosis in order to gain a better understanding of the interpersonal difficulties and idiosyncratic meaning making seen in psychosis. It is hypothesized that a more balanced nonverbal co-regulation between therapist and client is a precondition for more mutual meaning making on a verbal level. Three cases are analyzed where a severe lack of co-regulative balance is present. Through targeted therapeutic interventions it is possible to achieve a more balanced co-regulation associated with more positive affectivity and more mutual meaning making.

**Poster**  
Other

### **Patient Characteristics and Efficacy of Psychotherapeutic Treatment for Medically Unexplained Symptoms and Hypochondriasis**

*Michaela Hlavica - University of Bern, Switzerland, Heike Gerger, Thomas Munder, Jürgen Barth*

Background: A recent meta-analysis about short-term psychotherapy for medically unexplained symptoms (MUS) has shown a moderate effect size of 0.5 when compared to wait list control on the core symptoms (Kleinstäuber et al.2010). A similar effect was reported for psychotherapy for hypochondriasis (Thomson & Page, 2009). Generally, low therapy acceptance is a well documented problem in this patient population (Hiller & Rief, 1998; Lahmann et al., 2010). Furthermore, characteristics of the patient sample indicating more complex problems (e.g. number of symptoms or presence of comorbid disorders) may have an impact on treatment efficacy and therapy acceptance. However, there is a lack of empirical investigation looking at the relationship of patient characteristics on treatment efficacy and therapy acceptance. Aim: The aim of the present study is to conduct a meta-analysis on individual psychotherapeutic treatment for MUS and hypochondriasis. The meta-analysis will investigate the impact of patient characteristics on outcome and acceptance of psychotherapy. Additionally, treatment effects for MUS and hypochondriasis will be compared. Methods: Randomized controlled trials of individual psychotherapy for MUS and hypochondriasis published between 1980 and 2010 will be included. So far we expect about 30 studies to be included. For each trial between-group effect sizes will be extracted as well as characteristics of the patients indicating more complex problems. Dropout rates will be used as indicators of treatment acceptance. The impact of patient characteristics on psychotherapy outcome and dropout rates will be analyzed. Results: The results will be presented and discussed at the conference.

**Poster  
Training**

**The influence of training group based on gestalt therapy upon Japanese graduate students**

*Hiroki Hosogoshi - Kyoto Bunkyo University, Uji, Japan*

Aim: It is considered an important ability for psychotherapists to feel/sense themselves, and an experiential group such as gestalt group therapy is considered effective and efficient training for this purpose (Marcus, 1990). However this kind of training has not been brought into Japanese graduate school training to sufficient degree. The present pilot study examined the influence of experiential training group based on gestalt therapy upon Japanese graduate students. Method: Graduate student volunteers were assigned to the distributed group (one session per week for about 3 months), massed group (five sessions per day for two days), or control group. Participants completed the Focusing Manner Scale (constituting three subscales), Feeling Experience Scale (constituting three subscales), and Body Awareness Questionnaire three times (at baseline, post-training, and 6-month follow-up). Results: Preliminary results comparing post-training with baseline indicated increase in values of several subscales only among distributed and massed groups (but not the control group), as expected. Results of the complete data will be analyzed by ANOVA comparing measures among all three points of time. Discussion: Preliminary results suggest that experiential training group by gestalt therapy is an effective method of training Japanese graduate students the ability to sense emotions, feelings, and body sensations.

**Poster  
Group**

**The Effects of Career Group Counseling on the Poverty Adolescents' Career Self-concept, Occupational Interest, and Occupational Gender-role Stereotype**

*Huichun Hsieh - National Chi Nan University, Puli, Taiwan, Shuhsien Huang*

The purpose of this research was to examine the immediate and continuous influences in career group-counseling on the poverty adolescents' career self-concept, occupational interest, and occupational gender-role stereotype. The results of this research revealed immediate significant effects in this selected poverty adolescents group. After four-week follow-up experiments, the result indicated that there was a significant positive growth. Moreover, following with further individual assistance, the experimental subjects revealed a positive growth. The development of their career also got improved.

**Poster  
Practice**

**An Exploratory Study on Counselors' Providing Consultation Services to After-School Mentors.**

*Huichun Hsieh - National Chi Nan University, Puli, Taiwan, Shuhsien Huang*

The phenomenon of economic disadvantage with underachievement is the common issue in domestic and foreign education. The after-school mentors who are involved in economic disadvantage with underachievement provide extra study assistance. If the counselors are able to provide the consultation services for the mentors, it is likely the mentors will function well. Therefore, the thesis focus on exploring the experience of counselors' providing consultation services, the factors which influence consultation services and consultation effects. In order to achieve the purposes mentioned above, a qualitative approach was adapted to collect and analyze these data which was gathered from in-depth interviews. The results of this research can be divided into three categories as follows: 1. Counselors can provide the consultation services. 2. Finding the factors influence after-school mentors' teaching behavior heavily during teaching period. 3. The capacity of consultation provide that most mentors achieve their goal and have positive influence on the students, the strategies of offering correct information and solving problems works, help them to find themselves and to get confidence.

**Poster  
Narrative**

**The Effects of Narrative-Oriented Growth Group on Career Development of Probation Volunteers**

*Shu-Hsien Huang - National Chi Nan University, Nantao County, Taiwan*

The purpose of this study was aimed at helping probation volunteers to understand once again the meaning of volunteering profession and establish future career prospects by reviewing their individual life stories and career development of volunteering experiences through a narrative-oriented growth group.

The growth group program lasted eight weeks and was held once a week, two hours each time. Group members included fifteen probation volunteers who worked with at-risk adolescents. The program includes four parts: (1) narrating individual life stories, (2) creating metaphors for at-risk adolescents, (3) reviewing volunteering experiences, (4) forming visions of volunteering career. This research adopted multi-dimensional assessment method and all the data was collected through document analysis, group feedback of activity questionnaires and focus group interviews. The study found that the effects of a narrative-oriented growth group on career development of probation volunteers were as follows: (1) re-establishing probation volunteers' individual life experiences and giving their volunteering careers new meanings, (2) enhancing life experience connections between members and at-risk adolescents, (3) deconstructing and reconstructing understanding of at-risk adolescents, (4) improving members' confidence in volunteer works, (5) having a clearer vision in future volunteering career, (6) facilitating and uplifting members' senses of participation and hope in volunteer work. Above all, the practical suggestions based on the results of this study will be proposed and applied to the field of references for further studies and works of career counseling.

**Poster  
Practice**

**A pilot study of school psychologists provide consultant strategies to school guidance teachers**

*Shu-Hsien Huang - National Chi Nan University, Nantao County, Taiwan, Hui-Chun Hsieh*

This pilot study was to explore the consultant strategies which school psychologists provided to school guidance teachers. The research data were collected by individual in-depth interview and analyzed by grounded theory. The study participants included 4 school psychologists and 3 school guidance teachers. Results are as following: First, the consulting issues were including: 1)students family issues, 2) legal issues, 3) special education issues, and 4) system correlation issues. Second, the consulting strategies which school psychologists provided to school guidance teachers included: (1) aware of school culture, (2) active links with school guidance teachers, (3) provide guidance strategies, (4) modeling, (5) elicit the old experience, (6) empower teachers, (7) provide accurate information and clarify the problem, and (8) provide support. The last, those consulting strategies could help school guidance teachers reduce working stress, enhance professional confidence, increase the motivation of profession growth, and improve the system negotiating abilities. Above all, the practical suggestions based on the results of this study will be proposed and applied to the field of the reference for further study and the work of school consultation.

**Poster  
Emotion**

**Self-soothing in psychotherapy: Theoretical classification and a single case study**

*Masaya Ito - National Center of Neurology and Psychiatry, Tokyo, Japan, Shigeru Iwakabe, Leslie Greenberg*

**Aim:** Self-soothing refers to in-session therapeutic tasks in which clients use active self-regulating behaviors to alleviate their distressing emotional state and achieve a calming emotional state. This process is referred to as self-care, self-comforting, and self-nurturing, and it is considered important in various psychotherapy orientations. It can also be considered a form of emotion regulation and has therefore started gaining considerable attention in psychotherapy research. The purpose of this poster presentation is to propose a theoretical underpinning for self-soothing as a common therapeutic process in psychotherapy and to examine its validity by conducting a single case study. **Methods:** The literature and articles on self-soothing in psychotherapy were collected by using PubMed and PsycINFO. The authors identified various types of therapeutic self-soothing and classified them into four categories. In order to conduct a single case study, a demonstration DVD for emotion-focused therapy over time (American Psychological Association, 2007) was analyzed. **Results:** The self-soothing process was classified into relational soothing, behavioral self-soothing, cognitive self-soothing, and emotional self-soothing. These four processes seemed commonly aimed at emotion regulation and emotion transformation. A detailed process description of self-soothing was derived from the single case study. **Discussion:** The therapeutic self-soothing process involved two fundamental emotion principles—emotion regulation and emotion transformation—which manifested in different types of soothing. Directions for future research on self-soothing will be discussed.

**Poster**  
Culture

**Complicated Grief and Its Treatment: Data from Asian Culture**

*Masaya Ito - National Center of Neurology and Psychiatry, Tokyo, Japan, Satomi Nakajima, Akemi Shirai, Takako Konishi, Yoshiharu Kim, and Katherine Shear*

Aim: In any given culture, when an individual loses a loved one, he or she undergoes a grieving process. A large body of research has suggested that some bereaved people develop a pathological type of grief. This state is called "Complicated Grief" (CG). Some researchers argue that this pathological state should be included in DSM-V. We have been studying the nature of CG in the Japanese population. The purpose of this presentation is to report our current project and discuss the cultural differences and commonality in CG and its treatment. Methods: Five thousand questionnaires were distributed to elderly people (Age group: 40–79) using a stratified two-stage random sampling method. Data from nine hundred and thirteen people who had experienced the loss of a significant other were analyzed. An open trial of Complicated Grief Treatment (CGT; Shear et al., 2005) was also conducted. Three of the Japanese who met the criteria for CG completed the CGT. Results: The estimated prevalence of CG among the general population was 2.4%. All patients showed a substantial decrease in grief symptoms. At the termination of the treatment, they no longer met the criteria for CG. Discussion: The prevalence of CG was relatively lower in the Japanese as compared to Western cultures. The efficacy of CGT seems promising for the Japanese. However, we faced some difficulties in applying CGT, especially with the fact that the Japanese patients seemed to suppress emotion expression, which seemed to interfere with the therapeutic process.

**Poster**  
Ethics

**Negative Effects of Psychotherapy: Qualitative and Quantitative Analysis of Patients' Complaints**

*Sophie Kaczmarek - University Hospital Jena, Germany, Ruben Cappel, Kai Passmann, Veronika Hillebrand, Andrea Schleu, Bernhard Strauss*

Background: Whereas there is strong evidence by therapy outcome studies for the efficacy of psychotherapy, only few attention has been paid on its potential negative and harmful effects for the patients. The rate of negative effects of psychotherapy like malpractice and misconduct is consistently estimated to affect 10% of all cases in which the outcomes are often dramatically for patients. The present work considers complaints of psychotherapy patients in-depth within a cooperation project with a German organisation for ethical issues in psychotherapy which offers an independent audit and counselling to concerned patients. Method: Complaints were examined via qualitative content and quantitative data analysis regarding the complainants, kinds of complaints and following procedures of counselling. Results: More female complainants against male therapists were observed. Beside other disturbances of the therapeutic frame lack of empathy was mostly named as reason for complaint. In line with prior studies sexual exploitation occurred significantly more often between a male therapist and a female patient. A large variety due to case tailored ways of counselling was identified. Discussion: The present study characterizes a large body of complaints against psychotherapy professionals. A new and valid set of complaints categories and therewith a promising basis for further research and practice was developed. Furthermore potential implications for the improvement of psychotherapy training and practice in the field of professional psychotherapy are discussed in order to reduce the probability of negative effects in the future.

**Poster**  
Quality

**The impact of social phobia on quality of life of young adults**

*Evelin Kelbert - Ucpel, Pelotas, Brazil, Cláudio Drews Jr, Luíza Peres, Vanessa Moscarelli, Karen Jansen, Ana Laura Cruzeiro, Ricardo Pinheiro, Ricardo Silva, Luciano Souza*

Social phobia usually has its onset in adolescence and limits daily activities of these youths. This study aimed to investigate the prevalence of social phobia in young adults aged 18 to 24 years in the urban area of Pelotas, south of Brazil. It was conducted a quantitative cross-sectional population-based study, where young adults answered a questionnaire about sociodemographic, behavioral and health characteristics, as well as the Mini International Neuropsychiatric Interview 5.0 to evaluate the presence of social phobia and SF-36 questionnaire to assess quality of life. For statistical analysis it was used t test and ANOVA to verify mean differences of quality of life. Of the 1621 young adults interviewed, 4% had social phobia and it was significantly associated to lower scores of quality of life. Thus, we highlight the importance of strategies to prevent such disorders and their impact on features of young adults.

**Poster**  
Emotion

### **Anxious symptoms of outpatients compared to pregnant women hospitalized**

*Evelin Kelbert - Ucpel, Pelotas, Brazil, Marga Mendes, Milene Tavares, Ricardo Pinheiro, Ricardo Silva, Karen Jansen, Michelle Dias, Luciano Souza*

In order to verify the occurrence of anxiety symptoms in pregnant hospitalized women compared to pregnant women attended in basic health units, a cross-sectional study was done with 868 pregnant women attending the National Health System (SUS) at three clinics and two hospitals in Pelotas (RS), during May to November 2006. The participants answered a structured questionnaire that contains an anxiety scale. It was used the Hospital Anxiety and Depression Scale (HAD). We used descriptive statistics, chi-square and Poisson regression for data analysis. Of participants, 20.6% were hospitalized and 36.9% were indicative of anxiety. Relating hospitalized pregnant women and prevalence of anxiety, 44% of women admitted had anxiety symptoms, compared to 34% of women who had not sought hospital anxiety and showed anxiety indicative ( $p < 0.050$ ). However, controlling for previous pregnancy, desire for pregnancy, social support, stressor and religious practice, there remained an association between anxiety during pregnancy and hospitalization. This study did not show that anxiety during pregnancy is associated with hospitalization. The results of this analysis encourage us to believe there is a possibility that the hospital would act attenuating the anxiety during the hospitalization period.

**Poster**  
Assessment

### **Gender differences in the expression of expression of depressive symptoms in young adults**

*Evelin Kelbert - Universidade Católica de Pelotas, Brazil, Luciano Mattos Souza, Ana Paula Costa, Karen Jansen, Ana Laura Cruzeiro, Ricardo Pinheiro, Ricardo Silva*

Several studies have reported significant gender differences in mood disorders. To evaluate depressive symptoms differences for women and men aged 18 to 24 years diagnosed with Major Depressive Episode (MDE) residing in the urban area of Pelotas, south of Brazil. In a population-based cross-sectional study ( $n = 1621$ ), 137 were considered through the Mini International Neuropsychiatric Interview (MINI) with MDE. Participants answered a self-report questionnaire that contained items on sociodemographic data and the Beck Depression Inventory (BDI) that was used to assess the presence and intensity of each symptom of depression. Chi-square was used to analyze proportion differences of depressive symptoms presence between gender. Symptoms sadness and self-criticism were significantly different between gender. Women had a significantly higher proportion of these symptoms than men. With regard to crying, similar difference can be observed, however, only with a tendency to statistical significance. The expression of depressive symptoms in young adults in major depressive episode is different in men and women.

**Poster**  
Group

### **Effectiveness of Mindfulness Based Stress Reduction (MBSR) for Nonclinical Adults**

*Zeno Kupper - University Hospital of Psychiatry, Bern, Switzerland, Claudia Bergomi, Wolfgang Tschacher*

Methods: This study included 144 adults participating in MBSR-groups in Switzerland. The sample and setting can be described as nonclinical, although participants on average had elevated levels of psychological distress. Groups were led by certified MBSR instructors, mostly trained in Europe, and were offered in private practice. There were few dropouts. Results: Moderate to large effect sizes were found. Effect-sizes were  $d = 0.45$  for psychological distress,  $d = 0.22$  and  $d = 0.55$  for two facets of emotion regulation,  $d = 0.85$  for mindful awareness of present experiences,  $d = 0.62$  for a non-judgmental, accepting attitude towards experiences and  $d = 0.79$  for overall mindfulness. Effect sizes were larger in more distressed participants and in participants without previous experience with mindfulness meditation. Effects were not moderated by gender, age, or education of participants. No differences in effectiveness among instructors were found. Conclusion: MBSR was consistently effective in reducing psychological distress, and fostering mindfulness in nonclinical but stressed adults. Effect sizes were comparable to results from controlled studies. The results support the notion the MBSR can be effective not only when provided in the context of medical clinics or academic settings but also when provided by individual MBSR instructors in private practice.

Poster  
Other

### **Intersession Processes in Psychotherapy – A study in outpatients**

*Anton-Rupert Laireiter - University of Salzburg, Austria, Nadia Joechler*

Aim: Therapeutic outcome not only is a consequence of processes in therapy, it also is mediated by extra-therapeutic examinations of the patient, called "inter-session-processes". The present study explored these processes with quantitative methodology in an outpatient sample. Method: 148 Austrian psychotherapy patients (116 women, 32 men) (mean age 36.8 years, SD=12.2) responded to a quantitative questionnaire on intersession processes consisting of seven dimensions (e.g. intensity of experiences, active realisations, emotional quality etc.) developed by the authors and basing on a related instrument by Orlinsky et al. (1993). In addition quality of the therapeutic relationship, perceived change and perceived satisfaction with the therapy were examined. Results: In the average subjects reported to deal with their therapy 3-5 times a week in a rather intensive way. Most often they did it cognitively and/or by discussing therapeutic experiences with close people. Emotional quality of the intersession process and the motivation to realise suggestions and advices of the therapist were closely related to the quality of the therapeutic relationship. Intensity and quality of the intersession experiences as well as making homework between therapy-sessions were closely related to the therapeutic outcome and satisfaction with therapy. Discussion: Results make obvious that intersession processes are very important moderators of the outcome of psychotherapy and are closely related to the quality of the therapeutic relationship thus mediating positive effects of it on the outcome of a therapy. These processes should therefore be studied more often und more intensively in future studies.

Poster  
Psychodynamic

### **A Qualitative Thematic Microanalysis on the Emotion-Focused Therapy Sessions of Depressed Clients using the Operationalized Psychodynamic Diagnosis Manual OPD-2 Axis III Conflicts.**

*Mark Levin - York University, Toronto, Canada, Kathrin Moertl, Lynne Angus*

Various research teams have suggested that distinguished narrative characteristics are markers of self-change in therapy, and as a means by which to identify self-change processes in therapy. Consequently, it is important to focus our attention towards the topics and themes discussed in therapy. This study takes the topics and themes that have previously been delineated using the Narrative Processes Coding System and applies the conflictual themes that have been outlined in the standardized categorical system in the OPD-2 to them. This qualitative study uses the narrative content of six depressed clients' transcripts, three good outcomes and three poor outcomes, of Emotion-Focused Therapy sessions from the York I depression study (Greenberg & Watson, 1988). This study aims to replicate the findings of predominant themes as pointed out by other researchers (Rost et al., 2010), specifically the "need for care" and "self worth" conflicts. This study also aims to track the progression of the aforementioned themes and their relation to a good or poor outcome of clients as measured by their pre- and post-therapy scores on the Beck Depression Inventory. Results will be presented at the 42nd SPR 2011 convention.

Poster  
Personality

### **Personality functioning as a predictor of changes in psychiatric symptoms, work ability and interpersonal problems in short- and long-term psychotherapy**

*Olavi Lindfors - National Institute for Health and Welfare, Helsinki, Finland, Maarit A. Laaksonen, Esa Virtala, Paul Knekt*

Aim: Personality functioning may contribute differentially to outcome of short- and long-term psychotherapy. This study compares the prediction of object relations and self-concept on three outcome domains of short- and long-term psychotherapy. Methods: The study was carried out as a cohort study, based on 326 patients suffering of mood or anxiety disorder from the Helsinki Psychotherapy Study, aged 20-46 years, and randomized into short-term (solution-focused or psychodynamic) therapy or long-term psychodynamic psychotherapy. Quality of Object Relations Scale (QORS) and the Structural Analysis of Social Behavior (SASB) questionnaire were assessed at baseline and used as predictors in a cohort study design. Outcome was assessed by Symptom Check List, Global Severity Index, Work Ability Index and Inventory of Interpersonal Problems, 4-7 times during a 3-year follow-up. Confounding factors were adjusted for. Results: Faster positive changes in all outcomes in short-term therapy were predicted by high QORS, low SASB affiliation (AF) and autonomy (AU), presence of intermediate self-concept pathology and absence of self attack, control and love patterns. More long-term benefits in symptoms and work ability in

long-term therapy were predicted by high QORS and AU and absence of attack, intermediate and love patterns. For work ability global interaction between AF/AU and therapy group was statistically significant. None of the personality functioning measures favoured long-term therapy in reduction of interpersonal problems. Discussion: Different suitability profiles by personality functioning and outcome were found in short- and long-term therapy. Further research is needed for replicating and linking these findings to other suitability and process factors

**Poster**  
Training

### **East Asian international trainees' experience of conducting therapy in the US**

*Jingqing Liu - University of Maryland, College Park, USA, Clara E. Hill*

In the present study, we investigated East-Asian international counseling trainees' experience of delivering therapy in the US, particularly challenges East-Asian trainees face, coping strategies they use, and the impact of their cultural backgrounds on their clinical work. In two 60-90 minute semi-structured interviews, 10 East-Asian international trainees (from China, Korea, Japan, and Taiwan) discussed the transferability of their theoretical orientations to their countries of origin, reflected on clinical challenges, described their coping strategies, and discussed specific cases in which their cultural backgrounds facilitated or hindered their clinical work. Consensual Qualitative Research (CQR; Hill et. al, 1997) was used for data analysis. Preliminary results indicated that East-Asian trainees experienced challenges such as language barriers, culture-related countertransference, and discrimination from clients; they coped with these challenges by seeking peer support and self-reflection. This exploration sheds light on the unique training needs of East Asian trainees to empower and help them to make the best use of their clinical training.

**Poster**  
Self

### **Meaning in life and mental health: personal meaning systems of students in medicine and psychology**

*Sabine Löffler - Klinik und Poliklinik für Psychotherapie und Psychosomatik, Dresden, Germany, Karin Pöhlmann, Teresa Krebs, Thomas Körschner, Peter Joraschky*

Objectives: This study investigates (1) differences in the personal meaning systems of students in medicine and psychology and (2) correlations between meaning in life and mental health. Methods: Content and structure of the personal meaning systems of medical and psychological students are assessed qualitatively. In addition, the participants complete questionnaires measuring the presence of and the search for meaning in life (LRI-r-d, MLQ), sense of coherence (SOC-9L), self-esteem (RSES), satisfaction with life (SWLS), self-efficacy (SWE), anxiety and depression (HADS, BDI-II) and state of health (EQ-5D). Results: The study is currently conducted. Results are expected in February 2011. Significant differences between medical and psychological students as well as correlations between mental health and meaning in life are expected. Conclusions: The personal meaning systems of the different types of students will be compared to see if they can be understood as different "cultures" of students with different systems of values and aims.

**Poster**  
Self

### **Meaning in life: A comparison between psychotherapists and psychotherapy patients**

*Sabine Löffler - Klinik und Poliklinik für Psychotherapie und Psychosomatik, Dresden, Germany, Karin Pöhlmann, Rainer Knappe, Peter Joraschky*

Objectives: The aim of this study was (1) to compare the personal meaning systems of psychotherapists and psychotherapy patients and (2) to investigate correlations between meaning in life and psychological well-being. Methods: The personal meaning systems of 41 psychotherapists and 77 psychotherapy patients were assessed qualitatively. In addition, the participants completed questionnaires measuring subjective sense of meaning and psychological well-being. Results: The personal meaning systems of psychotherapists and psychotherapy patients differed in content and structure. Correlations between meaning in life and psychological well-being were confirmed for most of the instances. Conclusions: The personal meaning systems of psychotherapists turned out to be more complex and coherent compared to those of psychotherapy patients. Therefore the compared groups can be understood as different "cultures" with distinct systems of values and aims and varying levels of sustainability. Especially for psychotherapy patients sustainable meaning systems turned out to be important for psychological well-being.

**Poster**  
Group

**Construction of a Method for evaluating the Therapeutical Efficacy of Group Psychoanalytical Psychotherapy**

*Ana Luzzi - Universidad de Buenos Aires, Argentina, Fabiana Freidin; Diana Nimcowicz; Marcela Jaleh; María Padawer; Cecilia Simari; Belén Prado; Fiorella Rodoni; Bardi, Daniela.*

**Aim:** This work participates in a research project aiming to improve the method of process evaluation to determine therapeutic efficacy of group psychoanalytical psychotherapy. In previous investigations, the methodological strategies were designed; analytical categories were determined according to the theoretical frame: Objetal Relation's Theory, that were applied to the observational records of group psychoanalytical psychotherapy sessions; the analysis was carried out with the assistance of the Atlas-ti software. **Method:** Sub-working groups were formed, that independently codified the same clinical material. Plenary meetings were held to contrast the analysis, refining the codes and to establish consensus among team members regarding the disagreements arisen in the encoding process; in this way successive versions of the Code's Manual were generated. In addition, a quantitative analysis of frequencies of the codes and its families was performed. The qualitative and quantitative analysis allowed to redefine the lists of analytical families of codes, codes and subcodes and produce a current version of the Code's Manual. **Results:** A comparative analysis will be presented to illustrate the changes resulting from the application of the previous version of the Manual of Codes and of the updated one to the same session of group psychotherapy. **Conclusion:** The plenary meetings of the team members proved to be effective to establish consensus regarding the codes's definitions, to simplify the lists of families of codes, codes and subcodes, to verify the appropriateness and correspondence among analytical categories and clinical material and to improve a method of evaluation of psychotherapy process.

**Poster**  
Measures

**Evaluation of Group Psychoanalytical Psychotherapeutical Process. Analysis of Therapist's Interventions.**

*Ana Luzzi - Universidad de Buenos Aires, Argentina, Laura Ramos; Valeria Canale; Dina Wainszelbaum; Elisa Canelo; Tatiana Carusi; Sara Slapak*

**OBJECTIVE:** The aim of a research funded by University of Buenos Aires, is to perfect a method of evaluation of group psychoanalytical psychotherapy process. **METHOD:** In previous investigations analytical codes were created, which were applied to the observational records of sessions. Subsequently, a review of the coding process was performed. For this, sub-working groups were constituted that independently codified twelve group psychoanalytical psychotherapy sessions. Plenary meetings were held with the purpose of establishing consensus among team members regarding disagreements arisen in the coding process. **Results:** Codes's definitions were improved, lists of codes and subcodes were simplified, the appropriateness and correspondence between analytical categories and clinical material were verified and all the codes were grouped into two big families: Therapist's Interventions and Answers to Interventions. The application of the previous and current version of families of codes, codes and subcodes was employed on the same clinical material. **CONCLUSIONS:** Differences are noted regarding the appropriateness and correspondence of the codes with the clinical material. The result of the study about "Therapist's Interventions" allows to observe the opportuneness in the use of the different "interventions" made by the therapist and to advance in conceptualizations involving the theory of children group psychoanalytical technique and of the orientation groups for adults in charge.

**Poster**  
Linguistic

**On the unit of analysis in the study of wishes in speech acts, applying the DLA**

*David Maldavsky - Universidad de Ciencias Empresariales y Sociales, Capital Federal, Argentina, Delia Scilletta, Silvina Perez Zambón*

**Goal:** to discuss methodological problems of validity and reliability of the application of the DLA instrument for analysis of wishes in speech acts. **Sample:** one session of a patient. **Instruments:** 1) grids for the analysis of wishes in narrations and speech acts, 2) a sequence of instructions for the analysis of the defenses and their state. **Procedures:** We carried out 5 inter-judge reliability tests: 1) establishment of the sample, 2) fragmentation and analysis of utterances, 3) fragmentation and analysis of sentences, 4) fragmentation and analysis of the patient's speech, 5) fragmentation and analysis of the therapist's speech. The same pair of raters participated in all the tests. **Discussion:** There was a perfect kappa index in the inter-rater agreement regarding the study of speeches and sentences, and an almost perfect kappa



index regarding the study of vocalizations. Such index covered the fragmentation and the analysis with each type of unit of analysis. Due to the fact that the results of the analysis of wishes with each type of fragmentation are different one from the other, a new problem was discussed: which is the type of unit of analysis that has the major degree of validity. The results of the comparison among the outcomes indicate that when the unit of analysis is the utterance, the research may capture the nuances of the speech acts in a finer way than in the other units of analysis. Thereafter, the results of this test suggest that it is better to fragment the sample into vocalizations.

**Poster**  
Narrative

**Narrating innovative moments in emotion-focused psychotherapy: A study on the development processes in the construction of a new self-narrative**

*Inês Mendes - University of Minho, Braga, Portugal, António Ribeiro, Miguel M. Gonçalves, Inês Sousa, Lynne Angus & Leslie Greenberg*

This study consists on the development on a previous qualitative analysis of a sample of emotion-focused therapy, from the York I Depression Study, using the Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Santos, Matos, & Mendes, in press). An in-depth qualitative analysis was carried out in order to understand how innovative moments (IMs) evolve in order to promote change. We will focus only in two specific types of IMs - reflection and protest - since they are present from the beginning till the end of therapy in both good and poor outcome groups. From a previous single case study we found two subtypes of both reflection and protest IMs. We have considered a non-parametric smoother to summarize the trend of the response variable as a function of treatment session and through this analysis the results show that in the good outcome group reflection and protest IMs evolve from subtype I to subtype II early on in the therapeutic process and that in the poor outcome group these two types of IMs (reflection and protest) only evolve to its second subtype at the end of therapy. We hypothesize that this development from subtype I to subtype II of reflection and protest i-moments are related to the emergence and subsequent increasing of re-conceptualization i-moments, which were found, in previous studies, to be crucial in the authorship of the client's new and preferred self-narrative.

**Poster**  
Computer

**Development of a web-based intervention for patients with heart disease**

*Nadine Messerli-Bürgy - University of Bern, Switzerland, Jürgen Barth, Thomas Berger*

Background: Patients with coronary heart disease (CHD) often suffer from difficulties in psychological adaptation processes. Depression and psychological distress as well as social isolation are known to be prevalent in such patients and have a negative impact on the progression of CHD. However, patients with CHD have difficulty in accessing psychological support due to lack of motivation and the low availability of health professionals. Web-based interventions have been proven to be effective in treating mental disorders. A new web-based intervention InterHerz devised for these patients could be an effective treatment to reduce distress, depression and increase social support. Aim of the study: The aim of the study is to examine if CHD patients suffering from high levels of distress or depression benefit from the web-based intervention InterHerz. Methods: The total sample of 140 depressed and distressed patients will be randomly assigned to an intervention group or a waitlist. Depending on their depression level patients will receive either the depression tool or the stress management tool. All patients will have access to a social support tool including several guided fora on stress-specific topics. Pre- and post-assessments, as well as six-month follow-up, will be conducted using online questionnaires, diagnostic interviews and cortisol daily profiles. Results: Data on a potential use of such an intervention will be presented as a starting point for the implementation. Advantages and disadvantages of a web-based intervention in medical patients will be discussed.

**Poster**  
Neuroscience

**Individual differences in automatic emotion regulation and emotional narrative processing: an fMRI study**

*Irene Messina - Università degli Studi di Padova, Italy, Enrico Benelli, Marco Sambin, Roberto Viviani*

Defence interpretation is a powerful technique of psychodynamic therapies. Defences may be described as automatic forms of emotion regulation by viewing them as mental processes that individuals carry out unconsciously with the aim to change their emotional states. Neuroimaging studies of voluntary emotion regulation observed an increase of activation in prefrontal areas (Ochsner et al., 2008). Less attention was

directed to automatic regulation. The goal of the present fMRI study was to examine individual differences in automatic emotion regulation during the processing of emotional narratives. Participants (N=18) were presented with 8 trials in which a picture was shown, followed by emotional and neutral versions of its textual description. After scanning, the pictures were presented again and participants were asked to write what they remembered about the stories related with them. The number of emotional words in the participant's own rendition was used as an index of avoidance. The contrast neutral vs. emotional narratives was regressed on the individual scores in use of emotional words. This regression revealed an association between the scores and signal in several areas such as the perigenual area (BA 10;  $t=-7.14$ ;  $p=0.061$ ). The same areas are implicated in psychotherapies effects (Etkin et al., 2005).  
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## Poster

Depression

### **Early change of depression as predictor of inpatient psychotherapy outcome**

*Robert Mestel - HELIOS Clinic Bad Groenenbach, Germany, Kathrin Stalder, Jochen von Wahlert, Martin Hautzinger*

Early change of depression has been found as a relevant predictor in outpatient psychotherapeutic treatment of patients with major depression (Lutz et al., 2009). Aim of the study was to replicate this finding in an inpatient psychotherapy setting. Methods: 157 patients with major depression were tested at admission, after three weeks and at discharge with Beck Depression Inventory 2. Other pre-post-outcome instruments were a direct change scale (VEV-K) and a pre-post observer-rating of severity of distress (BSS). Results: Descriptive statistics replicate log-linear relationship of dose and length of therapy (Howard et al, 1986). Early depression-symptom change was definitely predictive for outcome change of depression. Patients with early mood recovery had a six times higher probability to reach a clinical significant pre-post-change of depression. Severity of depression was no relevant alternative predictor but chronicity was relevant. Conclusions: Outpatient findings about early treatment response can be generalized to inpatient settings. To use the predictive power of early change of depression for treatment planning, clinics should screen depression after three weeks with standardized reliable depression measures.

## Poster

Disorder

### **Sensitivity and Specificity of the Adult ADHD Self-Report Scale (ASRS) for the Diagnosis Attention-Deficit / Hyperactivity Disorder (ADHD) in a Sample of Psychiatric Patients**

*Marcel Meyer - Universitäre Psychiatrische Dienste, Bern, Switzerland, Wolfgang Tschacher, Stefanie Feuz*

Aim: Since DSM-IV attention-deficit / hyperactivity disorder (ADHD) is accepted as diagnosis in adulthood. Comorbidity is very common with ADHD: In up to 80% of the cases adult ADHD cooccurs with an other psychological disorder. Because of their utility self-report scales are very often applied in clinical practice. The Adult ADHD Self-Report Scale (ASRS) by the World Health Organization is such an instrument to establish the risk of a current adult ADHD. Method: In a sample of adult psychiatric patients (N= 134) the sensitivity and specificity of the ASRS to predict a comorbid diagnosis of ADHD is investigated. The two parts of the ASRS inattention on the one hand and hyperactivity-impulsivity on the other hand are analysed separately. Results: Both parts of the ASRS predict significantly the corresponding comorbid diagnosis of ADHD in adulthood. Different patterns of sensitivity and specificity have been found with respect to the two symptom clusters. Additionally optimal cut-off scores under comorbid conditions have been analysed. Discussion: The different patterns of sensitivity and specificity in relation to the two symptom clusters, the optimal cut-off scores and the utility of the ASRS in clinical practice are discussed.

Poster  
Assessment

### **Is skill acquisition and generalization really happening in CBT for Panic Disorder? Selected case studies**

*Dahlia Mukherjee - University of Pennsylvania, Philadelphia, USA, Jacques Barber*

There is considerable empirical support for the efficacy of CBT for the treatment of Panic Disorder (PD). However, it remains unclear what factors cause the change. Barlow and Craske's (2007) CBT model for PD supposedly imparts specific skill sets to the clients. These include, breathing training, cognitive restructuring and learning how to tolerate anxiety inducing situations using interoceptive and in vivo exposures. Does each individual component play out equally important roles in efficacious treatment? Are the clients actually acquiring the necessary skills in therapy? Finally do clients generalize the skills they acquire during therapy to deal with panic symptoms in their daily life circumstances? This study uses a more qualitative approach to help delineate some understanding of the roles played by the components of CBT for PD and whether the clients actually learn the skills the treatment purports to teach. We randomly selected three cases (n=3) from a CBT sample of a randomized control study. The clients were rated chronologically (24x3 sessions) on a client skill acquisition and generalization scale. The study qualitatively examines the role played by the different components of CBT. The study will also rate therapeutic alliance and homework compliance for each session. The study aims to gain some understanding of whether clients actually learn and acquire the skills they are taught during CBT treatment and whether acquisition ultimately leads to generalization of the skills. The results reveal that the techniques do not work equally well for all clients. Depending on individual choices the clients prefer some techniques over and above others. Limitations are also discussed.

Poster  
Alliance

### **The Self-Report version of the System for Observing Family Therapy Alliances: Reliability and Validity**

*Cristina Muñiz - Universidad de A Coruña, Spain, Laurie Heatherington, Nuria Varela, Myrna Friedlander, Valentín Escudero*

The System for Observing Family Therapy Alliances is a conceptual model and set of measures, created simultaneously in English (Friedlander, Escudero, & Heatherington, 2006) and Spanish (Sistema de Observación de la Alianza Terapéutica en Intervención Familiar; SOATIF; Escudero & Friedlander, 2003), that assess four dimensions of the alliance in conjoint couple and family therapy: Engagement in the Therapeutic Process and Emotional Connection to the Therapist, Safety Within the Therapeutic System, and Shared Sense of Purpose Within the Family. Whereas the SOFTA-o assesses transtheoretical alliance-related behaviors for both clients and therapist, the 16-item self-report SOFTA-s assesses clients' and therapist's alliance-related perceptions along the same operationally-defined dimensions. The present study further assesses the reliability and validity of the Spanish version of the SOFTA-s based on a sample from an existing dataset, with N = 491 self-report questionnaires from 154 cases. Participants included multi-problem clients, aged 12-72, who received family and couple treatment at a university-affiliated family therapy clinic in northwestern Spain. Previous research found significant associations between the SOFTA-o and SOFTA-s as well as moderate to high internal consistency reliabilities (e.g., Friedlander et al., 2006; Lambert & Friedlander, 2008; Muñiz de la Peña, et al., 2008). The present study examines the (a) stability and change of SOFTA-s scores over time in treatment, (b) the association between client and therapist SOFTA-s scores, and (c) the association between these scores and participants' subjective perceptions of improvement over the course of therapy. Results will be discussed for their implications for research and practice.

Poster  
Family

### **Is Therapeutic Conversation of People Diagnosed with the Main Psychopathologies Dominated by Different Family Semantics? From Nosographic to Hermeneutic-Relational Diagnosis.**

*Attà Negri - University of Bergamo, Italy, Federica Bonizzi, Davide Pedercini*

We start from the clinical hypothesis (Guidano 1987; Ugazio 1998) stating that each psychopathology is linked to a prevalent bipolar pattern of meanings or Family Semantics (FS). In particular, phobic disorders should be connected to the "semantics of freedom" which has the fear/courage emotions and independence/dependence polarity at its core, obsessive-compulsive disorders to the "semantics of

goodness" based on the innocence/guilt emotions and good/evil polarity, eating disorders to the "semantics of power" characterized by pride/shame emotions and victory/defeat polarity, and finally mood disorders to the "semantic of belonging" which has the joy/desperation emotions and inclusion/exclusion polarity at its core. Should this hypothesis be true, the characterizing FS would be predominant also during therapeutic conversations with different groups of clients. So we coded the presence/absence of the four above mentioned FS core meanings in the first video-recorded consultation sessions with 60 individuals: 15 with a phobic disorder (agoraphobia or panic attacks), 15 with a eating disorder (anorexia, bulimia or obesity), 15 with an obsessive-compulsive disorder and 15 with a mood disorder (major depression or bipolar disorder). Our preliminary findings (the study is still ongoing) confirm that during the conversations with each group the characterizing semantics prevails compared to those typical of other psychopathologies. Our results will be discussed in relation to the etiology and the features of each disorder as well as in relation to the social-cultural influences. The clinical implications relating to the therapeutic process will be addressed as well.

Poster  
Self

### **When You Cannot Be the Same. The Twins as Emblematic Case of the Identity Construction by Differences Composition within the Family.**

*Attà Negri - University of Bergamo, Italy, Aurora Iacono*

Bringing empirical data to support the hypothesis that the development of personality, according to a constructionist and relational approach, is a function not only of the genetics and of the shared and unshared environment, but also of the "positions" taken in the semantic dimensions relevant to someone's own relational context (MacIntyre, 1981; Ugazio, 1998) is extremely important for the therapist of any theoretical orientation. To achieve this we investigated the case of twins as emblematic of this process: just as genetics make identical two or more members of the family system, differentiation processes become more forceful to ensure the necessary individualization of each one. So we interviewed 25 pairs of parents of twins (half dizygotic, half monozygotic; 2-10 years). The qualitative analysis of the interviews indicate that parents of monozygotic twins perceive, on the abstract level, their children as more similar to each other than the parents of fraternal twins. However, the parents of monozygotic parents refer more relevant differences between children in terms of behavior and attitudes in context. It is also interesting to note that most of the differences relate to the same semantic dimension (e.g.: "John is more extroverted, while Michael is more timid") along which the twins take opposite positions. Therefore, the mutual positioning between the self and the other that leads to differentiate each other along dimensions made relevant and salient by all family members, assumes a crucial role in the construction of the personality. The therapeutic implications of these results will be discussed.

Poster  
Narrative

### **On wishes and defenses in specific detonators of the episodes of violence: application of the DLA**

*Nilda Neves - Universidad de Ciencias Empresariales y Sociales, Capital Federal, Argentina, S. Plut, J. M. Rembado, David Maldavsky*

Goal: To detect wishes and defenses (as well as their state) in the specific detonators of violence episodes. Sample: narrated episodes of violence belonging to 15 patients. Instruments: 1) grids for the analysis of wishes in narrations, 2) a sequence of instructions for the analysis of the defenses and their state. Both tools (grids and sequence of instructions) integrate the David Liberman algorithm (DLA) and are useful for the study of narrations. Procedures: 1) to detect the specific episode that works as detonator of violence in the patients' narrations, 2) to infer wishes and defenses as well as their state. Conclusions: a combination between two clusters was detected in the sample: 1) O1 and failed disavowal (being dependent from a liar or from a person having absurd ideas concerning the patient) and 2) A1 and failed disavowal (suffering from impotent feelings of injustice in front of a powerful person). Between the two components, the first one seems to be the most relevant.

**Poster  
Group**

**The Development and Characteristics of Maladaptive Behavior in School-Based Group Therapy for Adolescent AOD Problems and Relationships with Outcomes Over time**

*Frederick Newman - Florida International University, Miami, USA, Mark Macgowan*

Group therapy is the most popular modality used in the treatment of alcohol and other drug (AOD) problems and most studies report beneficial effects. Some studies reported that aggregating youth with conduct problems created environments in which youths exhibited negative behavior that was positively reinforced by group members (i.e., "deviancy training"), producing iatrogenic effects. Data are derive from a clinical trial involving 120 youths randomly assigned to 20 groups using the Westchester Model Student Assistance Program. Two evaluator teams reviewed tapes and transcripts of every session rating Maladaptive Group Behaviors (MGB). We explored the amount and type of MGB, its development over sessions, and its relationship with AOD outcomes over time. There were 3702 incidents of MGB over 180 sessions. Most incidents were coded as "distracting behaviors" (23.2%, 859), behaviors interfering with, interrupted, or stopped the session, followed by glorification or encouragement of AOD use (20.5%, n = 758), pejorative verbalizations to other members (9.5%, n = 350), and victimizing or disparaging others (7.3%, n = 272). MGB showed a pattern of development across the groups, peaking around the middle sessions. A strong linear trend in MGB in early sessions predicted later MGB ( $F(12,04), p < .01, \eta^2 = .55$ ). There was a moderately strong association between the proportion of conduct disorder in groups and the exhibition of MGB,  $r = .53, p < .01$ . We are currently exploring the relationships of within group MGB processes with AOD outcomes over time, which should be completed by April.

**Poster  
Prevention**

**Perceived Barrier to Help Seeking by Abused Elder Women**

*Frederick Newman - Florida International University, Miami, USA, Laura Seff, Richard Beaulaurier, Richard Palmer*

The study contrasts the perceived barriers to help-seeking for female victims and non-victims of domestic abuse age 50+ who were not in service system. 445 women self-administered a 78 item survey. We employed structural equation modeling to develop and confirm our model. We then tested for differences in coefficient weightings and in the co-variance structures as a function of victimhood and the demographic characteristics. Six factors were identified as contributing to the overall perceived barrier score, accounting for 84% of the variance with excellent fit statistics (Chi Square/df=1.527, CFI=.989, RMSEA=.034). The six factor coefficients predicting overall perceived barrier scores were not significantly different by level of subgroups. There were significant differences in the covariances among among the sbgroups. Discussion focuses on interpreting differences in covariance structures and how they inform possible interventions.

**Poster  
Training**

**Supervision and Personal Therapy in Psychotherapy Training**

*Steffi Nodop - Jena University Hospital, Germany, Katharina Thiel, Bernhard Strauss*

Background: A national survey was carried out to assess the current situation in the German psychotherapy training and appraise the quality of the psychotherapy training 10 years after the inception of the "German psychotherapy law". To discuss perspectives for the training as a whole, single components of the training were thoroughly evaluated. For this poster, results of the survey among the trainers regarding supervision and personal therapy will be presented. Method: Open ended questions on the views of the trainers of the current situation and possible changes of supervision and personal therapy have been analysed using the qualitative content analysis method by Mayring (2000). Results: Mainly the structural quality is addressed such as the integration of the components into the training as a whole, the qualification of the trainers for supervision/personal therapy, the frequency and amount of the components or issues such as dependency structures in personal therapy. Specific suggestions for measures of improvement are given. Discussion: Results show that many of the problems of the current situation in supervision and personal therapy have structural reasons. Therefore, there is an urgent need to create more favorable conditions on several levels (legal, local) to address these structural issues, e.g. the insufficient integration of the components into the whole training or dependency from trainers.

**Poster**  
Cognitive

**Study of Cognitive Errors changes through brief Psychodynamic Therapy**

*Diana Ortega - Institut Universitaire de Psychothérapie, Lausanne, Switzerland, Ueli Kramer, Gilles Ambresin, Jean-Nicolas Despland, Yves de Roten*

The concept of Cognitive Error (CE) is relevant to psychotherapy research and clinical conceptualization. The present naturalistic exploratory study aims to examine the changes of CEs over the course of a Short-Term Dynamic Psychotherapy and to discover potential links between these changes and symptomatic improvement. This study focuses on 32 self-referred students at a University Consultation Center, consulting for mostly Adjustment Disorder according to DSM-IV-TR. The therapists, who were experienced psychiatrists and psychotherapists, were blind to research data. Coding of CEs was made by external raters on the basis of transcripts of interviews of clinical psychotherapy. The present study is a one year psychotherapeutic treatment, with a mean of 34 sessions. The CERS (cognitive errors rating scale, Drapeau et al., 2005), was used to identify CEs. Based on the Symptom Check List SCL-90-R (Derogatis, 1994), the Reliable Change Index (RCI) of Jacobson and Truax (1991) provides a statistical index measuring the significance of individual clinical change. The assessment of CEs was conducted in three phases: early on, during and near the end of the treatment. The results show that the total of CEs is stable, as well as the number of positive errors. We haven't found a significant decrease of the negative errors. A significant decrease of CEs is observed in the subscale "selective abstraction". We noted a significant increase in the number of errors for the subscales "personalization" and "overgeneralization". We find a correlation between RCI scores and positive errors.

**Poster**  
Depression

**Study of a psychoeducational short group intervention**

*Diana Ortega - Institut Universitaire de Psychothérapie, Lausanne, Switzerland, Valentino Pomini, Jean-Nicolas Despland, Preisig Martin, Yves de Roten*

Psychoeducation is a necessary component of any psychiatric treatment. The 'Pleasure' group is a short psychoeducational intervention, considered as a part of the usual treatment in our inpatient units devoted to mood, anxiety and personality disorders. It conveys the information not only by courses or discussions alone, but with the support of exercises and activities. The program is composed by three modules. Each module consists of 2 sessions of 60 minutes per week. The aim of this study was to investigate changes on thoughts, emotions, sensations and behaviors through a session of the group, and the usefulness of each session to patients. The intervention is proposed to all the patients who are hospitalised with a depressive symptomatology. This study focuses on 30 participants. Participant self-evaluates his thoughts, emotions, sensations and behaviors at the beginning and end of each session, with a monitoring of subjective impression. In addition, after each session, patient evaluates the usefulness of the group activities towards his problems, the well-being within group and his perceived self-efficacy to apply to everyday life the strategies learned during the session. Instruments are visual analogue scales. The results demonstrate improvements of thoughts, emotions and sensations through a session of the group intervention. Activities proposed on the group, have an immediate impact on the mood and well-being of depressed individuals. Participants evaluate the activities as useful to their problems, they feel comfortable in the group and feel able to use strategies in their everyday life.

**Poster**  
Group

**Person-group fit in group therapy: A session-level analysis of fit among incarcerated women in trauma recovery groups**

*Jill Paquin - University of Maryland, College Park, USA, Dennis Kivlighan*

The present study sought to apply the concept of person-group fit from the domains of vocational and organizational psychology to the domain of group psychotherapy process and outcome. A time-series design was used to examine the relationship between an individual group member's fit with her group, operationalized as congruence and convergence, on perceptions of group climate and her session attendance and change in PTSD symptoms. Fifty-one of the 73 incarcerated women, participating in six manualized (Trauma Recovery Empowerment Model (TREM)) therapy groups for the treatment of co-morbid trauma and substance use disorders, provided data for analyses. Group members completed measures of group climate at each session and pre- and post-test ratings on the PTSD Symptom Scale-Self Report (PSS-SR). Fit with the group was operationalized as the absolute difference between a group member's score on engagement, avoidance or conflict and the average scores on these dimensions

for the other group members. Hierarchical linear modeling was used to examine session-level ( $N = 1,606$ ) fit across time. Results indicated that fit with the group for: (a) avoidance decreased (diverged) and (b) conflict increased (converged) across sessions. Increasing fit with the group for conflict was associated with attending more group sessions and increasing fit with the group for avoidance was associated with PTSD symptom change. Results, implications, and directions for future research are discussed.

**Poster**  
Depression

### **Presenting problems and therapy outcome of international students studying in America**

*Tyler Pedersen - Brigham Young University, Provo, USA*

**Aim:** Anecdotal and clinical evidence suggests that international students frequently experience substantial mental health challenges when adjusting to and succeeding in a foreign academic environment. In addition, cultural and linguistic differences may further complicate the therapeutic relationship and diminish the effectiveness of Western psychotherapies. Hence, international students seem likely to be among the most distressed college students and those for whom psychotherapy may be the least efficacious. This study examined these two questions. First, we examined the degree and pervasiveness of distress among international students seeking psychotherapy. Second, we examined the effectiveness of psychotherapy for this population as measured by outcome scores and length of treatment. **Methods:** Initial measures of psychological distress and psychotherapy outcome scores were collected from more than 1,000 international students and 15,000 native students seeking therapy at a major American university. Presenting distress scores, therapy outcome scores, and length of treatment for international students were compared with those of native students. **Results:** Results indicate that initial psychological distress levels among international students are substantially higher than those of native students. This finding is especially true for students from non-English speaking countries. Psychotherapy outcome data suggest that international students improve at equal rates to native students yet remain more distressed at termination. **Discussion:** Results suggest that specific primary prevention efforts may be needed to assist this at-risk population. In addition, although psychotherapy appears to be helpful to these students, further culturally-relevant interventions need to be developed to assure the functioning of these students.

**Poster**  
Instruments

### **Development of the Portuguese Version of the Psychotherapy Process Q-set**

*António Pires - Instituto Superior de Psicologia Aplicada ISPA - IU, Lisbon, Portugal, Joana Carmo, Margarida Coutinho, Carolina Seybert*

The historical background of psychoanalytic research is marked by the methodological development capable of providing the empirical study of psychoanalytic processes and outcomes. One of the strategies used for the analysis and evaluation of psychoanalytic processes is the Psychotherapy Process Q-set (PQS). The aim of this paper is to illustrate the development of the Portuguese version of the instrument. The adaptation was elaborated in three steps: translation, back-translation and discussion. During discussion, we compared the equivalence between the original and its back-translation, the Portuguese translation with the original version of PQS (Jones, 1985) and with the Brazilian Portuguese version (Serralta, et. al., 2007). The results illustrate the equivalence between the original and back-translation; changes made to the Portuguese translation in the development of the final version, the similarities and differences between the final Portuguese version and the Brazilian Portuguese version. The final Portuguese version was considered a good representation of the original version.

**Poster**  
Change

### **The Study of Therapeutic Collaboration in Psychodrama**

*Nuno Pires - Universidade do Minho, Braga, Portugal, Eugénia Ribeiro, Susana Oliveira*

**Aim:** Our research project aims to study the therapeutic collaboration process in the Cognitive Behavior Therapy (CBT) at a micro level, and understand how this process has impact on client's permanency in therapy, how it is associated with the quality of therapeutic alliance and its outcomes. In this poster we will present one of the studies included in our project, which aims to analyze the therapeutic collaboration in the first four sessions of the CBT process regarding the salience of episodes of collaboration, ambivalence and non-collaboration. **Method:** We will analyze 40 sessions from 10 cases of Cognitive Behavioral Therapy. The transcriptions of the sessions will be analyzed using the Therapeutic

Collaboration Coding System (E. Ribeiro, AP Ribeiro & Gonçalves, 2010). The TCCS procedure requires two trained judges along with an auditing process. The judges identify the presence of Support or Challenge Markers in the therapist speech and Validation, Invalidation, or Ambivalence Markers in the client speech. This system allows the identification of different types of episodes, based on the coordination between therapist's interventions and client's responses, at a moment to moment level. Results: Data analysis is still in process.

**Poster**  
Culture

**Cultural differences in perceiving and coping with illness. A comparison between German and Turkish patients in in-patient psychosomatic care.**

*Laurence Reuter - Department of psychosomatic medicine and psychotherapy, Freiburg, Germany, Sabine Roesler, Özgür Tamcan, Jan Ilhan Kizilhan, Jürgen Bengel*

**BACKGROUND:** Turkish migrants are part of the German society since nearly 50 years. Nevertheless the German health care system is deficient and immigrants experience poorer access to medical and particularly to psychological care. To provide an adequate treatment it is necessary to gain knowledge about specific problems of migrants as well as about culture related illness beliefs and coping styles. **AIM:** The present study scrutinizes the differences between German and Turkish patients in perceiving and coping with psychosomatic illness. **METHOD:** Data (N=104) was collected in 2007 in a psychosomatic acute care hospital in Königsfeld, Germany, where German, Turkish and Kurdish patients are treated by native-speaking therapists. The matched samples were compared on socio-demographic data, Illness Perception (IPQ-R) and Coping Styles (COPE), using Chi Square and ANOVA Testing. **Results:** Turkish patients tend to attribute the cause of their illness externally, use more passive coping styles and attach more importance to religion than German patients do. Moreover they experience little control over their illness and the ongoing treatment. **Discussion:** The results can be used to adopt psychosomatic treatment to the needs and the beliefs of Turkish patients.

**Poster**  
Crisis

**Portuguese health professionals' reactions to a patient's suicide**

*Inês Rothes - Universidade do Porto, Portugal, Margarida Rangel Henriques*

**Goals** This study pretends: describe the Portuguese health professionals' reactions to a patient's suicide; to identify changes in clinical practice resulting from this event; to identify formal and informal supports that they used and to identify how they evaluate the usefulness of the different kind of support. This study is the first attempt in Portugal to assess the emotional and professional effects of a patient suicide. **Participants:** 20 Health Professionals (psychiatrists, psychologists and general practitioners) who had experienced one or more patient's suicide (Age: 26-68 years M=49.60 SD =12.66; Number of suicide per professional: 1-8 M=2.05 SD=1.79; Sex: 8/ 40% women; 12/ 60% men) **Instrument** For this purpose it was constructed the Impact patient's suicide questionnaire, integrated in the questionnaire representations and impact of suicidal behaviours for doctors and psychologists (Rothes and Henriques, 2010) available in paper support and on-line version. The questionnaire includes open questions about the patient's suicide experience and a utility support resources scale. It is requested that professionals answer for suicide with greater impact. **Results** 1. Similarly to international studies, the experience of patient's suicide has considerable professional and emotional effects, including changes in the clinical practice and negatives feelings such as guilt, fear, etc (Ruskin et al., 2004, Gulfi et al., 2010). 2. Results suggest the existence of parallels with grief process in personal life and rethinking of professional issues – confrontation with limitations and responsibilities 3. The professionals tend not to seek for help and there are no specific support systems in their workplaces.

**Poster**  
Computer

**Data Modeling of a Clinical Research Library**

*Andres Roussos - Universidad de Belgrano, Buenos Aires, Argentina, Viviana Guajardo, Éric Dubé, Malena Braun*

The lack of a shared database is a major obstacle for the development of psychotherapy research. Around the world, clinical material has been collected and is currently being collected by independent research teams with few opportunities to share materials and methods (techniques) or to integrate existing clinical information from isolated studies. The development of a Clinical Research Library (CRL) is crucial in order to maximize the use of available clinical material. To accomplish this, it is necessary to have a system



with the capacity to post, store and cross-reference clinical and quasi-clinical data sources. In the present study, the data modeling aspects of the development of a CRL will be discussed. A data model is an abstract representation of the information that will be collected and stored in a database. It identifies the information that will be contained, and the relationships among the items; it is an essential step in order to create accurate, effective and efficient databases. The data model is independent of physical constraints. A first version of a CRL data model is presented with the corresponding Entity-Relationship Diagrams (ERD). An ERD is a specialized graphic composed by entities and the relationships among them. The ERD presented in this paper will be divided in the following areas: Clinical and Quasi-Clinical Material; Analysis of the Material; participants (patient or patients, clinician, data users, among others) Subjects; Research; Case; Informed Consent; and Users. A general agreement about its usefulness, viability and value is needed to involve the research community in this demanding and worthwhile endeavor.

**Poster**  
Inpatient

### **Presence of small children enriches adult psychotherapy**

*Isa Sammet - Psychiatrische Klinik, Münsterlingen, Switzerland, Silvia Reisch, Bruno Rhiner, Gerhard Dammann*

The Psychiatric Clinic of Münsterlingen, Switzerland, offers special psychotherapy for parents with psychiatric disorders to improve parent-child-interaction. The parent-child-unit (for 5 parents and their children) is integrated in a psychotherapy ward for 14 adults. Beside the therapeutic effects for parents and children, the presence of the small children (0-5 years) influences psychotherapy for the adults without children, mostly in a productive way. First, the therapeutic setting has to be adapted to the special needs of parents and children, what makes ward atmosphere more similar to real life family conditions. Interestingly, there is hardly any breaching of the house rules (e.g. no drug abuse). Second, central human topics as desire for children or problems of parenthood are often quickly activated. Own childhood experiences are vividly re-actualized and thus become accessible to therapeutic analysis. Third, the view of the therapeutic team generally swifts to a more systemic approach. Beside the results of patients' evaluation (self-developed questionnaire), aspects of the ward's special dynamic will be illustrated.

**Poster**  
Cognitive

### **Cognitive correlates of change in psychotherapy: A repertory grid study**

*Luis Angel Saúl - Universidad Nacional de Educación a Distancia, Madrid, Spain, Guillem Feixas, Ángeles López, David Winter, Sue Watson*

Introduction. Several studies have been conducted in our research group (Multicenter Dilemma Project, [www.usal.es/TCP](http://www.usal.es/TCP)) in which cognitive conflicts were operationalized using personal construct theory and its main research method, the Repertory Grid Technique (RGT). RGT can also assess other cognitive features such as differentiation, self-ideal discrepancy and polarization. However, the change on these measures during psychotherapy has been scarcely investigated. Aim. To identify the characteristics of the cognitive system (treated as a personal construct system) which accompany symptom change during psychotherapy. Method. In a sample of 41 patients, cognitive variables (as derived from the RGT) and symptoms were assessed at the beginning and the end of the psychotherapy process. Results. Preliminary analyses (work in progress) showed that symptom improvement correlated with a decrease in the number of cognitive conflicts, and lower discrepancy between self and ideal self. Discussion. Psychotherapy can be viewed as a process that not only produces change in symptoms but also in cognitive conflicts and other aspects of the personal construct system. Further studies might try to elucidate whether those cognitive changes mediate symptom improvement. Thus, psychotherapy could focus in a more specific way on those mediating processes to promote change in a more efficient way.

**Poster**  
Interviewing

### **A Comparison of Clinical Diagnoses and Structured Clinical Interview Diagnoses in a Community Mental Health Setting**

*Lindsay Schauble - University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Sarah Ring-Kurtz, Kelli Scott, and Paul Crits-Christoph*

Aims. Diagnostic accuracy is essential to ensure that a client receives appropriate treatment, and to ensure that the study sample is well defined. The current study investigated how often a diagnosis given by a community mental health center (CMHC) differed from a diagnosis given by a trained diagnostician

who performed the Structured Clinical Interview for the DSM (SCID). Methods. Data was drawn from a database of patients (N=113) participating in a study evaluating the effectiveness of psychodynamic and cognitive behavioral psychotherapies for MDD in a CMHC. An intake clinician provided an evaluation and gave the patients a clinical diagnosis. Patients completed the QIDS and those who scored 11 or above were referred to the study. Trained, blind diagnosticians then completed the SCID interview with those referred. Results. The results indicate that of 113 patients the primary clinical diagnoses and SCID diagnoses matched in only 50 (44.2%) of the cases. Of the 55.8% of cases where the diagnoses differed, the most common differences resulted from a clinical diagnosis of bipolar disorder and a SCID diagnosis of unipolar MDD (23.8%), a clinical diagnosis of mood disorder NOS and a SCID diagnosis of MDD (15.9%), and a clinical diagnosis of mood disorder NOS and a SCID diagnosis of bipolar disorder (11.1%). Discussion. Our findings suggest that clinical diagnoses in a CMHC differ from SCID diagnoses. This may be explained by the patient's greater opportunity to explain past and present symptoms during the SCID, or by the more extensive training of the study diagnosticians.

## Poster

Psychodynamic

### **Psychodynamic structure and facial expression of emotion**

*Cathrin Schiestl - Institute of psychology, Innsbruck, Austria, Doris Peham, Eva Bänninger-Huber & Cord Benecke*

This study is part of an extensive research project in which the affectivity of 120 patients with several psychological disorders was studied with various methods (e.g. attachment projective, emotion recognition, psychodynamic interview). The current part of this larger study focuses on facial behavior and the structural level of patients which was assessed with the Operationalized Psychodynamic Diagnostic (OPD-Task Force, 2008). Results from former investigations show that persons with a good integrated structure are more expressive than persons with a low structural level (Koschier, 2008; Schulz, 2004). Furthermore, patients with a higher structural level show more joy in total, more joy with eye-contact to the interviewer and more negative expressions than persons with a lower structural level (Schulz, 2004). In this study we pursue the question whether the level of structural integration is related to typical facial expressions in a larger patient sample. Furthermore the aim is to take gaze behavior as one variable of the interactive context of the occurring facial behavior into account. 30 minutes time samples of 100 patients and healthy controls were coded with FACS (Ekman et al., 2002). The data on the level of structural integration are taken from the expert ratings on OPD-axis IV (OPD-Task Force, 2008). The results will shed light on the comparison of the facial expression of the good and low integrated subjects, and on the amount of different facial expressions in the different groups. Results will be discussed with regard to the former findings in this field.

## Poster

Computer

### **Effectiveness of handheld-based selfmanagement (E-Coaching) in rehabilitation aftercare**

*Stefan Schmädcke - AHG Klinik für Psychosomatik Bad Dürkheim, Germany, Melanie Adam, Claus Bischoff*

Introduction: E-Coaching is a handheld-supported cognitive-behavioural intervention, which assists patients in transferring their therapeutic achievements into daily routine. The E-Coach calls the patient several times a day at random, to focus on his present physical and emotional state and his current behaviour. If there is a need to change his behaviour he is motivated to do so and later will be asked to review the outcome of his behavioural correction. Aim of the study was to examine the effectiveness of E-Coaching as an aftercare intervention for patients with a work-related tendency to overstrain themselves. Method: In a randomised controlled trial the experimental group received the E-Coach 4 weeks and 6 months after discharge in order to use it everyday for one week. The control group was motivated to implement the self-caring behaviours on their own. An analysis of variance with repeated measurements (pre, post, 6-month follow-up) was conducted. The dependent variable was the tendency to strain oneself. So far 134 patients completed the intervention. Results: Patients in both groups further reduced their tendency to strain themselves after discharge. The superiority of E-Coaching over the control condition could not be proved. Discussion: One reason why there was no significant difference between the groups could lie in the high treatment intensity in the control group. Furthermore the E-Coaching intervention is of short duration and low frequency. The stated acceptance of E-Coaching encourages us to intensify the handheld-based aftercare so as to achieve better results.

**Poster**  
Personality

### **When Narcissists have Children: Parenting and Consequences**

*Eva Schürch - University of Bern, Switzerland, Carolyn C. Morf*

Aim: Parenting behavior of narcissists has never been systematically analyzed but clinical case studies and theoretical considerations would lead one to assume that they will exhibit their characteristic narcissistic behavior in the relationship with their offspring. Thus, children are used to meet the narcissistic parents' own self-goals by supporting their superiority. In particular they are expected to show off their children and to use them as admirers. This study examined the association between narcissism and specific parenting patterns, as well as some child outcomes. Method: Young adults (16-25 years old, N=134) and their mothers (N=49) each completed an online questionnaire packet. They both reported retrospectively the mother's parenting and narcissism. Young adults additionally completed several outcome measures, e.g. interpersonal problems, attachment and self-esteem. Results: Analysis show positive correlations between mother's narcissism values (as reported by young adults) and various problematic parenting strategies like conditional regard, excessive performance expectations, taking credit for children's success, lack of empathy, and high need for admiration from child. However, mother's narcissism is not associated with children's narcissism, self-esteem or attachment in this sample. Discussion: The data confirm that narcissistic mothers use their children to support their own goals and this is expressed in their parenting behaviors, although no relation between parental narcissism and child outcome variables was found. These findings are discussed in terms of theoretical expectations and therapeutic implications. Further, experimental approaches for further investigation are presented.

**Poster**  
Narrative

### **Research on wishes and defenses in episodes of self-inflicted violence using the David Liberman algorithm (DLA)**

*Delia Scilletta - Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina, David Malдавsky, Silvina Perez Zambón*

Goal: to study wishes and defenses in episodes of skin cuts and their precedents. Sample: sessions of an 18 years old patient in outpatient treatment in a neuropsychiatric hospital. Instruments: grids and instructions of the David Liberman algorithm (DLA) to research wishes, defenses and their state in the narrated episodes. Procedure: 1) detecting the episodes of cut and their precedents, 2) constructing and analyzing the corresponding narrative sequences, 3) inter-judge reliability test. Outcomes: at least two wishes and defenses with different states are combined. O1 (corresponding to the scene in which the patient is trapped in the dependence of an unreliable subject) is combined with the failed disavowal. This scene corresponds to the detonator episode of the violence outburst. On the other hand, IL (corresponding to the scene in which the patient oscillates between devitalization states, anxiety crisis and revitalizing violence) is combined with the foreclosure of the affect. The patient's initial state corresponds to the moment in which foreclosure of the affect is successful-failed (devitalization), and belongs to the lasting state in the antecedent of the violence outburst. However, in the moment of cut (violence outburst) this defense becomes successful. Even when the patient, appealing to the cut, manages to solve the problem linked to IL and the partial failure of foreclosure of the affect, the problem related to O1 and failed disavowal remains unsolved, with which the pathogenic equilibrium remains disturbed and a relapse into the episodes of self-inflicted damage or similar situations becomes possible.

**Poster**  
Assessment

### **The Development of Community-Friendly and Self-Report Versions of the Ways of Responding Questionnaire.**

*Kelli Scott - University of Pennsylvania, Philadelphia, USA, Mary Beth Connolly Gibbons, Lindsay Schauble, Sarah Thompson, Jessica Hamilton, Laura Heintz, , Paul Crits-Christoph*

Aims. The Ways of Responding Questionnaire (WOR) has been validated for use in measuring positive and negative compensatory skills. However, the mood induction scenarios were not relevant to consumer backgrounds in community mental health, thus limiting the measure's utility in a community setting. Additionally, requiring trained raters to score the scenarios limits the applicability of the measure to large samples. The study evaluates the reliability of a community-friendly WOR with adapted scenarios, as well as a self report WOR (WOR-SR) that could increase feasibility of assessing therapeutic change mechanism in community mental health. Methods. Data was collected from undergraduate students at the University of Pennsylvania (N=100) who completed the standard WOR and two versions of the WOR modified for

community mental health. Three validity measures were administered (BDI-II, WCCL, and DAS). We examined construct and convergent validity of the WOR – community and the WOR-SR to determine whether these measures capture the positive compensatory skills and negative cognitive strategies of the standard WOR. Results. Preliminary analyses indicate good internal consistency for the positive and negative subscales of the WOR-SR (Cronbach's alphas 0.806 and 0.802, respectively). We will examine convergent validity of the WOR community versions with the original WOR as well as with the other measures of symptoms and cognition. Discussion. Our finding that the WOR-SR and WOR-community are valid in capturing compensatory skills is important in expanding the use of the WOR into community settings. The implications of utilizing the community versions of the WOR in future research are discussed.

**Poster**  
Body

**The association of therapeutic intervention and patient experience in concentrative movement therapy**

*Klaus-Peter Seidler - Hannover Medical School, Germany, Alexandra Epner, Swantje Grützmaker, Karin Schreiber-Willnow*

**Aim:** Concentrative movement therapy is a body oriented psychotherapy method with a psychodynamic foundation. The focus of the therapeutic approach is the awareness and expression of body sensation. The goal of the study was to explore whether and, if so, which kind of body oriented intervention have an impact on patient experience in therapy session. **Method:** Patients receiving concentrative movement therapy in individual or group therapy setting completed the Session Report for Concentrative Movement Therapy. This questionnaire is for the post-session assessment of relevant process features and exists in parallel versions for group and individual therapy. The therapists ranked for each therapy session the foci of the body oriented interventions. **Results:** To examine the association of therapeutic intervention and patient experience correlation analysis will be conducted using individual patient data (individual therapy) or aggregated patient data (group therapy). Further analysis will be made taking into account the possible influence of patients' and therapists' age and sex, therapists' professional experience and stage in therapy. Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

**Poster**  
Emotion

**Emotion-Focused Two-Chair Work for Self-Criticism**

*Ben Shahar - Interdisciplinary Center, Herzliya, Israel*

Self-criticism plays a key role in many psychological disorders and predicts poor outcome in psychotherapy. Yet, psychotherapy research directly targeting self-critical processes is limited. In this pilot study, we examined the efficacy of an emotion-focused intervention, the two-chair dialogue task, on self-criticism, self-compassion and the ability to self-reassure in times of stress, as well as on depressive and anxiety symptoms among nine self-critical clients. Results showed that the intervention was associated with increases in self-compassion and self-reassuring, and reductions in self-criticism, depressive symptoms, and anxiety symptoms. Effect sizes were medium to large, with most clients exhibiting low and non-clinical levels of symptomatology at the end of therapy, and maintaining gains over a 6-month follow-up period. Although preliminary, these findings suggest that emotion-focused chair work might be a promising intervention addressing self-criticism.

**Poster**  
Interpersonal

**Adherence to interpersonal (IPT) and supportive therapies in a comparative trial**

*Dana Sinai - Ben Gurion University of the Negev, Beer Sheva, Israel, Joshua D. Lipsitz*

In a randomized controlled trial comparing interpersonal therapy (IPT) with supportive dynamic therapy (ST) for social phobia, we studied therapist adherence. Therapists were (N=3) PhD level clinical psychologists trained in both IPT and ST. We used a crossed design, in which each therapist delivered both therapies. We measured adherence to the two therapy manuals, rating videotaped sessions blindly with a modified version of the Collaborative Study Psychotherapy Rating Scale (CSPRS). Interventions associated with IPT, ST, as well as non-specific, and proscribed interventions were assessed for N=55 participants based on beginning, middle and end phase sessions of therapy. Overall differentiation of the therapies was supported with more IPT interventions in the IPT-SP condition [ $F=10.3$ ,  $p<.003$ ] and more supportive interventions in the ST condition [ $F=14.9$ ,  $p<.0001$ ]. However, differences were significant for beginning and end, but not middle sessions. There was an overall increase in amount of ST interventions over time, with most ST interventions in the middle stage. There appeared to be differences in adherence patterns

across individual therapists, but there was no significant interaction by therapist. Findings demonstrate that it is possible for therapists to adhere to two different treatment manuals simultaneously. However, level of differentiation was somewhat lower compared to a similar trial using the same therapy approaches in a nested therapist design.

**Poster**  
Depression

### **How client experiencing and cognitive changes contribute to sudden gains among depressed clients**

*Terence Singh - University of Windsor, Canada, Ewelina Horochowik, Antonio Pascual-Leone, Leslie S. Greenberg*

"Sudden gains" or sudden, substantial improvements in depressive symptomology between consecutive psychotherapy sessions have been repeatedly observed among depressed clients in psychotherapy. Approximately 45% of depressed clients experience sudden gains, and those clients who do experience sudden gains appear to have significantly better treatment outcomes than those who do not. While numerous studies have examined the relationship between sudden gains and psychotherapy outcome, little is known about the sudden gain change process. In their seminal study, Tang and DeRubeis (1999) reported that sudden gains appear to be preceded by an increase in client cognitive changes. More recently, Goodridge and Hardy (2009) presented qualitative evidence indicating that sudden gains may be triggered by a client's repeated attempts to deepen their understanding of a particular issue. The aim of the present study is to examine whether sudden gains are preceded by a process of gradually deepening client experiencing, and to determine whether this process of deepened experiencing is correlated with clients' levels of cognitive change. Using a quantitative methodology, 14 therapist-client dyads were examined moment-by-moment across 42 sessions of experiential therapy. Depth of client experiencing was assessed using the Experiencing scale (Klein et al., 1986). Clients' cognitive changes were measured with the Patient Cognitive Change Scale (Tang & DeRubeis, 1999). Findings will be displayed graphically alongside an in-depth, process-oriented description of the sudden gain change process, and the results will be discussed in terms of their impact on the current understanding of the change processes underlying the sudden gains phenomenon.

**Poster**  
Alliance

### **Discussion and Resolution of Problems in the Therapeutic Relationship, and their Relationship with Session Smoothness and Depth: the Client's Perspective**

*Eliane Sommerfeld - Ariel University Center of Samaria, Israel*

**Aim:** The present study was aimed to explore, from the client's perspective, the relationship between the emergence of a problem in the therapeutic relationship (TR), whether this problem is discussed and resolved during the session, and session smoothness and depth. **Method:** Five clients reported after each session: (a) whether there was a problem in TR during the session; (b) whether the problem was discussed in the session; (c) whether the problem was resolved at the end of the session; and (d) the session's smoothness and depth. **Results:** Clients reported lower levels of session smoothness in sessions in which there was a problem in TR. Session depth did not differ in sessions with or without a problem in TR. Within the group of sessions in which clients reported a problem in TR, discussion of the problem within the session was negatively correlated with session smoothness, but positively correlated with session depth. Sessions in which the problem was resolved had higher scores on session smoothness (but not on session depth) in comparison to session in which the problem was not resolved. No interaction effect was found between discussion and resolution of the problem on session's smoothness or depth. **Conclusions:** Although preliminary, these findings reveal that from client's perspective the emergence of problems in the TR is related to immediate experience of emotional tension during the session. Client's emotional experience is ameliorated when these problems are discussed or resolved during the session. Discussion of problems in TR seems to contribute to session depth.

**Poster**  
Assessment

### **Suicide Risk in Young Adults with Anxiety Disorders: A Population-based Study**

*Luciano Dias de Mattos Souza - Universidade Católica de Pelotas, Brazil, Moisés Rodrigues, Tatiane Silveira, Karen Jansen, Elaine Tomasi, Ana Laura Cruzeiro, Liliame Ores, Ricardo Pinheiro, Ricardo Silva*

This study aimed to investigate the relationship between the presence of anxiety disorders and suicide risk in young adults aged 18 to 24 years in the urban area of Pelotas/RS. It was conducted a quantitative

cross-sectional population-based study, where young adults answered a questionnaire about sociodemographic, behavioral and health characteristics, as well as the Mini International Neuropsychiatric Interview 5.0 to evaluate the presence of anxiety disorders and suicide risk. For statistical analysis it was used logistic regression. Of the 1621 young adults interviewed, 20.9% had some anxiety disorders and 8.6% risk of suicide. After multivariate analysis, the presence of any anxiety disorder was significantly associated with suicide risk (PR 6.10 95% CI 3.95 to 9.43). Thus, we highlight the importance of greater attention to suicide risk in those patients with anxiety disorders.

**Poster**  
Change

**Glass half-full, glass half-empty: A critical review of culture and change processes in positive psychology and existential-humanistic psychology**

*Jacqueline Synard - University of Ottawa, Ottawa, Ontario, Canada, Nick Gazzola - University of Ottawa, Canada*

Glass half-full, glass half-empty: A critical review of culture and change processes in positive psychology and existential-humanistic psychology "Change is the most striking and pervasive feature of existence." (Warwar & Greenberg, 2000, p. 571). The emerging field of positive psychology provides an optimistic view of human change/development as it explores themes such as happiness and resilience. Building from a tradition of age-old wisdom, existentialism has similarly pondered the human condition with a specific focus on meaning. Unlike positive psychology, however, existentialism tends to be negative, even nihilistic. This view exists in contrast to humanism where ideals like self-actualization reject existential notions of a life driven by death and loneliness. Life, irrespective of philosophy, is however characterized by both positive and negative change. How do we reconcile these distinct cultures? Based on a critical review of the literature, this poster identifies, synthesizes and compares empirically-validated change processes in the fields of positive psychology and existential/humanistic psychology. Implications for psychotherapy practice will also be discussed. Aim: To compare and contrast the cultures of positive psychology and existential-humanistic research into human change processes. Method: A critical review of the literature in support of doctoral dissertation research, building upon previous Master's research. Results: Six common building blocks of change are proposed, including positive emotions and relationships. Discussion: This review reveals strong common themes in the literature which can be further synthesized. This analysis suggests that philosophical and epistemological differences may impede the exchange and development of knowledge.

**Poster**  
Linguistic

**Research of wishes and defenses in the relationship between the patient's enacted and narrated episodes, applying the David Liberman algorithm (DLA)**

*Cristina Tate de Stanley - Asociación Psicoanalítica Argentina, Buenos Aires, A. M Britti, L. Alvarez, C. R. Roitman, N. Neves, D. Maldavsky*

Goal: The goal of this study is to detect changes in wishes and defenses (as well as their state) in the patient's speech acts related to the issues of her narrations during therapy sessions. Sample: three complete taped sessions of the same patient. Instruments: Two methods were used: 1) grids for the analysis of wishes in narrations and speech acts, and 2) a sequence of instructions for the analysis of the defenses and their state. Both tools (grids and sequence of instructions) integrate the David Liberman algorithm (DLA) and are useful for the study of speech acts. Procedure: 1) selection of the ensemble of a sequence of speech acts, 2) inference of one of the patient's enacted episodes, 3) comparison between this enacted episode and the patient's narrations, 4) analysis of the selected sequence of speech acts. Outcomes: 1) there are some coincidences between the enacted and the narrated episodes, 2) the changes in the narrated topics were accompanied with modifications in the patient's pathological defenses in the enacted episodes.

**Poster**  
Attachment

**Attachment Style Shift: Testing the Efficacy of a Body-Based Workshop**

*Jackson Taylor - United States Association for Body Psychotherapy Journal, New York, USA*

Aim: A small body of empirical literature demonstrates the effectiveness of somatic techniques, particularly in the treatment of trauma. Concordantly, extensive research indicates a strong link between early attachment and the subsequent ability to form close relationships. It is therefore imperative to locate the complexities of attachment dynamics in the formation of the therapeutic relationship. The proposed

poster seeks to explore these concepts and further the application of empirical research to clinical practice. Specifically, the present study seeks to determine the efficacy of a workshop in shifting attachment styles. Participants (N= 40) were therapists interested in healing attachment disruptions using a body-based method of trauma resolution. Method: Pre- and post-workshop attachment scores were assessed for each participant using the Relationship Scales Questionnaire, in which participants rate the extent to which 30 statements describe their characteristic style in close relationships. Results: Preliminary findings suggest that participants experienced changes along the spectrum of attachment styles: secure, dismissing, fearful, and preoccupied. Most notably, 94% of participants expressed a change in secure attachment, with the majority of participants reporting an increase in security. Discussion: This study highlights the importance of increasing self-awareness of attachment patterns among clinicians. Results suggest that somatic promotion of security encourages a more refined understanding of personal attachment patterns which may aid clinicians in their own professional work. Following comprehensive data analysis, results promise to provide greater support for the usefulness of body-based approaches. Discussion will span literature on cross-cultural attachment and the treatment of trauma in various cultures.

Poster  
Change

### **Sequential analysis of therapist interventions and innovative moments in emotion focused therapy: Contrasting a good outcome and a poor outcome case studies**

*Ana Sofia Teixeira - ISMAI, Maia, Portugal, Carla Cunha, João Salgado, Inês Mendes, Miguel Gonçalves, Leslie Greenberg, Lynne Angus*

In this qualitative study, we aim to explore the client-therapist interaction through an analysis of the sequence of therapist interventions and the emergence of innovative moments (IMs) in two contrasting case studies of emotion focused therapy (EFT) for depression. After the identification of client IMs in a sample of EFT for depression carried out previously in another study, we selected and analyzed six sessions from a good-outcome and from a poor-outcome case, categorizing the different helping skills of the therapist (according to the Hill Process Model). Afterwards, a statistical sequential analysis of the association between therapist interventions and client IMs was conducted, through the use of the Generalized Sequential Querier (GSEQ). GSEQ is a general analysis program for sequential data that allows the compute of frequencies and probabilities for sequential behaviours. Preliminary results in the good-outcome case suggest, that every type of IM is preceded by specific therapist interventions. More specifically: approval and reassurance tends to be associated to action IMs; open questions and interpretation to reflection IMs; closed questions and direct guidance to protest IMs; approval and reassurance, minimal encouragement and restatement to reconceptualization IMs; and finally, closed questions and interpretations to performing change IMs. Currently, the analysis of the poor-outcome case is a work-under-progress and the final results will be presented at this occasion. We will discuss the results focusing on the similarities and distinctions between the two cases and emphasize the specific contrasts amongst therapist interventions and client IMs.

Poster  
Interpersonal

### **Experiences with the German form of the Circumplex Scales of interpersonal Values**

*Andrea Thomas - Friedrich Schiller University, Jena, Germany, Bernhard Strauss*

We will describe the development and validation of the "Inventory for the assessment of interpersonal motives (IIM)" - the German version of the Circumplex Scales of interpersonal Values (CSIV, Locke, 2000). The IIM is a purely interpersonal measure that originates from interpersonal research and represents an operationalization of the theoretical IPC-concept to detect interpersonal goals along the two fundamental dimensions of agency and communion. The eight subscales, each including eight items, conform to the octants of the interpersonal circumplex. Using a non clinical sample (n1=1673) and two clinical samples (n2=262 psychosomatic patients, n3=161 patients with the diagnosis Social Phobia) the IIM was validated. Psychometric and circumplex-related item- and subscale parameters (angular displacement, vector length, and construct correlation), construct validity (fit with a circumplex model, convergent, divergent, and discriminative validity) and reliability (Cronbachs alpha, test-retest-reliability) of the measure will be reported. The German CSIV shows good internal consistencies and test-retest-reliability. In addition, results from exploratory and confirmatory analyses revealed strong evidence for the circumplex structure

of the measure. Furthermore, convergent and divergent scale constructs matched as expected. With regard to the discriminative validity of the instrument, the clinical and non clinical samples differed in almost all of the averaged scale scores, reflecting specific interpersonal functioning of the samples. The IIM can be recommended for its use in psychological and psychotherapy research.

Poster  
Change

**Psychotherapeutic approach of autistic and pervasive developmental disorders. Initial results from comparative analysis of 18 intensive case studies.**

*Jean-Michel Thurin - French Federation of Psychiatry, Paris, France, Monique Thurin, Genevieve Haag, Catherine Barthelemy, Bruno Falissard, Tiba Baroukh*

The psychotherapy approach of the autism is an insufficiently explored field. However, for two years, the Psychotherapy Practice-Based Research Network has begun the evaluation of the individual and institutional psychotherapy of children presenting autistic disorders with a methodology of intensive process-outcome single case studies that can be secondarily gathered. This methodology is particularly adapted to the variety of the approaches of patients who, sharing the same diagnosis can be nevertheless very different in their functioning, their development and their evolution. Focused on the behavioral and developmental changes, and the characteristics of the psychotherapeutic process, this methodology takes also in account the context factors. To day, hundred clinicians (2/3 French, 1/3 Italians and English) take part in this practice-based research network and study the process of the psychotherapeutic treatment they conduct with the autistic child whom they have in charge. Initial results from comparative analysis of the trajectories of first 18 cases are presented.

Poster  
Practice

**Case formulation in a Practice-Based Research Network. Is standardization compatible with complexity ?**

*Monique Thurin - French Federation of Psychiatry, Paris, France, Jean-Michel Thurin*

The need for the development of intensive process-outcome single case studies for complex cases is today underlined. One of the major elements, making it possible at the same time the initial description of the individual specificities of the case, its comprehension, and the conception of a relevant and effective treatment is the case formulation. In the context of a practice-based research network the concern of the "standardization" of the formulations becomes essential as soon as the number of studied cases becomes important. We present the various means we used for extracting relevant information necessary, not only for the initial design of the treatment, but also for the possibility of a comparative analysis between cases of their results, psychotherapy process and case formulations at one year.

Poster  
Psychodynamic

**Maladaptive relationship patterns in patients with depressive disorders**

*Kyra Toussaint - University of Innsbruck, Austria, Verena Gruber, Doris Peham, Eva Bänninger-Huber, Cord Benecke*

Mental disorders can be understood as disorders in relationship regulation (Benecke et al., 2005). Currently a lot of research efforts focus on the analysis of interpersonal problems in depressive disorders (e.g. Blatt, 2005; Vanheule et al., 2006). Theoretically and empirically the specific maladaptive and conflictive interpersonal patterns in depressed patients are e.g. characterized by hostile and less friendly behavior, by excessive reassurance seeking behavior and negative self-descriptions. A typical reaction from the interacting partners is rejection which perpetuates the maladaptive interpersonal circle (e.g. Blatt, 2005; Mentzos, 1996). Most studies evaluate these patterns in self-report questionnaires (Segrin, 2001) or through theoretically based rating systems (CCRT - Luborsky et al., 1990; SASB - Benjamin, 1974). The aim of this study is to focus on the subjective narratives of relationship experiences in patients with depressive disorders. Data material comes from an extensive research project (Benecke et al., 2009) in which patients with different mental disturbances are studied using videotaped OPD-2 Interviews (OPD-2 Task-Force, 2008). The verbatim transcripts of a subsample of 10 female patients with a depressive disorder according to DSM-IV and a matched group of 10 healthy controls are used to extract all reported narratives of interpersonal interactions. Subsequently they are analyzed and categorized using qualitative content analysis (Mayring, 2000) and prototypical interactional patterns will be extracted. The results will be presented and discussed in relation to the clinical ratings on OPD Axis II (relationships), III (conflict) and IV (structure level) and with respect to implications for therapeutic treatment.



**Poster**  
Development

**Monitoring and feedback: The next crucial step towards improved therapeutic outcomes?**

*Sarah Tucker - South West Yorkshire Partnership Foundation Trust, London, UK, Randal., C., Halstead, J., Leach, C., Lucock, M.*

**Aim:** This study aims to assess the feasibility and effectiveness of collecting sessional outcome data from clients and providing feedback to therapists about symptoms and alliance. We aim to assess whether the benefits of monitoring and feedback on client outcome observed in the US, translate to routine UK secondary care psychosocial therapies. Therapists' use of feedback and issues of acceptability and compliance will be explored. **Method:** Outcome data was collected from consenting clients across two South West Yorkshire sites. Our feedback system used two brief distress measures, which clients completed before each therapy session, and one post session measure assessing helpfulness, alliance and stage of therapy. This data combined with benchmark data determines clients 'not on track'. Therapists received feedback after each client's fourth session. Reflexive dialogue between therapists, service users and researchers was implemented. **Results:** To date, we have found that it is feasible to operate a feedback system in standard UK psychological therapies providing that initiatives are introduced to enhance ease and acceptability. This is a work in progress and we anticipate that feedback for clients 'not on track' will enhance overall therapeutic outcome whilst rendering no effect on those who are 'on track'. **Discussion:** Monitoring and feedback is a promising development in modern psychotherapy practise. Such systems can provide increased sensitivity to client progress; therapists can use this information to guide their care plan to improve overall outcome. We are uniquely placed to identify barriers to implementation and offer recommendations for future replications.

**Poster**  
Personality

**The Italian version of the Big Five Inventory (BFI): Psychometric properties and cross-cultural validity**

*Alessandro Ubbiali - Psyche-dendron Association, Milan, Italy, Carlo Chiorri, Patricia Hampton, Deborah Donati*

**Aim.** The Big Five Inventory (BFI, John & Srivastava, 1999) is a 44-item self-administered short tool that allows efficient and flexible assessment of the Big Five Factor structure of personality, when there is no need for more differentiated measurement of individual facets. The Italian BFI employed in the present study can be downloaded at: (<http://www.ocf.berkeley.edu/~johnlab/pdfs/BFI-Italian.pdf>). **Methods.** The reliability of the Italian BFI, its factorial equivalence to the English original and to other European translations and the association of scale scores with demographic variables, were examined in a sample of 1023 ( $F=56.9\%$ ; Mean Age= $34.80\pm 14.53$  years, range 18-80) volunteer subjects from the Italian population. The test-retest reliability at one-month was also assessed in a further sample of 64 University Students. **Results and Discussion.** The internal consistency of the BFI scales was high ( $\text{Alpha} \geq .80$ ), with the exception of Agreeableness ( $\text{Alpha} = .69$ ), that was also the scale with lowest temporal stability. Consistently with previous studies, scale score intercorrelations were weak, suggesting that the dimensions measured by the BFI are substantially independent of each other. Correlations of BFI scale scores with demographic variables were weak in effect size but the direction of association was consistent with previous results. No compelling evidence for association between educational level and personality dimensions was found. Considering the overall results, the BFI seems an adequate instrument for the assessment of personality traits, both when administration time is limited and for research purposes, and its Italian version retains the sound psychometric properties of the English original.

**Poster**  
Alliance

**Applying the System for Observing Family Therapy Alliance to group therapy: An Exploratory Study**

*Nuria Varela - Universidad de A Coruña, Spain, Cristina Muñoz, Valentín Escudero*

Due to the multiple relational levels which unfold in a group (i.e., the group as a whole, therapist-clients, client-client), it is challenging to identify the factors contributing to a strong therapeutic alliance in group therapy. The therapeutic relationship between the therapist and each group member is influenced by how the therapist interacts with the other members as well as by the complexity of relationships among group members themselves. Various studies examined the therapeutic alliance in group therapy using self-report

measures (Crowe, 2008; Johnson, 2008; Lindgren, 2008), but no research provides instruments to measure the alliance observationally. The System for Observing Family Therapy Alliance (SOFTA) is a measure designed to assess the alliance in therapies with more than one client, but it is specific to couples and families (Friedlander, Escudero & Heatherington, 2006), a group which shares a particular relational history. The aim of this study is to explore the applicability of the observer version of the SOFTA (SOFTA-o) in the context of group therapy. Particularly, the goal is to identify possible client alliance indicators as well as specific therapist alliance contributions which may need to be adapted to the specifics of group therapy. Alliance behavioral indicators from 22 clients who participated in different group therapy programs (i.e., adolescents in conflict, parents of adolescents in conflict, and parents and adolescents with a chronic illness) were assessed in session 3 using the SOFTA-o. Results provided suggestions about how to adapt the SOFTA-o to assess the alliance in group therapy.

**Poster**  
Narrative

### **Cultural elements in symbolic play and in the narrative organization of the child's life experience**

*André Vieira - Universidade do Porto, Portugal, Tania Sperb*

The present work studies the narrative and the image as elements of the language of symbolic play. With this objective three children of south Brazil were observed during approximately one year while in a psychotherapeutic process. The children's symbolic play in the sandplay was analyzed concerning narrative organization and construction of meaning based on C. G. Jung's Analytical Psychology theory and method and Bruner's narrative theory. The study shows that symbolic play is a form of language, and through it the child constructs a text that presents itself as a narrative or as an image; that this text is filled with cultural elements which show themselves as new narratives or images that mix with the ones the child had constructed. Also, it shows that the child organizes his/her life experience and that of the world by means of this text; that the narratives produced by symbolic play are similar to those produced by the cultural history of the mankind; and finally, that symbolic play has a cognitive function of organizing the child's life experience.

**Poster**  
Narrative

### **The narrative construction of personality in adopted young adults**

*André Vieira - Universidade do Porto, Portugal, Margarida Henriques*

This work investigates the construction of life stories in young adults that have been adopted in childhood. The aim of the study is searching for the narrative construction of the identity in adopted people. We want to know how the motive of the adoption appears in the narrative of a life story and its function on the construction of the narrative self. We have been interviewing six young adults with the Life Story Elicitation Interview protocol. Case studies are being elaborated from the interviews. All interviews will be submitted to a structure process and content analysis, based on the systems of Gonçalves, Henriques and Cardoso (2006); Gonçalves, Henriques, Alves and Rocha (2006); Gonçalves, Henriques, Soares and Monteiro (2006) and Gonçalves, Henriques, Alves and Soares (2002). The analysis of the narrative identity will be based on the structural coherence of the autobiographic narratives (McAdams, 2001) and on the dialogic relation between the position of the narrator and of the others (Fivush, 2008). The relations between the narrator and the cultural models will be considered too (Fivush, 2008; Adler & McAdams, 2007; Habermas, 2007). The multiplicity of voices of the narrative speech will be analyzed according to the constructs of Hermans & Kampen (1993), Salgado (2003), Salgado & Hermans (2005) and Hermans (2008), that consider that the I is constructed in relation with the other. Such construct implies that any linguistic act contains a double voice: of the person who speaks and of the person who listens.

**Poster**  
Alliance

### **Constructing the Alliance Negotiation Scale (ANS): Phase II**

*Vanina Waizmann - New School University, New York, USA, Kelly Bolger, Jennifer Doran, Jeremy Safran*

The current study builds on our initial attempt to construct the Alliance Negotiation Scale (ANS; Doran, Waizmann, Bolger, & Safran, 2010). Negotiation represents an ongoing, dialectical process between patient and therapist subjectivities, a dynamic variable constantly in a state of flux during treatment. In Bordin's (1979) tripartite conceptualization of the working alliance, the construct is divided into task, bond, and goal. We view negotiation of these three components as the critical factor in the alliance – the mechanism underlying establishment, maintenance, and repair, and as a transtheoretical and transcultural

factor as well. We believe that in order to understand the unavoidable tensions and subsequent resolutions that occur in therapy, conceptualizations must move beyond collaboration and compromise and consider the process of negotiation between patient and therapist subjectivities. The current version of the ANS adds to the previous scale in the following ways. More data was collected, increasing our sample size from 109 to 215. Principal components analysis was rerun on the larger sample. Additionally, a panel of expert raters were consulted and asked to judge the validity of each item. Qualitative feedback was also solicited on the construct, the proposed items, and suggestions for revisions or additions. Preliminary analysis reveals significant overlap and agreement between the results of the factor analysis and the expert raters. The scale presented herein represents a more refined and statistically sound version of the ANS. It is our hope that the reliability and validity of the scale will continue to be established with future use in empirical studies.

**Poster  
Practice**

**What Does not Work for Whom? Predictors of Dropping out and Remaining in Psychotherapy in Swedish Public Service Settings**

*Andrzej Werbart - Stockholm University, Sweden, Mo Wang*

**Aim:** Non-starters is a rarely studied group. Dropout from treatment is a common problem in psychotherapy practice. This naturalistic study examines potential predictors of treatment attendance and discontinuation among patients in three most common psychotherapy types in Swedish public health service settings. Patients who did not start psychotherapy after the initial evaluation are compared with patients who started psychotherapy. Patients who discontinued psychotherapy are compared with those remaining in treatment. **Method:** Data were collected during a 3-year period at 13 out-patient psychiatric services, using online patient and therapist questionnaires. Of the 1,498 registered patients 14% never started psychotherapy and 17% dropped out from treatment, 33% remained in the treatment, while 36% dropped out from data collection. **Results:** More factors differed between non-starters and starters than between dropouts and remaining. Therapeutic factors (therapists' age, education and therapeutic alliance) seem important to influence patients to start treatment, whereas patients' personal experience (e.g., previous psychotherapy, trauma/abuse and bereavement/loss) had more impact on patients' continuation of treatment. Organisational factors, patients' age, helping alliance, psychosis and being dangerous for others were predictors of non-starting treatment, while organisational factors, mental ill-health, acting out and criminality, and patients' age were predictors of dropout from treatment. **Discussion:** The differences between services regarding proportion of patients in the four compared groups indicate that organisational factors (stable structure, treatment policy, funding, involvement in psychotherapy training of students, etc.) can influence both starting and remaining in treatment.

**Poster  
Culture**

**Influence of Cultural Background on Client Preferences for Therapy**

*Jason Whipple - University of Alaska Fairbanks, USA, Joshua K. Swift, Nina Greenon*

**Aim:** Client preferences have been identified as one key component to evidence-based practice in psychology (APA, 2005); and the inclusion of client preferences has been found to increase client engagement, decrease treatment dropout, and lead to overall improved therapy outcomes (King et al., 2005; Swift & Callahan, 2009). It is important that we gain a better understanding of client preferences and the variables that influence them. In particular, in order to provide the most appropriate services to all clients, it is essential that we understand the influence of culture on client preferences for therapy. **Methods:** In this ongoing study, we have asked participants (undergraduate students) from various cultural backgrounds to indicate their preferences for (1) type of provider, (2) type of treatment, (3) therapy roles and behaviors (using the PEI-R), and (4) personality and demographic characteristics of their ideal therapist (using the Interpersonal Checklist). **Results:** Results from 207 participants (104 Anglo cultural background, 103 minority cultural background), indicate that preferences are largely similar between cultural groups. However, some differences between groups were observed in terms of the preferred treatment provider and characteristics of an ideal therapist. Additionally, some differences were observed in terms of the emphasis that was placed on particular treatment options. **Discussion:** These results will be discussed in the context of the previous research examining preferences by culture and will focus on the implications for working with clients from various cultural backgrounds.

**Poster**  
Cognitive

**Beware of the internet? Impact of reading blogs related to eating disorders**

*Markus Wolf - University of Heidelberg, Germany, Florian Theis, Hans Kordy*

Pro-eating disorders (ED) websites promote a drastic thin ideal and endorse unhealthy weight behaviors and attitudes, and thus, have become a cause of concern to health experts. However, empirical research on the effects of pro-ED websites is scarce. We used an experimental approach to examine the impact of written pro-ED website contents on ED risk factors – affect, body dissatisfaction and self-esteem – in young women. 421 female participants (age:  $M = 23.5$ ,  $SD = 4.9$ ) were randomly exposed to either a pro-ED blog, a pro-recovery blog or a control blog. The participants' risk status for developing an ED was assessed prior to the exposure using the Weight Concerns Scale. After the exposure, participants completed the PANAS, CDRS, and State Self-Esteem Scale. Participants evaluated blog and author on semantic differentials. Compared to the control blog, reading the pro-ED blog resulted in higher negative affect, and blog and author were evaluated more negatively. No main effects of blog type were found for self-esteem and body dissatisfaction. As predicted, however, the effects depended on the risk status of the individuals. In the high risk group reading the pro-ED blog led to lower appearance self-esteem, whereas this was not the case in the low-risk group. Unexpectedly, reading the pro-recovery blog had similar effects, i.e. we found increased negative affect in both, high and low risk groups after the exposure. Moreover, in the high risk group, a negative effect on appearance self esteem was observed after exposure to the pro-recovery blog. Despite the popularity of the internet in youth, models of socio-cultural risk factors do not consider the impact of social media, such as ED-related blogs, sufficiently yet.

**Poster**  
Alliance

**A Therapist's Interpersonal and Attachment Styles: Impact on the Therapeutic Alliance and the Outcome of Psychotherapy Treatment.**

*Tinakon Wongpakaran - Chiang Mai University, Thailand, Nahathai Wongpakaran*

This study explored how a therapist's interpersonal and attachment styles have an impact both on the therapeutic alliance and therapy outcomes, by carrying out a naturalistic study of 115 psychiatric outpatients. During the research, interpersonal style, measured by the 32-item Inventory of Interpersonal Problems (IIP-32), was categorized into four quadrants, these being: Friendly-Dominant, Dominant-Hostile, Hostile-Submissive and Submissive-Friendly. Adult attachment styles including secure, preoccupied, fearful, and dismissing, was measured by the revised-Experience of Close Relationship (ECR-R). The psychotherapy outcome, a dependent variable, was composed of symptoms of depression, anxiety, interpersonal problems, and loneliness. The level of therapeutic alliance was measured using the Working Alliance Inventory (WAI). Results show that there was a significant improvement in depression and anxiety but not in interpersonal problems and loneliness at one month follow-up. The secure attachment combined with Friendly-Submissive style of therapists played significant role in reduction of depressive symptom but not in anxiety, interpersonal problems and loneliness. Moreover, low loneliness score at baseline predicted the reduction of anxiety symptoms in subsequent visits.

**Poster**  
Attachment

**The Attachment Score**

*Tinakon Wongpakaran - Chiang Mai University, Thailand, Nahathai Wongpakaran*

In any research which uses a dimensional adult attachment scale, such as the revised experience of close relationships scale (ECR-R) (Fraley, 2000), it may be useful to use the attachment score as the single variable used, instead of using two, such as anxiety and avoidance. To put it another way, the attachment scale can be used to represent attachment as a whole. Ideally, this single score should then be sensitive enough to measure both anxiety dimensions at the same time; it should cover the avoidance dimension as well. Using confirmatory factor analysis, in this study we created a shortened version of the ECR-R scale and tested for its predictive ability by taking several measurements in a 600 person sample. The results show that the total ECR-R-18 score, as a single scale, is able to reflect both the anxiety and avoidance scales, revealing a significant correlation with the expected measurements, even though it may work at the expense of the magnitude of association in some tests. The factor structure of the ECR-r-18 scale will be presented in detail.

Poster  
Culture

### **A Woman with the Dreams of Nagas**

*Tinakon Wongpakaran - Chiang Mai University, Thailand, Nahathai Wongpakaran, Kelly Elsegood*

The authors investigated a dream interpretation, which they have to a female university student who presented with repetitively bizarre dreams of Nâgas. The authors conducted a weekly 2 hour-interview for 5 sessions to explore the meaning of the dreams. During the interviews, the client described another dream that implied her boldness to face unconscious feelings related to the dreams already presented. After receiving the interpretation from the interviewer, the client was pleasantly surprised and relieved in her response. She became more aware of her own need. The client's reactions to the interpretation gave evidence that supports Weiss's control mastery theory.

Poster  
Trauma

### **Evaluation of an EMDR Educational Intervention among Physician Assistant Students**

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Aim: The purpose of this pilot research was to assess the impact of an educational intervention on EMDR among physician assistant students. A second aim was to examine the attitudes of physician assistant students regarding EMDR as a treatment intervention. Methods: Students enrolled in a behavioral medicine course were approached to participate in this study. Interested participants were administered a pretest survey at the beginning of the lecture on EMDR to assess their attitudes and beliefs regarding EMDR and clinical practice. Students were asked to complete a posttest questionnaire at the end of the informational lecture on EMDR and provide feedback about the training experience. Sixty-four students completed pretest and posttest questionnaires. Results: Physician assistant 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. Paired-samples t-tests revealed a 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 ( $p$  values  $<.001$ ). While preliminary, these findings suggest this teaching approach is one way to incorporate information about EMDR into existing curricula in an efficient manner. Such approaches may be helpful to training programs that are hoping to improve trainees' use of best practices in trauma disorders. These findings also extend our understanding of physician assistant students' attitudes about EMDR and the likelihood they will support the use of EMDR as an adjunctive treatment in clinical practice.

Poster  
Depression

### **Reminiscence therapy combined problem-solving treatment for old adult's depression in Taiwan**

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Objectives Reminiscence therapy is believed to be effective in improving the mood of old adults and problem-solving treatment can increase the executive function in the elder. This study tested the hypothesis that reminiscence therapy combined problem-solving treatment can prevent the progression of cognitive impairment and enhance affective function in the elder community. Methods The experimental subjects underwent four to six sessions, one session per week. The measurements were performed using Mini-Mental State Examination (MMSE), Geriatric Depression Scale short form (GDS-SF), and executive function tasks. Results The sample consisted of 24 subjects, with 12 in the experimental group and 12 in the control group. Results demonstrated that the intervention significantly affected executive function and affective status as measured by Geriatric Depression Scale and WCST tasks, indicating that the cognitive function of the experimental subjects increased and their depressive symptoms diminished following intervention. Conclusion Reminiscence therapy combined problem-solving treatment is a potentially effective treatment for depressive symptoms in the elderly and may thus offer a valuable alternative to psychotherapy. Especially in elder people community—who often have untreated depression—it may prove to be an effective, safe and acceptable form of treatment. Randomized trials with sufficient statistical power are necessary to confirm the results of this study.

**Poster**  
Neuroscience

**Psychotherapeutic micro strategies: Efficacy and electrocortical correlates of one session cognitive reframing and progressive muscle relaxation intervention in a clinical sample**

*Marie Christina Zahn - University of Trier, Germany, Luisa Zaubmüller, Wolfgang Lutz*

AIM: People with mental disorders and especially depressed individuals have, in contrast to healthy human beings, limited skills to regulate their moods and emotions appropriately. The aim of this study is to evaluate the efficacy of a therapeutic micro intervention to improve emotion regulation in a clinical sample in comparison to a control intervention (muscle relaxation) and to extract the correlating electrocortical changes. The results of Zaubmüller & Lutz (2010) who investigated a subclinical depressed sample and used a related design should be replicated. Methods: The sample consists of 42 clinical subjects from the waiting list of an outpatient center. Participants were instructed to either look at a set of negatively valent pictures (IAPS) or to reappraise the situations in terms of generating a less negative interpretation of the picture. During this process, event-related brain potentials were recorded and the participants were subsequently asked to rate the intensity of their emotional response. After this EEG task half of the participants were randomly assigned to a brief intervention in which cognitive reframing of emotion activating situations is introduced and trained, whereas the other half of the participants were randomly assigned to a brief intervention in which progressive muscle relaxation is introduced and trained. Following this sessions the participants performed the EEG task again with another set of negatively valent pictures. Results: Preliminary results show the efficacy of the psychotherapeutic micro intervention on behavioral and electrocortical level. Discussion: The results will be discussed regarding their meaning for micro changes in psychotherapy.

**Poster**  
Training

**Can we get motivational? A meta-analysis of the effects of MI training on clinician's behaviour**

*Grégoire Zimmermann - University of Lausanne, Switzerland, Diana Ortega, Jean-Nicolas Despland, & Yves de Roten*

Background: Motivational Interviewing (MI) is a therapeutic style defined as "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving client ambivalence" (Miller & Rollnick, 2002, p. 25). MI-based interventions have been widely used with a number of different clinical populations and their efficacy has been well established. However, the clinicians' training has not traditionally been the focus of empirical investigations. The objective of the present study is to address this issue. Method: Twelve studies involving 617 clinicians, published between 1990 and 2008 were identified and then subjected to meta-analysis using "Comprehensive Meta-analysis" Software. Results: Pre-post training analysis (within group comparison) indicated important benefits of the training (mean weighted Hedge's  $g = .74$ , 95% CI = .61-.87). However, when compared to control condition (no training), mean weighted between group effect size was smaller (mean weighted Hedge's  $g = .27$ , 95% CI = .18-.73). Discussion: In general, MI training tends to improve clinician's skills. The training effect is nevertheless less important when we compared to a control condition. Research on training outcomes appears to be in its infancy, and future studies will need to better consider designs (e.g. control condition) as well as evaluation and maintenance strategies.