

BOOK OF ABSTRACTS

Society for Psychotherapy Research

47th International Annual Meeting

Jerusalem, Israel

June 22-25, 2016



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2014-2015	Jeanne Watson	Copenhagen, Denmark
2015-2016	Christopher Perry	Philadelphia, USA

47th Annual International SPR Meeting in Jerusalem, Israel, June 22-25, 2016

Dear participants & members:

Welcome to Jerusalem! We are very excited by our scientific & social program. Our scientific program is organized around the theme is "Spinning Threads for the Fabric of SPR" and includes the following threads that have long been of interest to the SPR community:

- evidence-based psychotherapies
- psychotherapy integration
- mindfulness-based intervention
- alliance & interpersonal process
- practice-training-research networks
- attachment & development
- child & family
- culture & identity

And we have organized the program accordingly. We have invited many luminaries in the field to present in eight semi-plenaries that concern each of the themes and launch subsequent panels, brief paper sessions, and structured discussions. As is tradition, we will also have pre-conference workshops and poster sessions, along with chapter and special interest group meetings.

The conference will officially begin on Wednesday evening, June 22nd, at 17:30. We will gather on the patio at the entrance of the YMCA to hear our very own Gaby Shefler play the tower bells 45 meters above us. We will then all enter the YMCA's historic auditorium for the opening ceremony, presidential address and awards ceremony. Afterwards we will go outside into the gorgeous Jerusalem summer night for the welcome reception (food and drinks). During the conference, you will enjoy using your breaks and evenings to tour some of the many special Jerusalem neighborhoods and sites, including the Old City, Mahane Yehuda (the food market), Nahlaot, and others. This year, the banquet will take place on the lawn and patio of the YMCA (the conference venue). The setting is beautiful. We will be having a Bedouin Haflah (festive meal) with traditional live Arabic-Israeli music during the meal and late evening dancing after the meal.

We hope you find our program educational & enjoyable.

Sincerely,

Chris Muran, Program Chair
Gary M. Diamond, Local Host

Pre-Conference Workshop
psychotherapy integration

Focusing on meaning in life in psychotherapy

Clara Edith Hill, University of Maryland, College Park, USA

Pre-Conference Workshop
practice-training-research networks

THEORY AND PRACTICE OF TRANSFORMING IMAGES AS A WAY TO INTEGRATE CONTEXT, STRESS AND COPING IN PRACTICE AND IN RESEARCH : THE CSC MODEL

Ephrat Huss, Ben Gurion University, Beer Sheva, Israel

Pre-Conference Workshop
practice-training-research networks

The SPRISTAD Study of Psychotherapists in Training: Research Protocols and Online Data Collection

David E. Orlinsky, University of Chicago, USA; Bernhard Strauss, University Hospital, Jena, Germany; M. Helge Rønnestad, University of Oslo, Norway; Ulrike Willutzki, Witten/Herdecke University

Bernhard Strauss, University Hospital, Jena, Germany

Ulrike Willutzki, Witten/Herdecke University

M. Helge Rønnestad, University of Oslo, Norway

Pre-Conference Workshop
quantitative & qualitative method

Methods for Analyzing Within-Person Effects in Psychotherapy Process-Outcome Research

Fredrik Falkenström, Linköping

Pre-Conference Workshop
evidence-based psychotherapies

Intensive Transactional Analysis Psychotherapy (ITAP)

ITAP Theory

Francesco Scottà, Centro Psicologia Dinamica (CPD), Padova (Italy)

How to put ITAP clinical interventions into practice

Marco Sambin, University of Padova, Italy

Videos of real ITAP therapies

Alice Broggio, University of Padua, Italy; Francesca Bianco, University of Padua, Italy; Stefano Colussi, University of Padua, Italy

Validation of ITAP as Evidence Based Treatment.

Irene Messina, University of Padua, Italy; Enrico Benelli, University of Padua, Italy

Pre-Conference Workshop
practice-training-research networks
Moderators: Kevin Scott McCarthy, Chestnut Hill College; Nili Solomonov, Adelphi University, New York, USA

Training Workshop for Coding Therapy Sessions Using the "Multitheoretical List of Interventions" (MULTI)

Nili Solomonov, Adelphi University, New York, USA

Kevin Scott McCarthy, Chestnut Hill College

Discussant: Kevin Scott McCarthy, Chestnut Hill College;

Pre-Conference Workshop
quantitative & qualitative method

A Reliable Method of Case Formulation for Psychotherapy Research, Practice, and Training

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

George Silberschatz, University of California San Francisco

Pre-Conference Workshop
mindfulness-based intervention

The Cultivation of Therapeutic Presence with Mindfulness

The Cultivation of Therapeutic Presence with Mindfulness

Shari Melissa Geller, York University, Canada

Pre-Conference Workshop
alliance & interpersonal process

Theater improvisation skills in service of the (daring) therapist

Assael Romanelli, Hebrew University, Jerusalem, Israel

Clinical Social Worker, certified Couple and Family Therapist, artistic director of the "Or Chozer" Playback Theater company in Jerusalem. PhD Candidate at The Paul Baerwald School of Social Work, Hebrew University, Jerusalem, Israel.

Pre-Conference Workshop
evidence-based psychotherapies

Interpersonal psychotherapy (IPT)

Overview of IPT

Josh Lipsitz, Ben Gurion University

IPT in different psychopathologies

Anat Brunstein Klomek, IDC Herzliya

IPT in eating disorders

Yael Latzer, Haifa University

Pre-Conference Workshop
culture & identity

Narrative Exposure Therapy as an effective tool for treating trauma

Godela von Kirchbach, Sigmund Freud University, Vienna, Austria

Discussant: Godela von Kirchbach, Sigmund Freud University, Vienna, Austria;

Pre-Conference Workshop
mindfulness-based intervention

Fostering a Healthier Relationship with Food through Mindful Eating

Introduction to the Principles of Mindful Eating

Bao-Chau Du, University Health Network

Discussant: Bao-Chau Du, University Health Network;

Plenary
evidence-based psychotherapies

Mechanisms of Change in Evidenced Based Psychotherapies

Mindfulness and Coping Skills: Mechanisms of Change in Dialectical Behavior Therapy

Shelley McMain, University of Toronto, Canada; Mariana Mendoz Alvarez, Centre for Addiction and Mental Health; David Streiner, McMaster University; Ryan Barnhart, Centre for Addiction and Mental Health

Understanding mechanisms of change operating in psychotherapy is essential to improving treatment effectiveness. Currently, there is a dearth of research into the

mechanisms of change in psychotherapies for borderline personality disorder (BPD). This study examined the mechanisms of change in Dialectical Behaviour Therapy (DBT) for the treatment of BPD. Specifically, we examined two potential mechanisms of change operating in the skills-training component of DBT: skill use, and mindfulness. Eighty-four chronically self-harming individuals diagnosed with BPD were randomized to 20-weeks of DBT skills training (DBT-ST) or a wait-list (WL) control. Mediator variables included mindfulness and coping skills assessed with the DBT Ways of Coping Checklist (DBT-WCCL; Neacsiu et al., 2010) and the Kentucky Inventory of Mindfulness Scale (KIMS; Baer et al., 2004) respectively. Clinical outcomes included self-harm behaviours (e.g., suicidal and non-suicidal), emotion regulation, distress tolerance, anger, and impulsivity. Outcomes were assessed at baseline, 5 weeks, 10 weeks, 15 weeks, 20, and 32 weeks. The data were analyzed using a moderated mediation statistical approach under the context of multilevel linear and generalized linear models. The findings revealed that increases in coping skills did not mediate clinical outcomes; however, increases in mindfulness mediated specific outcomes (e.g., anger, emotional regulation, distress tolerance, and impulsivity). Moreover, the observed mediation effect between mindfulness and outcome was moderated by treatment condition. Participants in the DBT group who showed increased mindfulness evidenced greater improvements on distress tolerance and self-harm behaviour compared to the control group.

Cognitive Behavioral Treatment of Panic Disorder: An empirical analysis of mechanisms using multiple theories

Jonathan Huppert, Hebrew University, Jerusalem, Israel; Nitzan Yekutieli, Hebrew University, Jerusalem, Israel; Stav Biham, Hebrew University, Jerusalem, Israel; Dina Zalaznik, Hebrew University, Jerusalem, Israel; Noa Benami, Hebrew University, Jerusalem, Israel; Idan Kaufman, Hebrew University, Jerusalem, Israel; Michal Weiss, Hebrew University, Jerusalem, Israel; Yogev Kivity, Hebrew University, Jerusalem, Israel

Many models of treatment propose specific mechanisms that lead to change in treatment. The current study attempts to examine multiple theories' proposed mechanisms of change, all within the context of cognitive behavioral therapy for panic disorder (CBTp). For example, cognitive behavioral models suggest that behavioral and cognitive changes are essential mechanisms of change for the treatment of panic disorder, with particular focus on changes in avoidance and in anxiety sensitivity or "fear of fear". Others have suggested increase in cognitive reappraisal and decrease in expressive suppression as being essential. Some psychodynamic models have suggested that attachment is an essential factor in the development of panic disorder which needs to change in order to facilitate change. Existential models suggest that search for meaning and better coping with death anxiety leads to change. Contextual and common factors models emphasize the importance of the alliance. Rogerian models focus on genuine listening. In a cumulative research program based on collecting data in prospective single case studies on the CBTp within a research seminar, and with added retrospective coding of tapes of sessions, we have examined each of these models to examine the roles that each theory plays in CBTp. Results among 34 patients treated to date suggest that changes in anxiety sensitivity and avoidance, as well as patient acquisition of behavioral and cognitive skills in session were predictive of outcome. Alliance was an additional predictor. Active listening and therapeutic presence were predictive of alliance, but less predictive directly of outcomes. Anxious attachment appeared to be related to the use of safe people and alliance, and appeared to change after changes in avoidance

Mechanism of Change vs. Mediators in Psychotherapies for Panic

Jacques P. Barber, Adelphi University, New York, USA; Robert Gallop, West Chester University; Barbara Milrod, Cornell Medical School; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Nili Solomonov, Adelphi University, New York, USA; Kevin Scott McCarthy, Chestnut Hill College

Objective: This is the first large-scale psychotherapy study for panic disorder to examine mediators of treatment for both cognitive-behavioral therapy (CBT) and Panic Focused Psychodynamic Psychotherapy (PFPP). Method: A priori hypothesized mediators - Brief Bodily Sensation Index Questionnaire (BBSIQ) and Panic Specific Reflective Function (PSRF) -- were tested in the Cornell-Penn Study of Psychotherapies for Panic Disorder, a randomized controlled trial of CBT, PFPP, and Applied Relaxation

Training. 201 patients with primary DSM-IV panic disorder with or without agoraphobia were randomized in a 2:2:1 ratio. Results: Early change on both PSRF and BBSIQ predicted subsequent change in panic severity on the Panic Disorder Severity Scale (PDSS) across all three treatments. Only PSRF proved to mediate the treatment-by-site interaction reported by Milrod et al. (1). Conclusion: PSRF was a mediator of treatment differences at the one site where these were obtained: To the degree that PFPP patients improved in PSRF early on, they equaled the other two treatment groups in later change in panic disorder severity. This is the first demonstration of general mechanisms of change (PSRF and BBSIQ) across treatments of panic disorder. Our findings suggest that in all psychotherapies patients improve to the degree that they change their beliefs that something awful is happening to them. In CBT, this more often occurred through helping patients make fewer catastrophic somatic misinterpretations (as captured by the BBSIQ); in PFPP, this occurred by helping patients to become more reflective about their panic attacks (as captured by PSRF).

Discussant: Louis Castonguay, Penn State University, University Park, USA;

Plenary

practice-training-research networks

Practice Oriented Research: A plenary session on the present and future of clinicians and researchers partnerships

Practice Oriented Research and Practice Research Network: What's up?

Louis Castonguay, Penn State University, University Park, USA

As part of a special plenary, this paper will briefly describe practice-oriented research (POR) as a complementary paradigm to traditional (evidence based) research in psychotherapy. Core characteristics of POR will be presented, as well as several reasons why this type of research should be encouraged, recognized, and integrated in academia, research programs, policymaking, administration decisions and training programs. After identifying three major POR approaches, Patient focus, Practice Based, and Practice Research Network, the paper will briefly describe advances that have taken place in the third one

Patient--focused and feedback research in psychotherapy

Wolfgang Lutz, University of Trier, Germany

In the last 15 years patient-focused psychotherapy research and feedback interventions have had a significant impact on the field of psychotherapy research and have demonstrated their potential to enhance treatment outcomes, especially for patients with an increased risk of treatment failure. This presentation gives an introduction to the current state and provides an overview of the main research topics. It covers topics like: How to implement feedback systems into routine practice and how do therapist and patient attitudes influence its effects?; How to design feedback reports and decision support tools?; What are the reasons for patients to become at risk of treatment failure and how should therapists intervene with these patients?

Challenges in Practice-Oriented Research from a student's perspective

Juan Martin Gomez Penedo, Universidad de Buenos Aires, Argentina

Practice--oriented research (POR) is a strategy to design studies based on collaboration between clinicians and researchers. One of its fundamental advantages is that it allows the construction of scientifically rigorous and clinically relevant knowledge, leading to a reduction of the debated wide gap between science and practice. From a student perspective I consider that the main challenge of POR is to increase therapist's interest in research by involving them in a joint development of clinically meaningful studies. In order to achieve this aim some obstacles need to be overcome. First, the incorporation of research devices needs to be perceived by the therapists as potentially advantageous for their practice and not as having a negative impact on therapy. Moreover, therapist's anxiety of performance due to being observed ought to be minimized. Finally, the reluctance of clinicians to ask private patients to participate in the studies should be overcome. Once these situations are addressed and therapists are engaged in a collaborative research project, another fundamental challenge is related to the interaction between researchers and clinicians. Beyond the difficulties inherent in any communication between different parties, researchers should be especially careful about power distribution in the decision-making processes, trying to have a symmetric relationship among participants. If not, they have the risk to impose

their own agendas, using clinicians just to validate them, and failing to boost a real commitment from them. These challenges will be discussed in order to think about potential solutions to address these issues and foster POR studies.

Practice Oriented Research -- Lessons learnt from the implementation of SBS system in a psychodynamic oriented training clinic

Tuvia Peri, Bar-Ilan University

During the last three years the community clinic of the psychology department in Bar Ilan University implemented a research system which included recordings of psychotherapy sessions and computerized session by session (SBS) and outcome evaluations. Sharing the conception that psychodynamic psychotherapy is mainly an interactive emotional experience of patient and therapist, questions, doubts and objections to the inclusion of these research procedures were raised by supervisors and clinicians. Based on our practical and clinical experience we suggest some major challenges that should be addressed in order to have the approval and participation of psychodynamic oriented supervisors and therapists with process and outcome research systems. (a) The ethical challenge -- How to make sure that participants' informed consent before therapy for an intrusive and demanding procedure accompanying their therapy is valid and that data collected will not be misused (b) The confidentiality and privacy/intimacy challenge -- What are the effects of the awareness of patients and therapists that their conversations and evaluations are inspected by others in the research team? (c) The measuring challenge -- are the psychometric tools appropriate for the task of evaluating psychodynamic psychotherapy? (c) Does the research system change the process and content of the therapy sessions? Through directing attention or through other indirect effects? (d) The essential challenge -- Does process research teach us something new about therapy that may improve the technique and effectiveness of psychodynamic psychotherapy? A short discussion of the challenges, possible solutions and clinical advantages of POR will be presented. The relevance of our experience to clinics of other theoretical orientations will be discussed.

Practice Oriented Research and Practice Research Network: What's next?

Kim de Jong, Leiden University, Netherlands

As part of a special plenary, this paper will address future directions in practice-oriented research (POR). New and necessary future developments with regards to the design of data collection, research questions, collaborations between scientists and practitioners, and the processing of information (e.g. statistical methods for making valid inferences) as well as the consequences of these developments for various stakeholders will be discussed.

Plenary
alliance & interpersonal process

The Therapeutic alliance - Where have we come from, where are we and what's next?

The relationship puzzle: Where does the alliance fit

Adam Horvath, Simon Fraser University, Burnaby, Canada

The alliance is not a new concept. But Ed Bordin's (1975) proposal that the working alliance is an ubiquitous and central element in all forms of treatment "caught fire" in the therapy research community. The alliance became the magic mirror of the therapy relationship; each observer sees the reflection of their own ideas in it. The presentation will explore the consequences of this phenomena in the light of our longer term goal of trying to better understand the role and function of different aspects of the relationship between therapist and client.

Therapist immediacy and the therapeutic alliance

Clara Edith Hill, University of Maryland, College Park, USA

Therapists use immediacy to talk with clients about the therapeutic relationship. More specifically, they use immediacy to help to establish and maintain the relationship, to resolve problems as they arise in the relationship, and to model for clients how to openly talk with another person about difficult feelings. In this talk, I will discuss the theory about immediacy and then review the findings from three individual case studies and one multiple case study about the antecedents, behaviors, and

consequences of therapist immediacy on the therapeutic relationship. Implications for future theory and research will be discussed, especially the use of the case study methodology for examining therapist behaviors that might be related to other process and outcome variables.

Alliance-Focused Training: Where have we come from and where are we going?

Jeremy D. Safran, New School University, New York, USA

Over the last 25 years a variety of researchers have investigated factors contributing to the development of the therapeutic alliance and to repairing ruptures in the alliance when they occur. There have also been a number of studies evaluating the effectiveness of various training procedures for enhancing therapists' abilities to foster the development of the alliance and to intervene effectively when problems exist. In this talk I will summarize some of the key findings that have emerged so far, outline some of the important questions that should be addressed moving forward, and explore new directions in alliance-focused training and research.

"What's next for conceptualizing and studying the alliance?"

George Silberschatz, University of California San Francisco

The therapeutic or working alliance -- I use the terms interchangeably and will generally refer to the alliance -- is among the most written about and studied aspects of psychotherapy. Hundreds of studies have consistently found a statistically significant (but relatively small) correlation between the quality of the alliance and treatment outcome. Despite the voluminous research and many thousands of articles on the alliance, the concept remains somewhat fuzzy and lacking in clinical precision. A term that best describes the alliance (and a good therapeutic relationship more broadly) is "rapport" -- a relationship characterized by emotional affinity or mutual trust. However, building and maintaining an alliance or rapport is certainly not a uniform process. Patients differ substantially in what constitutes rapport, nor is the meaning of alliance uniform or constant over a long term therapy. Two approaches to bringing more precision to the alliance concept will be discussed. The first is a case specific approach of formulating the patient's problems, goals, and conflicts and then determining the degree to which the therapist's interventions or attitudes are aligned with the patient's particular needs (i.e., how good an ally is the therapist for this particular patient?). The second approach begins by assessing what the patient's relationship preferences are and comparing those with the therapist's preferences. Both of these approaches are likely to strengthen research findings on how the alliance is related to outcome. And equally, if not more important, these strategies provide useful clinical guidelines and may enhance psychotherapy training.

Plenary
culture & identity

Culture and Psychotherapy

Human Migration, Adversity, and Mental Wellbeing in People Seeking Refuge

Robert Schweitzer, Queensland University of Technology

World events over the past decade has resulted in the largest relocation of people since the Second World War. In this presentation, I will first provide an overview of the impact of conflict and human rights abuse on human experience, psychological suffering, and the movement of people internationally. Such experience occurs in the context of personal and group values and culture. I will then provide an overview of a series of studies we have undertaken over the past decade on the psychological impacts of adversity on the mental health of adults and adolescents from refugee backgrounds. Finally, I will draw upon our experience with culturally responsive psychotherapeutic interventions aimed at addressing the impacts of trauma and loss in recently arrived young people from refugee backgrounds, and their responses to interventions. The findings will be used to raise pertinent questions regarding the implicit philosophical assumptions we bring to our therapeutic work with members of cultural groups vastly different to our own.

Lessons for Psychotherapy Researchers on Treatment Research in Developing Countries

Laurie Heatherington, Williams College, Williamstown, MA

There is increasing attention, from many quarters, to global mental health. At the same

time, this is "new territory" for most psychotherapy researchers, whose training generally does not prepare them for the theoretical, practical, and ethical issues involved. This paper will provide an overview of the landscape and controversies in developing and testing therapeutic interventions in developing countries -- things we wish we knew when we started our own work. It will be informed by our experience doing treatment-related research in Burundi as well as by what we have learned of others' experiences, in the service of encouraging evidence-based development of culturally sensitive, sustainable programs for promoting mental health in underserved communities.

Challenges of culturally competent psychotherapy

Julia Mirsky, Ben Gurion University of the Negev, Beer Sheva, Israel
The presentation will address challenges that therapists are confronted with in multicultural contexts: dilemmas as to psychotherapeutic approaches and strategies, challenges springing from counter-transferential reactions and growth opportunities on the professional and personal levels.

Discussant: Orya Tishby, Hebrew University, Jerusalem, Israel;

Research on psychotherapy integration: Where we are and where we need to go

Challenges in research on psychotherapy integration and future directions

Thomas Berger, University of Bern, Switzerland; Franz Maurus Caspar, University of Bern, Switzerland

Discovery-oriented research and psychotherapy integration: Learning from Japanese clients and therapists

Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

The client drives the integration bus

Alberta Eveline Pos, York University, Canada

Discussants: Beatriz Gomez, Aigle Foundation; Rhonda Goldman, Illinois School of Professional Psychology at Argosy University;

20/20 hindsight : Insights from programs of family and child research over several decades

Insights from 35 years of research on Brief Strategic Family Therapy

Jose Szapocznik, University of Miami; Viviana Horigian, University of Miami
The proposed presentation will review the process of translation in psychotherapy research using a 35-year program of research on Brief Strategic Family Therapy as an example. The translational process began with a study of the unique characteristics and preferences of immigrant Cubans and the specific acculturation problems confronting families. A study of value orientations and a separate study on the acculturation challenges seen in clinic repeatedly -- in which family members across generations fought over culturally-laden topics—led to the decision to build the therapy on the foundations of structural and strategic family therapy approaches. After piloting the intervention, the need for additional clinical elements became apparent such as the challenge of engaging entire families in treatment. As a consequence a theoretically consistent approach to bringing whole families into treatment was developed and tested in randomized efficacy trials. Following efficacy and effectiveness randomized trials of the entire intervention, the challenges of implementation in real world settings led to the recent development of a theoretically consistent intervention to ensure organizational support for the implementation of the approach at all levels of the agency from mid-level administration to the CEO, funders and referral sources.

Insights from 25 years of research on child and adolescent therapy outcomes

Mary Target, University College, London, UK
The proposed presentation is focused on the evolution of methods of enquiry, over a 25 year programme – conducted with Professor Peter Fonagy in London - of research

Plenary

psychotherapy integration

Moderator: Catherine F. Eubanks,
Yeshiva University, USA

Plenary

child & family

and theorising about child and adolescent therapy outcomes. The work has been based within a psychodynamic context, but with an emphasis on discovering therapeutic elements within the diversity of presenting problems and therapeutic approaches. The attempt will be to draw helpful lessons for others from the ups and downs of developing (i) retrospective, follow-up and prospective outcome studies, and (ii) measures of child and family functioning. Issues of manualising and measuring treatment process will be discussed, as will the fruitfulness of mixed method (quantitative and qualitative) process and outcome research with young people and families. While the author's dilemmas, experiences and findings will be referred to for examples, the emphasis will be on wider principles of discovery and interpretation.

Discussant: Jay Lebow, Family Institute at Northwestern;

Plenary
child & family

Therapeutic change in attachment-based therapies

Sustaining intrapersonal and interpersonal change in attachment based treatments

Roger R. Kobak, University of Delaware

This presentation will describe processes designed to sustain interpersonal and intrapersonal change in attachment based therapies. Interpersonal versions of attachment therapies work with dyads and focus on increasing caregiver attunement (Dozier) or enacting reparative conversations (Diamond) in parent-adolescent or marital dyads (Johnson). Through coaching, these treatments seek to enact new learning in which the client experiences sensitive response to core vulnerabilities/needs and the partner feels effective in a caregiving role. The mutual feelings of security and closeness that accompany these therapeutic moments are thought to sustain and generalize changes that occurs during therapy sessions. ABT's may also target intrapersonal factors such as clients' IWM'S or expectancies for caregiver availability. These expectancies operate automatically outside of the client's awareness, guide the client's interpretations of interpersonal interactions and activate defensive strategies. ABT's that target IWM's rely on the therapist to provide a secure empathically attuned relationship that provides clients with the opportunity to verbalize expectancies based on prior experience. However, we will suggest that sustaining and generalizing gains in client awareness and controlled processing of IWM's require the therapist to engage the client in tasks designed to violate negative expectancies for caregiver availability, test alternative ways of interpreting partners' behavior and repeated opportunities to practice controlled processing of outdated IWM's.

Attachment-based Family therapy: the clinical model and recent empirically findings

Guy S. Diamond, Drexel University

Attachment theory has become a quite popular clinical theory guiding many different psychotherapy models. It is no more relevant than in a family based intervention where all the family members are in the therapy together discussing the interpersonal attachment ruptures that undermine a secure base family experience. Taking advantage of this rich clinical opportunity, Attachment base family therapy is an empirically supported approach that has been developed and well tested with depressed and suicidal adolescents. Guided by change event process research, the clinical model builds around five essential clinical tasks. For each task, we have articulated an ideal performance model with core and alternative processes and proximal outcomes. These outcomes build on each other to help families repair attachment injuries and build new, more positive attachment promoting family processes. Many process research studies have explored and expanded each task. Many outcome studies have shown the model to be efficacious. This plenary talk will present the overall clinical model, some of the outcome and process research studies, and preliminary results from a recently completed NIMH funded randomized clinical trial, our largest and most rigorous study to date.

Discussant: Gary M Diamond, Ben Gurion University, Beer Sheva, Israel;

Plenary
mindfulness-based intervention

Mindfulness in Psychotherapy: From Theory to Practice

Discussant: Mindfulness in Psychotherapy: From Theory to Practice

Shari Melissa Geller, York University, Canada

The discussion would address the role of mindfulness in psychotherapy including

points of theoretical intersection, how mindfulness is integrated into the practice of psychotherapy implicitly and explicitly, what do we know about whether it is useful, and what do we know when to use it in psychotherapy.

Discussant: Mindfulness in Psychotherapy: From Theory to Practice

Wolfgang Tschacher, Universität Bern

The discussion would address the role of mindfulness in psychotherapy including points of theoretical intersection, how mindfulness is integrated into the practice of psychotherapy implicitly and explicitly, what do we know about whether it is useful, and what do we know when to use it in psychotherapy.

Discussant: Mindfulness in Psychotherapy: From Theory to Practice

Joshua K. Swift, Idaho State University

The discussion would address the role of mindfulness in psychotherapy including points of theoretical intersection, how mindfulness is integrated into the practice of psychotherapy implicitly and explicitly, what do we know about whether it is useful, and what do we know when to use it in psychotherapy.

Discussant: Mindfulness in Psychotherapy: From Theory to Practice

Jeffrey A. Hayes, Penn State University, University Park, USA

The discussion would address the role of mindfulness in psychotherapy including points of theoretical intersection, how mindfulness is integrated into the practice of psychotherapy implicitly and explicitly, what do we know about whether it is useful, and what do we know when to use it in psychotherapy.

Structured Discussion

quantitative & qualitative method

Ethical Challenges and Dilemmas in Psychotherapy Research

Values, Moral Principles, and Ethical Decision-Making for Psychotherapy Researchers

Marna Barrett, University of Pennsylvania, Philadelphia, USA

A major difficulty with mandates for ethics training in research is that they often fail to identify why certain behaviors are wrong or how they can be altered. One of the issues to be raised in this discussion group is how moral principles as well as personal and professional ethics inform our decision-making. For example, ethical dilemmas do not always encompass right vs. wrong decisions but rather a tension between two equally "right" choices. It is right to want the best treatment for suffering patients (encourage study participation) but it is equally right to hold to scientific rigor (excluding patients that don't meet strict diagnostic criteria). Understanding such tensions can facilitate discussion and insight about ethical issues unique to psychotherapy research.

Are Psychotherapy Research Participants Truly Able to Provide Informed Consent?

Gaby Shefler, Hebrew University, Jerusalem, Israel

The therapist participant. In psychotherapy research, attention is usually paid to the patients' rights and well-being. What about the therapists' free choices? Are novice therapists (students or interns) really autonomous to choose whether to take part or not in a proposed study in their clinic? In Qualitative Studies. Here, the issues of privacy and confidentiality in regard to the patient's agreement are different from those raised in quantitative studies. In the later, the data from each participant is calculated anonymously and presented numerically or in aggregate data. But, in qualitative research, the content, words, and issues of the research participant remain unprotected. At times, this may bring a risk of harm to the participant or result in the participant wanting not to have her or his material published.

Ethics in the Overlap: Multiple Voices in Ethical Discourse

Stephen Buller, Psychotherapy Foundation

This paper explores the nature of potentially competing voices in the development of ethical discourse affecting psychotherapy research. A range of voices arise from within research itself, and from professional researchers. Other voices come from users and patients, the general public (some of whom may perhaps become patients), clinicians, educators, funding bodies, policy makers, service providers, and clinical commissioners including governments and insurers. Postmodern philosophical and theoretical paradigms, along with feminist theory, constructivist and constructionist positions, and

post-structural paradigms, inform perspectives from both virtue and rights ethics. They also inform and provoke some important questions. Taking as an example the development of new ethical codes by a national professional registering body in the UK, experiences with user groups, and the narrative of an early career researcher developing a research project, the paper illustrates some of the differing voices in overlapping ethical positions affecting research. How do users and patients react to psychotherapeutic treatments which have little, inadequate, or no research evidence? How do clinicians embrace research evidence and react when a proposed research project, and a psychotherapy researcher, offers a treatment of unknown or dubious efficacy? How do psychotherapy researchers integrate the best interests of patients with the demands of funding agencies and academic institutions for research achievement and results?

Structured Discussion

practice-training-research networks

6th Annual General Meeting - SPR Interest Section on Therapist Training & Development

Discussant

Bernhard Strauss, University Hospital, Jena, Germany

Discussant

David E. Orlinsky, University of Chicago, USA

Discussant

M. Helge Rønnestad, University of Oslo, Norway

Structured Discussion

practice-training-research networks

Moderators: Wolfgang Lutz, University of Trier, Germany; Louis Castonguay, Penn State University, University Park, USA

How to establish a research and training clinic for psychotherapy? Essentials, pitfalls, short-term and long-term goals

Discussant

Wolfgang Lutz, University of Trier, Germany; Louis Castonguay, Penn State University, University Park, USA; Kim de Jong, Leiden University, Netherlands

Discussant

Tuvia Peri, Bar-Ilan University

Discussant

Eva Gilboa-Schechtman, Bar Ilan University

Discussant

Stevan Lars Nielsen, Brigham Young University, Provo, USA

Discussant

Orya Tishby, Hebrew University, Jerusalem, Israel; Paolo Machado, University of Minho; Paolo Machado, University of Minho

Structured Discussion

quantitative & qualitative method

Moderators: Wolfgang Lutz, University of Trier, Germany; Jeffrey A Hayes, Penn State University, University Park, USA

Publishing in Psychotherapy Research: An open discussion with the editors and the publisher

Discussant

Wolfgang Lutz, University of Trier, Germany; Jeffrey A. Hayes, Penn State University, University Park, USA

Discussant

Christoph Flückiger, University of Bern, Switzerland

Discussant

Lynne M. Knobloch-Fedders, Northwestern University, Evanston, USA

Discussant

Heidi M. Levitt, University of Massachusetts

Discussant

Andrew C. Page, University of Western Australia; Ulrike Dinger, Heidelberg University, Germany; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Structured Discussion

alliance & interpersonal process

Widening the lens on patient feedback in psychotherapy

Discussant

Catherine F. Eubanks, Yeshiva University, USA

Discussant

Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Discussant

Wolfgang Lutz, University of Trier, Germany

Discussant

John Snyder, San Francisco Psychotherapy Research Group

Discussant

Bruce Wampold, University of Wisconsin, Madison, USA

Structured Discussion

psychotherapy integration

**Manifesto for Human Dynamics Analysis and Complexity Science
Psychotherapy**

Discussant

Wolfgang Tschacher, Universität Bern

Discussant

David Pincus, Chapman University

Discussant

Frederick David Abraham, Blueberry Brain Institute

Discussant

Guenter Karl Schiepek, Paracelsus Medical University

Discussant

Omar Gelo, University of Salento, Sigmund Freud University

Structured Discussion

culture & identity

Depression and culture

Discussant

Marrie HJ Bekker, Tilburg University

Discussant

Soti Grafanaki, Saint Paul University, Ottawa, Canada

Discussant

Alvaro E. Carrasco, Instituto Milenio para la Investigación en Depresión y Personalidad

Discussant

Gabriela A. Sempertegui Vallejo, Tilburg University

Discussant

Nicolás Suárez, Pontificia Universidad Católica de Chile, Santiago

Structured Discussion

alliance & interpersonal process

Within Patient Processes in Psychotherapy: How to Model in Longitudinal Research?

Discussant

Pål G. Ulvenes, Modum Bad Research Institute, Vikersund, Norway

Discussant

Julian Rubel, University of Trier

Discussant

Wolfgang Lutz, University of Trier, Germany

Discussant

Sigal Zilcha-Mano, University of Haifa, Israel

Discussant

Fredrik Falkenström, Linköping

Structured Discussion

psychotherapy integration

Dilemmas and Difficulties in Research of Psychotherapy Integration

Discussant

Louis Catonguay,

Discussant

Sigal Zilcha-Mano,

Discussant

Golan Shahar, Ben Gurion University, Beer Sheva, Israel

Structured Discussion

practice-training-research networks

The need for a collaborative network in psychotherapy research: united we stand (and we can get more grants)

Discussant

Omar Gelo, University of Salento, Sigmund Freud University

Discussant

Henning Schauenburg, University Hospital, Heidelberg, Germany

Discussant

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

Discussant

Stig Poulsen, University of Copenhagen, Denmark

Structured Discussion

culture & identity

Beyond trauma therapy -- what are the psychological needs of refugees?

Discussant

Godela von Kirchbach, Sigmund Freud University, Vienna, Austria

Structured Discussion

What's the best way to triangulate for early career researchers?

Discussant

Himanshu Giri, Sigmund Freud University, Vienna, Austria; Kathrin Mörtl, Sigmund Freud University, Vienna, Austria; Birgitta Schiller, Sigmund Freud University, Vienna, Austria

Discussant

Dan Pokorny, Ulm University, Germany

Discussant

Blerta Bodinaku, University of Tirana, Albania

Discussant

Guenter Karl Schiepek, Paracelsus Medical University

Discussant

Giulio de Felice, Sapienza University of Rome, Italy

Structured Discussion

culture & identity

Moderator: Gaby Shefler, Hebrew University, Jerusalem, Israel

Mental health practice among Palestinian Arab society citizens of Israel: Between traditional and global values, and between empathy and war ethics

Discussant - Structured Discussion

Roney Srour, Haifa University

This group discussion aims to raise questions of Palestinian Arab mental health workers who serve Palestinian Arab minority citizens of Israel. The discussion will try to shed light on some questions: How do traditional and agrarian values that are deeply rooted in the society affect mental health work in terms of diagnosis, therapy and medications? Is there a need to develop culturally adapted therapeutic methods in order to work successfully with Palestinian Arab patients/clients? To what extent can Western methods be efficient? How does the Arab Israeli national conflict affect the relation between patients/clients and the Israeli Jewish mental health system? How does tense social discussion such as gender or religious issues reflect in therapy? What specific issues face Palestinian Arab practitioners through their training in the Israeli mental health system?

Discussant - Structured Discussion

Omaima Farahat,

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Discussant - Structured Discussion

Shafiq Masalha, College of Academic Studies in Or-Yehuda and

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specific issues face Palestinian Arab practitioners through their training in the Israeli mental health system?

Discussant - Structured Discussion

Khawla Abu-Baker, Al-Qasemi College

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Discussant: Gaby Shefler, Hebrew University, Jerusalem, Israel;

Panel

alliance & interpersonal process

Micro-process Research in Psychotherapy: Identifying the Ingredients Associated with Successful Treatment Outcomes

Building emotional resilience over 14 sessions of emotion focused therapy: Intensive time series analyses of productive temporal patterns

Antonio Pascual-Leone, University of Windsor, Ontario, Canada

Pascual-Leone & Greenberg's (2007) model of emotional processing has been used to explore process in over 300 clients. This program of research demonstrates sequential patterns of emotional processing in good psychotherapy, supporting a saw-toothed pattern of change within individual sessions (progressing 2-steps-forward, 1-step-back). But one cannot assume in-session patterns are scalable across an entire course of therapy. The primary objective of this study was to explore the within-session findings of Pascual-Leone (2009), by seeing if similar patterns applied across entire courses of treatment. Methods: Two separate intensive single-case designs were submitted to quantitative analyses of patterns in time. Comprehensive coding in these cases involved recording observations for every emotional event in an entire course of treatment (using the CAMS) which were then treated as a 9-point ordinal scale. Results: Applying hierarchical linear modeling to each of the cases showed significant patterns of change within a large number of sessions, and those patterns were sometimes also nested within broader patterns of change that were observable across a series of treatment sessions. Discussion: Examining successful treatment cases showed several theoretically coherent kinds of temporal patterns, although not always in the same case.

Clients' Affective Processes within Initial Experiential Dynamic Therapy Sessions

Katie Aafjes-van Doorn, Access Institute, San Francisco, CA, USA

Psychotherapy process studies have indicated that clients' in-session emotional arousal may be a key component of effective psychotherapy. Therefore, an important task for further psychotherapy process research is to elucidate the processes that contribute to adaptive affect experiencing during therapy. The aim of this study was to investigate the relationships between clients' levels of insight, motivation and inhibitory affects and the clients' corresponding level of adaptive affect experiencing in initial Experiential Dynamic Therapy (EDT) sessions. Methods: Four hundred and sixty-six 10-minute video segments from 31 initial sessions were rated using the Achievements of Treatment Objectives Scale (ATOS). A series of multi-level growth models were estimated to predict clients' adaptive affective experiencing (Activating Affects) across session segments. Results: In line with our expectations, higher levels of Insight and Motivation related to higher levels of Activating Affects per segment. Contrary to expectations, however, lower levels of Inhibitory Affects were not associated with higher levels of Activating Affects. Further, a time-lagged model showed that Insight, Motivation or Inhibition in the previous segment did not predict Activating Affects in the next segment, possibly indicating that 10-minute segments may be suboptimal for testing temporal relationships in affective processes. Discussion: Our results suggest that when therapists seek to intensify clients' immediate affective experiencing, they

should focus on increasing insight into defensive patterns and, in particular, motivation to give them up. Reducing inhibitory affects may be less of a priority in an initial EDT session. Implications for EDT theory and further research are discussed.

The in-session timing of individuals that suffers from GAD -- How to push the snails move.

Christoph Flückiger, University of Zurich, Switzerland

Despite a long-standing need for patient-focused research on individuals with generalized anxiety disorder (GAD), there is little systematized knowledge about the in-session behaviors of these clients. The primary object of the present study was to investigate the timing of expressions of negative emotionality and the clients' focus on their own competences in individuals that suffers from GAD and how these behaviors are connected with each other. Methods: Based on two samples of cognitive behavioral outpatient psychotherapy, 8 trained coders conducted minute-by-minute ratings of 105 video analyzed sessions of 35 therapies (Sessions 2, 5, 8) resulting in time-series of 5300 evaluated minutes using Resource Oriented Microprocess Analysis (ROMA; Flückiger & Grosse Holtforth, 2008). Results: The results indicated that high levels of negative emotionality were positively associated with treatment outcome. Furthermore, high levels of clients' focus on competencies at an early stage of the sessions were positively associated with treatment outcomes adjusted for prior pretreatment distress, rapid response of well-being and symptom reduction. The early focus on competencies partially mediated the positive association between later negative emotionality and treatment outcome. Discussion: Our results highlight the potential relevance of the in-session timing in individuals that suffers generalized anxiety disorder.

Client and Therapist Convergence in Moment-to-Moment Ratings of Significant Events in Psychotherapy

Joshua K. Swift, Idaho State University

Previous research on client/therapist perspective convergence has been limited in that it has primarily focused on retrospective recall of only one or two significant events from treatment. The purpose of this study was to gain a more detailed understanding of client/therapist perspective convergence for each moment of a single psychotherapy session. Methods: Eighteen clients and their therapists separately watched a video recording of one of their recent sessions and provide a continuous rating of the helpfulness of every moment using a dial rating device. Participants were then asked to describe what was occurring during the most helpful and hindering segments and therapists were asked to make guesses about their clients' ratings. Results: Notably, there was significant variability in ratings within a single session for each client and therapist. Only a moderate level of convergence in the moment-to-moment ratings was observed. Additionally, therapists incorrectly labeled about 1/3 of the client-rated hindering events as helpful. Convergence between the client/therapist ratings was significantly associated with ratings of overall session effectiveness and the therapeutic relationship, but not with length of the relationship. Discussion: These results emphasize the importance of therapists' attunement to their clients' fluctuating views within each session.

Discussant: Adam Horvath, Simon Fraser University, Burnaby, Canada;

Panel
evidence-based psychotherapies

The effectiveness of Transactional Analysis psychotherapy for depression and anxiety: Findings from Practice-Based Research

Developing the evidence base for Transactional Analysis psychotherapy for depression: A British case series

Mark Widdowson, University of Salford

Evaluation of Transactional Analysis psychotherapy in the treatment of depression, anxiety and clinical levels of general distress. Routine Outcomes Evaluation within a community clinic:

Biljana van Rijn, Metanoia Institute

***Effectiveness of a Transactional Analysis treatment manual for depression: An Italian case series:**

Enrico Benelli, University of Padua, Italy

Discussant: Omar Gelo, University of Salento, Sigmund Freud University;

Panel

alliance & interpersonal process

Nonverbal synchrony and resonance in dyadic interactions

Nonverbal Synchrony in Psychotherapy: Reliability, Alliance, Outcome

Jane Dittmann, Universität Trier, Germany; Wolfgang Lutz, University of Trier, Germany
Theory: Nonverbal Synchrony is more frequently described in positive than in negative situations. Recently the relationships between synchrony, therapeutic alliance und treatment outcome have been in the focus of investigation. The current study aims to replicate these findings, to examine the impact of diagnoses on this effect as well as the reliability of the Motion Energy Analysis (MEA). Method: Using MEA videotaped psychotherapy sessions (N=248) from 124 patients of the psychotherapy outpatient center at the University of Trier were analyzed. The relation between therapy process, outcome variables and nonverbal synchrony was calculated by Multilevel Analysis. Results/Discussion: First results indicate, that the correlation of nonverbal synchrony within the first 15 min of therapy session and the nonverbal synchrony of the entire session is $r=.80$. Further analyses confirmed the relevance of nonverbal synchrony on the prediction of alliance, process and outcome. Implications regarding the application of MEA for further studies will be discussed.

Does nonverbal synchronization depend on the topic of conversation and behavior modality?

Uwe Altmann, University Hospital, Jena, Germany; Desiree Thielemann, ; Bernhard Strauss, University Hospital, Jena, Germany

Aim: Interpersonal interactions within the health care system (e.g. doctor-patient, psychotherapist-patient, trainer-trainee) synchronization phenomena such as the imitation of facial expressions or synchronous body movements are supposed to influence patients' satisfaction, the professional relationship, and outcome. Current research suggests that the frequency of synchronization depends on a) the nonverbal behavior under study (e.g. facial expressions vs. body movements) and b) on the situational context of the interaction (e.g. neutral vs. instructed situation). So far, the change of synchronization frequency depending on nonverbal behavior and phase of interaction has not been examined within therapeutic interactions. We test the hypothesis that in the context of relaxation and movement training, facial expressions will be synchronized more often during the initial small talk phase, whereas body movements will be synchronized more often during instructions. Methods: Using a within subject design with manualized relaxation and movement training (instruction condition) and manualized initial small talk (control condition), we examined N=20 dyadic interactions. Facial expressions and intensity of body movements were assessed using computer vision algorithms developed by Haase et al. (2013) and Ramseyer & Tschacher (2011). Synchronization is operationalized as simultaneous smiling and synchronous body movements. Hypotheses regarding the means of the synchronization frequency will be tested using t-tests. Results: Data collection is currently under way. Results will be presented at the conference. Discussion: The aim of study is to gain an enhanced understanding of nonverbal aspects relevant for therapeutic interactions. Further knowledge about nonverbal synchronization in therapeutic interactions can help to understand the therapeutic process and to improve psychotherapeutic training.

Synchronization analysis of the expression of emotions in psychotherapy

Franco Orsucci, University College London; Giulio de Felice, Sapienza University of Rome, Italy

This paper studies synchronization dynamics of therapist and patient during a psychotherapy session. This investigation was developed in order to verify a new possible perspective and methodology to study the expression of emotions. More specifically, literature concerning synchronization of in-session non-verbal variables emphasises its positive correlation with empathy and therapeutic outcomes. We compared the dynamics of galvanic skin response (GSR) and linguistic prosody, chosen as indicators of emotional expression in different domains. We studied their synchronization through complementary methodologies: Recurrence Quantification Analysis (RQA) and Principal Component Analysis (PCA), Markov Transition Matrix

(MTM) and Cross Recurrence Quantification Analysis (CRQA). We investigated the non-linearity of GSR in terms of self-similarity and power-law, as emerged in autocorrelation functions and signal variations. We considered time-lagged correlations as a measure of dynamical systems' memory. This paper concludes highlighting the importance of a deeper study of all variables related to the psychotherapeutic process and their synchronization in order to extend our knowledge of general human dynamics.

Temporal synchronization of body movement in psychotherapy

Wolfgang Tschacher, Universität Bern; Fabian Ramseyer, University of Bern, Switzerland

Current and previous quantitative research will be reported in overview showing how therapeutic interaction is embodied in nonverbal behavior. In these projects we have been using the video-analysis tool MEA (Motion Energy Analysis) and other actigraphic measures. The method is based on crosscorrelations of patient's and therapist's movement time series; in a further step, this correlational measure of synchrony was evaluated using surrogate tests. In psychotherapy, the quality of alliance was found represented by this degree of nonverbal synchrony between therapist and patient. Synchrony was associated with personality features of patients such as attachment styles and interpersonal problems. In schizophrenia patients, nonverbal synchrony with healthy partners during role plays was significantly related to symptom profiles. A recent elaboration based on MEA concerned the definition of a duration measure of the social present ('nowness') in communicating dyads. We defined the social present as the extension of the temporal window within which the nonverbal motion streams of interactants were significantly correlated. The different findings accumulated so far suggest that the degree of nonverbal resonance / synchrony may be a pivotal predictor of features of social interaction, of individual emotional responses, as well as an objective and sensitive indicator of the severity of psychopathology in schizophrenia. In addition to this function as a signature of process variables, synchrony was also found predictive of several aspects of therapy outcome.

Panel

evidence-based psychotherapies

The outcome and process of group transdiagnostic treatments

The Danish Unified Group Protocol for anxiety disorders: An Effectiveness Study

Ruth Aharoni, 1Mental Health Centre Copenhagen, Capital Region, Denmark; Nina Reinholdt, Mental Health Center Copenhagen, Capitol Region, Denmark; Nicole G. Rosenberg, Mental Health Center Copenhagen, Capitol Region, Denmark; Clas Winding, Mental Health Center Copenhagen, Capitol region, Denmark; Bent Rosenbaum, Mental Health Center Copenhagen, Capitol Region, Denmark; Sidse Arnfred, 2Mental Health Centre Slagelse, Region Sealand, Denmark

Aim: Co-morbidity among the anxiety disorders is common. Effective treatments and easier access to treatment for these cases is needed in daily clinical practice.

Potentially Transdiagnostic treatments are more effective in dealing with comorbidity and ease access to evidence-based treatments than standard CBT. The present study tested the effectiveness of the Danish group version of the The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) on symptoms, symptoms interference with functioning, and well-being. **Method:** Pre-post-treatment effects were examined for anxiety disorder patients receiving group therapy for comorbid anxiety disorders in a Danish Mental Health Service clinic. Patients were diagnostically assessed with ADIS-IV. Primary outcome measures were WHO-5, Hamilton Anxiety Scale (HARS); and Clinical Global Impression Severity Scale (CGI-S). In addition patients were assessed with a number of self-rating scales (GAF; SCL-90; BHS; BAI; MI; BDI; SAPAS; IIP; PANAS; ERQ, Hurvich Anxiety Scale). **Results:** 47 patients (77% females, mean-age = 34.1 (SD = 9.92) with a principal diagnosis of anxiety (51% Panic Anxiety Disorder/Agoraphobia, 21% Generalized Anxiety Disorder, 28% Social Anxiety Disorder) were included. We found moderat to large treatment effects on primary outcomes. These effects were clinically meaningful with 40-55% and 17-36% of the patients reaching responder and recovered status, respectively. Levels of positive and negative affect were significantly changed after treatment. Co-variate analyses revealed that patients with high levels of comorbidity profit as much as patients with less comorbidity however had higher scores after treatment due to higher

symptom-burden at onset. Patients with comorbid depression profited more than patients without comorbid depression. Discussion: Our result will be compared to other UP group studies and outpatient studies. Specific implications of the findings related to the mental health care setting will be highlighted. Conclusion: The UP can be successfully applied into a Danish MHS setting, demonstrating positive effects on anxiety and depressive symptoms for even highly comorbid cases.

A Pilot Study of the Outcome and Process of Two Group Therapies for Anxiety Disorders: Unified CBT vs. Combined CBT and Dance/Movement Therapy

Mirit Shani Sela, Shalvata Mental Health Center; Anat Yariv, Shalvata Mental Health Center; Yogev Kivity, Hebrew University, Jerusalem, Israel; Amit Saad, Shalvata Mental Health Center; Michal Master Barak, Shalvata Mental Health Center; Yuval Bloch, Shalvata Mental Health Center; Shmuel Fennig, Shalvata Mental Health Center

Enhancing emerging adults in their developmental tasks: a Model for short term dynamic, semi-structured group psychotherapy

Tamar Shavit-Pesach, Shalvata Mental Health Center; Zehava Almog, Shalvata Mental Health Center; Ruth Rozen-Zvi, Bar Ilan University, Israel; Shmuel Fennig, Shalvata Mental Health Center

Aim: In modern western society the transition of young people into the adult world is longer and more complicated than in the past. Many young adults experience distress and even various symptoms while trying to cope with the challenges of identity consolidation and forming of intimate relationships, which are the main developmental tasks of the emerging adulthood period. Some of them seek professional help while trying to resolve their age related problems and to reduce the feelings of confusion, jamming, loneliness or failure caused by these problems. Our aim, therefore, was to develop a model of short-term and effective psychotherapy, which is appropriate for the needs of emerging adults and for the limited resources of the mental health system, and at the same time is profound, touching upon conflicts and insights relating developmental tasks of young adults and enables meaningful internal changes. Method: During a decade of work with young adults in the young adults' outpatient clinic in Shalvata, a model for short term dynamic, semi-structured group psychotherapy was developed, which is unique for young adults and appropriate for functioning young adults with various clinical diagnoses. The rationale for the model will be presented. Through examples we will demonstrate the characteristics of the semi-structured protocol with its in-session experiential exercises enhancing awareness and insight for the relevant developmental tasks of separation-individuation and intimacy. Findings from a study that demonstrated the efficacy of the model and the intervention will be presented in another talk in the present panel (Rozen-Zvi et al.).

Development and Change in Internal Representation of the Self among Young Adults following Short Term Group Psychotherapy

Ruth Rozen-Zvi, Bar Ilan University, Israel; Tamar Shavit-Pesach, Shalvata Mental Health Center, Israel; Zehava Almog, Shalvata Mental Health Center; Shmuel Fennig, Shalvata Mental Health Center; Shmuel Shulman, Bar Ilan University

Aim: During emerging adulthood the young adult copes with major changes in many areas of his life: he is supposed to become responsible for one's life, to establish personal and professional identities, to reorganize and redefine his relationship with his parents, and to develop long term committed intimate relationships. A growing number of young adults have difficulties meeting these developmental challenges and experience psychological distress as a consequence of which they seek help to address these difficulties. Method: A time-limited, dynamic, group psychotherapy focusing on addressing age-related challenges was developed to meet the needs of young people. Thirty one young people seeking psychological help participated in 16 to 18 sessions of group psychotherapy. Qualitative and structural aspects of self-descriptions, Psychological distress and levels of independent functioning were assessed at the beginning and the end of therapy. Results: Compared with young people on a waiting list, participants undergoing group psychotherapy showed a significant change in internal representation of the Self, which was reflected in higher levels of agency, differentiation, reflectivity, and relatedness. They also reported a significant decrease in psychological distress and increase in their independent functioning. Discussion: Our

findings indicate the efficacy of the unique treatment program that was developed for young adults, integrating developmental knowledge with psychodynamic theory. The treatment improved young adults' well-being and enhanced the growth of psychological capabilities as internal self-representations.

Discussant: Louis Castonguay, Penn State University, University Park, USA;

Panel
alliance & interpersonal process

On Client Disclosures in Psychotherapy: "Honesty is such a lonely word, everyone is so untrue"

Secrets in psychotherapy: A longitudinal study of client concealment and disclosure

Ellen C. Marks, University of Maryland, College Park, USA; Clara Edith Hill, University of Maryland, College Park, USA

Aim: Most theoretical orientations view disclosure as a vital aspect of therapy, but clients often conceal some secrets from their therapists. Concealment has negative physical and psychological consequences, making understanding the role of secrets in psychotherapy essential. The goal of this study is to investigate how secrets unfold over the course of therapy in a naturalistic setting. Methods: Participants were 32 client and graduate student therapist dyads in open-ended therapy at a community psychotherapy clinic. Data on concealment, disclosure, the working alliance, and session evaluation were collected after each session. Data were analyzed using Hierarchical Linear Modeling (HLM). Results: Results will be reported regarding the frequency, distress level, importance, and preoccupation associated with secrets that are disclosed and secrets that are concealed in psychotherapy. Additionally, we will report findings on longitudinal patterns related to concealment and disclosure, as well as longitudinal patterns related to importance, preoccupation, and distress level associated with disclosed secrets. Finally, we will report findings on how concealment and disclosure in session relate to client- and therapist-rated working alliance and session quality. Discussion: Implications for research and practice will be discussed.

Disclosure and Nondisclosure About Being in Counseling

Dorli Satterwhite, University of Maryland, College Park, USA; Maria Lauer, University of Maryland, College Park, USA; Clara Edith Hill, University of Maryland, College Park, USA

Aim: To learn about how much clients disclosed about being in psychotherapy (counseling), and if such disclosure or nondisclosure was related to shame-proneness. Method: We interviewed 13 undergraduate students who had been in or who were currently in counseling about whether, to whom, and why they disclosed or did not disclose about being in counseling. Participants also completed a measure of shame-proneness. Results: Participants generally disclosed their participation in counseling when they felt close to a person, and did not disclose when they felt they would be misunderstood or judged. Participants reported both neutral and positive consequences of having disclosed. Differences were found based on level of shame-proneness, such that participants who were high in shame-proneness seemed more self-protective and vigilant about others' reactions when considering disclosing. Discussion: Implications regarding how to deal with the stigma related to counseling are discussed.

Clients' Concealment of Emotional Distress

Barry Farber, Teachers College, Columbia University; Matt Blanchard, Teachers College, Columbia University

Aim: To investigate the extent to which, and reasons for which, psychotherapy clients conceal the extent of their emotional distress. Method: A total of 547 clients completed an on-line survey on which they indicated the extent to which they lied about or concealed multiple possible topics; they also reported the reasons for and consequences of their lies. Results: The top three topics lied about were part of a general pattern of minimizing emotional distress: "How bad I really feel", "My thoughts about suicide"; and "My insecurities and doubts about myself". Most saliently, a third of respondents (33%) reported concealing suicidal thoughts or suicide attempts, most commonly out of fear that disclosure would trigger therapist over-reaction, with consequences such as forced hospitalization. Nearly three-fourths of respondents (72.6%) endorsed a topic suggestive of minimizing emotional distress while in therapy. Discussion: Implications for the process of psychotherapy, as well as assessing

the outcome of psychotherapy, will be discussed.

Discussant: Adam Horvath, Simon Fraser University, Burnaby, Canada;

Panel

quantitative & qualitative method

Conversation Analysis in Psychotherapy Process Research

Empathy and typical problematic situations (TPS)

Michael B. Buchholz, International Psychoanalytic University (IPU), Berlin

Telling dreams and therapeutic response in PA, PD ad CBT

Marie-Luise Alder, International Psychoanalytic University (IPU), Berlin

Open-topic closing in a short-term psychodynamic therapy

Michael M. Dittmann, International Psychoanalytic University (IPU), Berlin

Whats the message of such micro-studies for a clinician?

Horst Kaechele, International Psychoanalytic University (IPU), Berlin

Exploring the language of body boundaries in person-centred psychotherapy

Laura Cariola, University of Glasgow

Discussants: Horst Kaechele, International Psychoanalytic University (IPU), Berlin; Florian Dreyer, International Psychoanalytic University (IPU), Berlin;

Panel

quantitative & qualitative method

Effective therapists: Who are they and how do they work?

What are effective therapists doing that their less effective counterparts are not?

George Silberschatz, University of California San Francisco; Steven P. Engel, Western Michigan University

Therapist effects are evident in psychotherapy research as well as in clinical settings. Studies have shown that some therapists are more effective than others; that is, patients treated by more effective therapists have better outcomes (or respond more rapidly) than patients treated by less effective therapists. Although the most effective therapists -- Luborsky called them "super shrinks" -- can easily be detected through comparisons of symptomatic or other outcome measures, it is far more difficult to identify what it is that these therapists do that make them more effective. Identifying who the super shrinks are is the obvious first step but the crucial next step is trying to determine why or how they are more effective. Results from process studies that my colleagues and I have carried out over the last three decades (for review, see Silberschatz, 2005) show those therapist interventions that are responsive to the patient's therapy goals -- the patient's plan -- are predictive of in-session progress. In other words, the degree of responsiveness or plan compatibility of interventions significantly correlates with patient improvement. We found that sessions with a higher frequency of plan compatible interventions are significantly more productive than sessions with fewer responsive interventions. These findings led us to hypothesize that 1) therapist responsiveness to the patient's plan would be predictive of treatment outcome; and 2) the concept of plan compatibility may shed light on how effective therapists achieve better outcomes -- i.e., one of the things that differentiates effective from ineffective therapists is their ability to follow the patient's plan and respond in ways that are compatible with the plan. I will present data from our recent process-outcome study that supports these hypotheses, provide brief clinical examples that illuminate the findings, and discuss implications for future research and training.

"It was a long journey": Effective therapists view themselves at work

Andrzej Werbart, Stockholm University, Sweden

How do effective therapists use patient feedback in therapy sessions?

John Snyder, San Francisco Psychotherapy Research Group

Negotiating a good alliance: how to successfully handle the meeting of therapist and client relational patterns

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

Abstract Aim: The association between alliance and outcome is well established, yet not much is known about fostering a good therapeutic relationship over time. In any given session, alongside the explicit negotiation of the relationship there is also a less visible aspect, often unconscious and unspoken: the meeting of two sets of relational patterns. We hypothesized that a clash or complementarity between the relational patterns of client and therapist, and the ways a therapist handles these, would account for the development of the alliance. **Method:** Data derived from a large sample of psychodynamic therapy and included quantitative measures of alliance and outcome, and qualitative relational narratives. Data collection was from intake to session 32. We conducted two systematic single case studies. The first compared two treatments with dramatically different alliance trajectories, by the same therapist. The second was a process analysis of the treatment with the best outcome gain in the sample. **Results:** The interaction of client and therapist relational patterns, whether they clashed or complemented each other, had considerable impact on alliance and outcome. The therapists' subjective experience of this clash/complementarity influenced the ways they handled rupture and repair sequences in the alliance. **Discussion:** Two linked elements may explain a successful alliance. First, the extent to which a dyad's relational patterns clashed, impacting each other negatively. Second, the extent to which differences and disagreements were stated openly and negotiated, enabling the therapist to adapt to meet the clients' relational patterns, vs. inability to do so. Implications for training and other psychotherapy orientations are discussed.

Discussant: Horst Kächele, International Psychoanalytic University, Berlin;

Panel

psychotherapy integration

Moderator: Jan Carlsson, Örebro University

Psychotherapists and integration: presentation of new data on students and practicing clinicians

Influence or submission -- a qualitative study of psychology students' experiences of clinical supervision

Joakim Norberg, Harvard University; Jan Carlsson, Örebro University

The aim of the present study was to investigate psychology students' experiences of supervision during the clinical courses in a 5-year psychology training program with an integrative profile (leading to a master degree) in Sweden. 12 psychology students were interviewed. The interviews were analyzed with inductive thematic analysis. The results showed eight subcategories: "Anxiety regulation", "Flexibility", "Safe group alliance", "Student's development", "Being evaluated", "High demands and unclear instructions", "Different therapeutic schools", and "Competition". The subcategories were grouped into two main categories: "Experience of having influence" and "Experience of being inferior". These two categories were summarized in the core category "Positioning in relationships". Supervision was affected by the students' experience of having influence respectively feelings of being inferior in relation to the supervisor and the group. Both supervisors and trainees should be aware of Positioning in relationships and discuss and reflect on this in supervision.

Getting lost and finding new paths -- a qualitative study of the experiences of psychotherapy integration during and after psychologist training.

Jan Carlsson, Örebro University; Joakim Norberg, Harvard University

Psychotherapy integration continues to be a concept that is difficult to define. The aim of the present study was to investigate how the integrative profile at a 5-year psychology program (leading to a master degree) in Sweden was experienced retrospectively and in the professional life the first years after. Twelve interviews were conducted with psychologists that had an exam from the program. The interviews were analyzed with inductive thematic analysis. Three main categories emerged from the material: "Experiences of training", "Ambivalence towards the integrative approach", and "the creation of the professional role". The last two main categories were summarized in a core category: "Searching for understanding and identity". The main category "Experiences of training" seemed to influence the core category. The integrative profile of the training institute was experienced as ambiguous but flexible: at the same time as it gave the possibility to freely choose an approach, it also created a sense of insecurity. The results suggest that the training institute needs a clearer definition of the integrative profile.

The use of trans-theoretical principles of change among Czech psychotherapists and

counselors

Tomáš Řiháček, Masaryk University

Research on the prevalence of psychotherapy integration among practitioners has been usually based on the practitioners' rating of techniques they use. As a rule, factor analysis of such data has produced factors easily interpretable in terms of traditional theoretical orientations. In this study, however, psychotherapy integration is understood in terms of trans-theoretical principles of change (Goldfried, 1980). An internet-based questionnaire mapping the use of nine change principles will be administered in a national survey of Czech psychotherapists and counselors. Furthermore, the relationship between the use of change principles, the use of therapeutic techniques, and self-identified theoretical orientation will be explored.

Discussant: Bruce Wampold, University of Wisconsin, Madison, USA;

Panel
child & family

Towards Researchable Models of Change in Psychodynamic Play Therapy Process

Assessing Psychodynamic Child Psychotherapy Through the Lens of Play

Sibel Halfon, Bilgi University, Turkey; Alev Çavdar, Bilgi University, Istanbul; Umit Akırmak, Bilgi University; Pelinsu Bulut, Bilgi University; Deniz Keskin, Bilgi University
Aim: Children come to treatment with differing capacities to play and their play style changes across treatment. Play can be limited to sensori-motor sphere, and/or take place in the toy world, containing various narrative structures representing specific affect-laden relationships (Chazan, 2002). In order to specify affective, cognitive, dynamic and developmental characteristics of play and research changes in therapy, this paper will examine the factor structure, reliability and external validity of the Children's Play Therapy Instrument (CPTI; Kernberg, Chazan and Normandin, 2004) with a clinical sample of Turkish children. Method & Analyses: 273 play segments from beginning, middle and end phases of the treatment of 20 children (ages 4 to 9) in psychodynamic therapy were recorded, transcribed and coded by independent judges for CPTI variables. Exploratory Factor Analyses were computed for CPTI variables using Principal Axis Factoring. The factor structure was tested and revised via a Confirmatory Factor Analysis. Factor scores were computed for each phase of treatment (assessment, treatment and termination) and their relationships to symptom measures and psychosocial functioning were examined. Results: Results revealed five play factors associated with different structures in play corresponding to capacity to form representations at different levels of flexibility and social complexity, to capacity for affect regulation and play engagement, and capacity for play organization. Preliminary non-parametric tests showed that the "Complex Relations" in play and the overall "Play Organization" differentiated significantly level of symptom severity and academic functioning of assessed children. Discussion: These results suggest that CPTI can be used as a measure to assess children's play activity in treatment over time. Keywords: Psychodynamic play therapy, play assessment, play processes, developmental lines

Play Psychotherapy Research: Patterns of Play Structures Across Treatment

Alev Çavdar, Bilgi University, Istanbul; Sibel Halfon, Bilgi University, Turkey; Umit Akırmak, Bilgi University; Deniz Keskin, Bilgi University; Pelinsu Bulut, Bilgi University
Aim: The function of play in psychodynamic psychotherapy is to enhance the child's imaginative, affective and social capacities (Target et. al., 2005). However the associations between functions of play and psychotherapy process is lacking. In order to specify the unique forms of play associated with different psychological capacities and investigate their development in psychotherapy, the progression of CPTI play factors across different phases of treatment were compared and associated with clinically significant change. Method & Analyses: CPTI variables were coded for 20 children and organized into 5 play factors (See Paper 1 in the panel). Symptoms and functioning of the children were also assessed by Child Behavior Checklist and Children's Global Assessment Scale at assessment and termination. Trends of change for the play factors were analyzed via Curve Estimation. These trends were also separately examined for children who demonstrated a significant change throughout the process as identified by the Reliable Change Index (RCI; Jacobson & Truax, 1991) and children with a trauma history. Results: Preliminary analyses revealed that there were significant linear trends for Isolated Relations, Affect Regulation and Play Disorganization in treatment. A closer inspection revealed that significant patterns

were identifiable for children who did not show internalizing or externalizing symptoms at the assessment, and also children who did not show a clinically significant change at termination. In contrast, variance for children who had symptoms at the assessment and who did show a clinically change could not be accounted for any time by trend. Further, trends of children with or without a history of trauma were quite different. Children with a history of trauma displayed an increasing linear trend on Isolated Relational Level and a decreasing linear trend on Affect Regulation, whereas children with no trauma history demonstrated identifiable patterns for Complex Relational Level and Play Disorganization. Discussion: These results suggest there are linear trends that are able to capture the variance throughout the psychotherapy process. Further, these trends may differentiate between children with different history and pre-therapy symptoms as well as clinically significant outcomes. The possible therapeutic meanings of observed patterns will be discussed. Keywords: Psychodynamic play therapy, affect, play processes, outcome

Monitoring Non-linear Changes in Psychodynamic Play Therapy

Giulio de Felice, Sapienza University of Rome, Italy; Franco Orsucci, University College London; Sibel Halfon, Bilgi University, Turkey; Alev Çavdar, Bilgi University, Istanbul
Aim: A new model to study change in play therapy is to look at the psychotherapeutic process as a complex system (Schiepek, 2015; Orsucci, 2015; de Felice, 2015) characterized by sequences of chaotic and stable states. Instead of expecting linear change, psychodynamic scene is represented as successive stages of integration, disintegration and back, ultimately reaching new ego states (Loewald, 1960; Winnicott, 1940). A systematic single case study was conducted to observe critical fluctuations during a child's transition between play profiles. The focus was on the variability and on the non-linear dynamics of change concerning play-patterns. Method & Analyses: Sessions from beginning, middle and end phase of a long-term psychodynamic treatment of a 9 year old girl with behavioral problems were rated using the CPTI. Cluster analyses of CPTI play variables for each play segment were conducted by k-means algorithm and analyzed in terms of transition probabilities. The Markov Transition Matrix gave the opportunity to visually understand how different psychic states characterizing play segments change over time. Results: Results showed that the child's play segments clustered into 8 states and 3 attractors. The evolution of the states lied between a completely random and a deterministic time series. Content analyses showed that "disorganized states of play" were used by the child to develop new internal structures. Discussion: In psychotherapy research, there is an urgent need to apply new mathematical models dealing with the nonlinearity of change and the interaction of the studied variables. Implications are discussed. Keywords: Psychodynamic play therapy, Play assessment, Complexity Science

Quality of Mother-Child Relationship, Mentalization and Symbolization in Play

Özlem Bekar, Ozyegin University; Sibel Halfon, Bilgi University, Turkey; Alev Çavdar, Bilgi University, Istanbul; Umit Akırmak, Bilgi University
Aim: The capacity to play is rooted in early secure relationships. The caregiver's mentalization of child's experiences helps him/her treat his ideas and feelings as mental states that can be expressed in pretend mode (Target and Fonagy, 1996). Play is identified as having a pivotal role in the development of mentalization, but few studies assessed this specific relationship to support this postulate. This study investigated the quality of mother-child relationship, their capacity to mentalize and play symbolically. Method & Analyses: Observational data was collected from 25 children (ages 4-10) and their parents during free play in assessment phase of long-term psychodynamic psychotherapy. "Experiences in Close Relationships Questionnaire" (Fraley, Waller, & Brennan, 2000), and the "Child Rearing Questionnaire" (Paterson & Sanson, 1999) were collected to assess parental attachment representations and parental behaviors, respectively. Play behaviors were coded using the CPTI for aforementioned play dimensions (see paper 1). The Coding System for Mental State Talk in Narratives (CS-MST; Bekar, Steele, & Steele, 2014), was employed to assess participants' ability to use mentalization during play. Results: Preliminary analyses showed a significant negative association between the mothers' level of avoidant attachment and the representational complexity of play, level of play engagement and dyadic mentalization. Moreover, there was a positive association between mothers' "inductive reasoning" and "warmth" on CRQ and the representational complexity of play on CPTI and dyadic mentalization. Discussion:

Results lend support for the importance of a secure relationship and mentalization in the emergence of symbolic play. Keywords: mentalization, play assessment, attachment representations, child-rearing behaviors

Assessing Affective Dimensions of Conversations in Play Therapy

Ali Albert Salah, Bogazici University; Eda Aydın Oktay, Bogazici University; Sibel Halfon, Bilgi University, Turkey; Pelinsu Bulut, İstanbul Bilgi University

Aim: Clinical work with young children often relies on emotional expression and integration through symbolic play (Shirk & Russell, 1996). Literature shows that children with behavioral problems and depression express more negative emotion in play (D'Angelo, 1995; Singer & Singer, 1990; Butcher & Niec, 2015). However, there have been very few studies that looked at these associations with clinical samples in therapy. Secondly, studies show that the expression of negative affect in play is related to better coping (Moore & Russ, 2008; Russ & Niec, 2011; Singer, 1998). Play provides a context in which a child is able to explore negative emotional content in a safe, controlled manner. However, empirical evidence to either support or disprove this theory is limited and conflicting. This study aimed to develop a model that could reliably assess the affective dimensions in children's play over the course of therapy, and investigate its associations with different types of psychopathology and coping. **Methods:** Play segments from beginning, middle and end phases of the treatment of 20 children (ages 4 to 9) in psychodynamic therapy were recorded and transcribed. The affective dimensions in children's speech were assessed through an automated model for affective text analysis (Aydın, Balcı & Salah, 2015) with dimensions for valence, arousal, and dominance (Bradley & Lang, 1994). Symptoms and functioning of the children were assessed by Child Behavior Checklist and Children's Global Assessment Scale at assessment and termination. **Results:** The automatic model adapts an affective word dictionary (Warriner, Kuperman, Brysbaert, 2013) from English to Turkish, and uses a total of 15,222 words with annotations for valence, arousal and dominance. There are so far no comparable affective dictionary resources in Turkish. The model was validated over a multiply annotated chat corpus and around 70% accuracy was obtained with it (Aydın, Balcı & Salah, 2015). Preliminary non-parametric analyses with this model showed that children with higher scores for depression and disruptive behaviors on the CBCL showed more negative affect in play however children with disruptive behaviors showed significantly higher levels of arousal than depressed children. **Discussion:** These results show promise for using the automated VAD model to assess affective dimensions in play therapy.

Panel

quantitative & qualitative method

Qualitative and quantitative contributions to psychodynamic psychotherapy research

Conceptual metaphors of the 'talking cure'

Christopher Marx, Berlin Psychological University (PHB), Berlin, Germany; Antje Gumz, Berlin University of Psychology

Aims: Psychotherapy has traditionally been regarded as a "talking cure", i.e., a form of treatment mainly operating through words. Needless to say that this understanding has meanwhile been substantially modified and extended by psychotherapy research which revealed a plethora of different factors influencing therapeutic processes and outcomes. However, the idea that "talking" can "help" or "cure" is remarkably persistent among patients as well as therapists. Against this background, the present study attempts to identify key features of the notion of how "talking" can "cure" in psychotherapy using conceptual metaphor theory. **Methods:** A conceptual metaphor can be defined as linguistic device which structures a conceptual domain (target) by means of another domain (source). Our hypothesis is that the notion of the "talking cure" is structured by a limited set of conceptual metaphors (e.g., the catharsis metaphor, the holding metaphor, etc.). In order to examine this hypothesis we employ a qualitative design as devised in the Consensual Qualitative Research paradigm, using semi-structured interviews to ask patients and therapists about how they conceive of the way "talking" may be "helpful" in therapeutic processes. **Results and Discussion:** First results of the study will be presented and discussed at the conference.

Associations between categories of therapeutic utterances and common factors

depending on symptom severity and therapeutic relationship

Antje Gumz, Berlin University of Psychology; Anne Daubmann, University Medical Center Hamburg-Eppendorf; Rainer Erices, Friedrich-Alexander-Universitaet Erlangen-Nuernberg, Germany

Aims: Language is one of the most important "tools" of psychotherapists. The working mechanisms of verbal therapeutic techniques, however, are still marginally understood. Our aim was to investigate how therapists' use of specific and unspecific verbal techniques is associated with the implementation of common factors (insight, problem solving, therapeutic relationship). Methods: A mixed methods approach was employed. A classification system was developed inductively based on transcribed therapy sessions using Qualitative Content Analysis. Verbal utterances were classified into 37 categories and allocated to three dimensions (form, content, temporal focus). Reliability and construct validity analyses revealed satisfactory psychometric properties. Applying the classification system, the transcripts of 60 psychodynamic therapy sessions were analyzed on the level of therapeutic utterances (4 sessions from 15 patients and 9 therapists, mean = 235 utterances per session). The session quality (implementation of common factors as perceived by patients and therapists) was measured. We calculated the associations between verbal technique categories used by therapists and the extent of common factors implemented in the respective session (multilevel linear regression). Symptom severity at the beginning of treatment and quality of the therapeutic relationship across all individual sessions were evaluated as possible moderators of the association between techniques and common factors. Results and Discussion: The results are discussed in the presentation.

Pilot study of a computerized measure of researcher allegiance

Thomas Munder, PHB Berlin; Johannes Zimmermann, Berlin Psychological University, Germany

Aims: Researcher allegiance (RA) is an important phenomenon in psychotherapy outcome studies and possibly many other areas of research. RA refers to researchers' preferences for a particular outcome of their study (e.g., that one treatment succeeds over another in an outcome study). RA has typically been investigated as a moderator in meta-analyses. To assess RA, most meta-analyses have coded certain indicators in the publication of a given study (so called reprint method). This approach might have a number of limitations: (a) coding is time-consuming, especially as the number of studies increases; (b) RA is assessed at only one time point; (c) poor rater agreement. The aim of this study was to develop a RA measure that bypasses these limitations. Methods: Specifically, we set out to develop and pilot test a RA measure based on computerized text analysis. Methods: We used Linguistic Inquiry and Word Count (LIWC, Pennebaker et al., 2001) software. We composed a thesaurus of words relating to cognitive-behavioral therapy (CBT) and psychodynamic therapy (PDT) that allows LIWC to quantify an author's relative frequency of writing about CBT and PDT in her/his past research. The assumption is that the relative frequency of writing about a treatment is associated with her/his preference. For the purpose of pilot testing we used RA and outcome data from a meta-analyses using reprint method (Munder et al., 2011). Results and Discussion: Correlations of both RA measures were calculated. Results will be presented and discussed at the conference.

Discussants: Jeremy D Safran, New School University, New York, USA;
Christopher J. Muran, Adelphi University, New York, USA;

What can advanced methodologies teach us about the alliance-outcome association that we did not know?

A Comparison of Two Methods for Analyzing Within-Person Effects of Alliance on Symptoms During Psychotherapeutic Treatment

Fredrik Falkenström, Linköping

Aim: Methods for analyzing within-patient relationships are appealing for process-outcome studies for several reasons; 1) the possibility of modeling time-lagged effects of processes on outcomes, 2) testing cross-lagged effects of more than one causal direction simultaneously, 3) stable individual differences may be eliminated from the equations, thus "sweeping out" any known or unknown confounder that is stable over time. However, several questions arise with the estimation of within-patient effects; 1) is it wise to remove time-trends from the analyzed data?, 2)

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quantitative & qualitative method

how do we model autoregression (or should we not do so)?, and 3) how do we avoid violating the assumption of independent errors (endogeneity)? The aim of this presentation is to compare two methods for analyzing within-patient effects; the Arellano-Bond Generalized Method of Moments and Paul Allison's Maximum Likelihood - Structural Equations Model for dynamic panel data. Methods: Naturalistic data from Swedish psychiatric clinics will be used. Patients fill out the Clinical Outcomes in Routine Evaluation -- Outcome Measure (CORE-OM) before each psychotherapy session, and the Working Alliance Inventory -- Short form Revised (WAI-SR) after each session. In addition, therapists fill out the WAI short form (WAI-S) after each session. Using identical model setups, parameter estimates from the two models will be compared and discussed. Results: Results will be analyzed during spring 2016 to be presented at the SPR meeting in Jerusalem in June. Discussion: The discussion will emphasize similarities and differences in results between the two methods as well as advantages and disadvantages to each estimation method.

Alliance Ruptures and Outcome: Within- and between patient associations

Julian Rubel, University of Trier; Wolfgang Lutz, University of Trier, Germany
Research on the topic of therapeutic alliance ruptures suggest a positive relation between rupture-repair episodes and treatment outcome. However, studies investigating this association have not taken into account a proper separation of within- and between-patient variability. Recently, the importance of disentangling within- and between-patient effects have been repeatedly shown especially for the alliance-outcome relationship. Therefore, the present study investigates the rupture-outcome relation on a within- and a between-patient level. Data from 1000 patients treated with CBT in a German outpatient clinic was analyzed. Alliance and alliance ruptures were assessed after each session from the patients' and the therapists' perspective. Outcome (symptomatic impairment) was assessed before each session. To separate within- and between-patient variability, the average number of rupture episodes were included as a measure of between-patient variability in cross-lagged random effect models. Beside the effects of alliance ruptures and rupture-repair episodes, the effects of therapists' recognition or oversight of alliance ruptures is examined. Results are discussed in the context of alliance feedback tools within a patient-focused framework.

The relationship between alliance and outcome and its moderators: Analyses of a two-person perspective on alliance and outcome

Sigal Zilcha-Mano, University of Haifa, Israel; Christopher J. Muran, Adelphi University, New York, USA; Clara Hungr, Adelphi University, New York, USA; Catherine F. Eubanks, Yeshiva University, USA; Jeremy D. Safran, New School University, New York, USA; Arnold Winston, Beth Israel Medical Center, New York, USA

Objective: Better alliance is known to predict better psychotherapy outcomes, but the interdependent and interactive effects of both therapist- and patient-reported alliance levels have yet to be systematically investigated. Method: Using Actor-Partner Interdependence Model analysis we estimated actor, partner, and two types of interactive effects of alliance on session outcome in a sample of 241 patient-therapist dyads across 30 sessions of cognitive-behavioral and alliance-focused therapy. Results: Findings suggest that the most robust predictor of session outcome is time-specific deviations within treatment in patient reports of the alliance. Additionally, the interactive effects between patient- and therapist-reported alliance levels was best described by an additive model in which both partners' alliance levels were combined to predict session outcome. Analyses of moderators of the alliance-outcome associations will be conducted during winter 2015-2016 and presented at the conference. Conclusions: The results are consistent with a two-person perspective on psychotherapy, demonstrating the importance of considering the interdependent and interactive nature of both patient and therapist alliance levels on session outcome.

Discussant: Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA;

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alliance & interpersonal process

Relational Factors in Suicide

Suicide Risk and reasons for living

Iván Armijo, Universidad Gabriela Mistral; Susana Morales, Pontificia Universidad Católica de Chile, Santiago; Orietta Echavarrí, Pontificia Universidad Católica de Chile,

Santiago; Jorge Barros, Pontificia Universidad Católica de Chile; Ronit Fischman, Hospital Luis Calvo Mackenna; Claudia Moya, Universidad San Sebastian; María Paz Maino, Pontificia Universidad Católica de Chile, Santiago; Catalina Nuñez, Pontificia Universidad Católica de Chile, Santiago; Arnol García, Pontificia Universidad Católica de Chile, Santiago

The study of suicidal behaviors typically focused on risk factors for suicide and suicide risk groups along with preventive measures and treatment. At the same time, however the importance of bolstering protective factors has been observed both in suicide prevention and in individual treatments. From this perspective, we present results from three studies of reasons for living among mental health patients, for suicidal ideation or attempts, compared with non-suicidal mental health patients. The first two studies included 193 psychiatrically hospitalized patients and 676 outpatient psychiatric clinic patients respectively. In both of these studies, the reasons for staying alive were higher in the non-suicidal control groups compared to high and low suicidal intent groups. In study 1 we document significant differences between] the group of low, and high suicidal intent groups $F(2, 190) = 6.51$ $p = 0.002$, $\eta^2 = 0.064$, 95% CIs [3.83, 4.39], [3.39, 3.75] and [3.20, 3.72], respectively. Mean differences were -1.12 ($p < 0.001$) and 0.44 ($p = 0.019$) for High vs. No and Low vs. No suicidality, respectively. In study 2, likewise we found a significantly fewer reasons for living among the High vs. No Suicidal intent groups (mean difference -0.87, $p < 0.001$). In the third study, we employed data mining techniques on a sample of 707 participants with and without suicide attempts, assessing the contributions of 343 variables to a predictive model. We found that the final resultant model employed 22 variables in a highly nonlinear manner. Of those 22 variables, 17 represented protective factors, including 14, which described reasons for living. This model produced a correct classification rate of 78%, with 77% sensitivity, and 79% specificity. We discuss the role and importance of protective or dissuasive factors in relation to suicide risk in these studies and implications for clinical practice.

On the functioning of suicidal patients

Franz Caspar, University of Bern, Switzerland; Juliane Bruedern, University of Bern, Switzerland

Many if not most psychotherapists try to avoid suicidal patients. But sooner or later we are all confronted with suicide or suicidality. As a basis for dealing competently with this challenge, we need suitable concepts as well as means for developing a sound individual understanding of how a suicidal person functions. Dual process regulation models such as Carver & Scheier (2011)) contribute to an understanding of how suicidals can act against goals such as caring for children or partners, religious norms, or avoiding fear and pain related to suicide. Plan Analysis case conceptualizations help understanding the typical individual preconditions for suicidal behavior, based on an in depth analysis of 17 suicide attempters vs. 17 non-suicidal depressive patients. Consequences for treatment will be discussed.

Clinician responses to suicidal patients

Zimri S Yaseen, Beth Israel Medical Center, New York, USA; Jessica Briggs, Beth Israel Medical Center, New York, USA; Igor I. Galynker,

Managing suicide in chronic attempters by addressing primitive motivation concurrently with rational management

Lorna S. Benjamin, University of Utah, Salt Lake City, USA; Kenneth L. Critchfield, James Madison University

Losing a patient to suicide is the worst outcome ever. And yet it is virtually inevitable if one practices with seriously disturbed patients for many years. Standard RCT tests of effectiveness do not directly address suicide because highly suicidal people are not admitted to protocol or are removed for ethical reasons if it emerges. Studies of suicide prevention usually are about management of ideation and demonstrate effectiveness of medications (e.g., ketamine), symptom management (E.g. DBT), and bonding to the therapist or groups (e.g., DBT). This is a report of our work with CORDS (Comorbid, Often Re-hospitalized, Dysfunctional and Suicidal) in the Interpersonal Reconstructive Therapy (IRT, Benjamin 2003/2006) clinic. IRT offers case formulation and treatment models that can guide the clinician in choosing strategies from any available effective treatment model by basing decisions on the case formulation and

stage in the therapy change process. Case formulations in IRT identify attachment-based messages about safety and threat that support the false belief that suicide is an adaptive strategy. Interventions center around experiences that help change that illogical, primitive compulsion. Theory, case example, and effectiveness results with CORDS will be presented.

Panel

alliance & interpersonal process

Supervision at the Crossroads: Addressing Challenges and Dilemmas

Helping Supervisees Identify and Manage Countertransference: Supervisory Challenges and Strategies

Rodney K. Goodyear, University of Redlands

Countertransference is a pervasive phenomenon. In one qualitative study, for example, experienced therapists reported that it had been a factor in 80 percent of their cases (Hayes et al., 1998). Effectively managing that countertransference is related to better treatment outcomes (Hayes, Gelso & Hummel, 2011) and therefore is a competence that supervisors are expected to help supervisees develop. But supervisors have several challenges in accomplishing this goal. For example, supervisees routinely withhold information, including their countertransference reactions. This has implications for the modalities (e.g., audio or video review) supervisors use and is an additional reason for a strong working alliance as that moderates nondisclosures. Once a supervisor and supervisee have identified instances of countertransference, additional challenges occur. As Ladany et al (2005) observe, the literature on the mechanics of how supervisors might help supervisees manage their countertransference has lacked specificity. Attendees will discuss strategies for helping supervisees to develop this important competence.

When Challenged by Cultural Contexts: Supervisors' Decision-Making and Skill Development

Changming Duan, University of Kansas, Lawrence, USA

One of the biggest challenges that is faced by supervisors in countries where licensure and training systems for psychotherapists are not yet well developed is whether or not and how supervisors supervise unqualified supervisees. From a purely professional perspective, it may be appropriate for supervisors to refuse working with these individuals while taking action to prevent them from practicing (gate keeping). However, in countries where supervisors do not have such gate keeping power, refusing to supervise can only result in a higher possibility of clients being harmed. Do we have or should we consider our social responsibility (in protecting the client)? If so, how should this best be implemented? The ethical and legal implications challenge the decision-making of the supervisor. From a professional perspective, the challenge of "How" to supervise requires us to think outside of the box, prioritize our ethical responsibilities, and focus on addressing the issues in cultural contexts.

co-presenter with Changming Duan

Xiaoming Jia, Beijing Institute of Technology; Di Yu, Beijing Institute of Technology

The Supervision Contract: Reducing Uncertainty in the Alliance

Carol Falender, Pepperdine University

The supervision contract formalizes the supervisory alliance and is an essential though often neglected component of supervision. The contract defines the alliance, an essential aspect of supervision practice, positively related to supervisee disclosure of countertransference, multicultural competence, and satisfaction with supervision. Specific challenges include defining the limits of confidentiality and ethical standards regarding supervisee personal disclosures, evaluation, supervisor monitoring of supervisee competence and the clients' progress and outcomes, identifying and navigating mandatory reporting requirements, and the potential multiple roles of the supervisee and supervisor. Supervisees benefit from increasing empowerment, and the supervisor must balance assessment of competence, supervisee entrustability, and client welfare in determining how much independence is warranted. The supervision contract provides structure, defining context, processes, and ethical and legal parameters of supervision and the setting. Attendees will discuss the specific contract issues, confidentiality, monitoring, and legal and ethical responsibilities, as they relate

to their local context.

Discussant: Bruce Wampold, University of Wisconsin, Madison, USA;

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quantitative & qualitative method

Moderator: Wolfgang Lutz,
University of Trier, Germany

Practice Oriented Research: How to investigate change in psychotherapy? Best practice and current trends.

Therapist interventions and mode changes: A within-session approach

Eshkol Rafaeli, Bar Ilan University; Ofer Peled, The Schema Therapy Center Raanana, Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Rinaty Kirshenfeld-Mittelman, Bar Ilan University, Ramat-Gan

Implicit Measures as a way to Assess (changes in) Automatic Cognitions and Behavior

Eva Gilboa-Schechtman, Bar Ilan University; Hadar Keshet, Bar Ilan University, Ramat-Gan; Nizan Arnon, Bar Ilan University, Ramat-Gan; Dana Atzil-Slonim, Bar Ilan University, Ramat-Gan, Israel; Ilanit Hasson-Ohayon, Bar-Ilan University, Israel

What happens when we assess change in a multidimensional manner, within a naturalistic context, and does it make a difference for clinical practice?

Elena Scherb, UADE University Buenos Aires, Argentina; Marian Durao, UADE University, Buenos Aires, Argentina; Mariel Fernanda, UADE University, Buenos Aires, Argentina; Gertrudis Wyss, Universidad Argentina de la Empresa, Buenos Aires

An empirical and internet based assessment, decision and information tool for clinical practice

Wolfgang Lutz, University of Trier, Germany; Anne-Katharina Schiefele, University of Trier; Dirk Zimmermann, University of Trier; Julian Rubel, University of Trier

Panel

quantitative & qualitative method

Outcomes and process research on group psychotherapy

"Heroes on their own right"- The impact of superheroes in bibliotherapy treatment on adolescents who experience parental absence.

Nurit Betzalel, Haifa University, Israel

Aim: The superhero myths are based on the principle of experiencing parental loss at an early age as key element of establishing a superhero persona. The purpose of this study was to examine the influence of bibliotherapy treatment using superhero stories on adolescents who experience parental absence and to identify transition factors in the treatment process. Methods: 190 participants were randomly divided into 3 experimental conditions: Participants who received bibliotherapy treatment based on superhero stories; participants who received bibliotherapy treatment with no such focus; and participants who received group meetings with no bibliotherapy. In a pre-post-follow up design, four dependent variables were tested: anxiety, violent behavior, aggression, fears and hopes. Results: Results show that the best outcomes were obtained in the super hero treatment condition. Significant positive changes on all four dependent variables were observed in this treatment conditions which also sustained at follow up. Process variables point at a lower number of emotional statements in the superhero bibliotherapy group, yet a larger number of achievement and goal statements. This process outcomes further support the superiority of super-hero treatment for the given population. Discussion: Bibliotherapy empirical research is scarce. The results of this study add to our understanding of the impact of the content of bibliotherapy on outcomes. Keywords: Bibliotherapy, Superheroes, parental absence, anxiety, aggression, fears, hopes, insight moments.

Films as a technique in counseling groups for adolescents who have a severe conflict with their parents

Lubna Hadad, Haifa University, Israel

Aim: A variety of therapeutic techniques have been used to facilitate Group Counseling processes for adolescents. The purpose of this study was to examine the effect of movies as a therapeutic technique in school based counseling groups for adolescents who are experiencing a severe conflict with their parents and to identify intermediate

group factors facilitated by this technique. Methods: 173 participants were randomly divided into 3 experimental conditions: Participants who received movies based group intervention, participants who received a group intervention with no movies and participants who were part of a control group. In a pre-post-follow up design, four dependent variables were tested: conflict level, conflict evoking issues, psychological wellbeing, and conflict resolution style. In addition, process variables: group factors and resistance were tested. Results: Preliminary results (follow up results and process outcomes have not been included yet), show that there was a positive change in both intervention conditions as opposed to the control group. In both conditions there was a decrease in conflict level and conflict evoking issues, an increase in psychological wellbeing and a significant change in conflict resolution style. No significant difference in resistance between both intervention groups was found. Discussion: Research of Movie Therapy is not common. The results of this study, at this point, do not point at films as a more effective technique than verbal group therapy. Additional analyses based on parent report still have to be examined. Keywords: Cinema Therapy, Movie Therapy, parent-adolescent conflict, , conflict resolution style

Parents' Corrective Experiences in Counseling Groups

Michal Ziperfal, Haifa univ.

Aim: Some children pose a great challenge to parents, such are, for example, children with LD and ADHD. Their parents are stressed, anxious, and sometimes ineffective in their parental role. The current study assesses outcomes and processes of supportive groups for parents. The presentation will focus on the corrective experiences of such groups. Method: The study population involved 80 mothers, 51 of whom were interviewed for their corrective experiences in the group. The interviews focused on two major questions: 1. what was the occurred change; and 2. what lead to change, following Heatherington, et.al (2012). The interviews were recorded and transcribed, then coded by two independent researchers using turning speech units (Kappa ranged from .81-1.0). For the occurred change we found 4 categories: Change in self-perception, change in perception of the problem, change in behavior, and no change. For the question-what lead to the change we found two categories, those pertaining to the therapist behavior and those who pertain to therapeutic factors in group. The first included information provision, support and empathy, creating a supportive climate, and using therapeutic tools. The therapeutic factors included interpersonal learning, group cohesion, universality, catharsis, hope, and new perspectives. Results: The most frequently mentioned outcomes were change in perception and behavior change (77% and 69%, respectively). The most frequent response to what lead to change, in respect to therapist behavior was the use of therapeutic tools (55%), and to therapeutic factors-- interpersonal learning, sharing and support (75% and 73%, respectively). Conclusion: Group intervention lead to important changes in parents' perception of the problems as well as behavior change. However, in contrast to individual therapy, it is the group therapeutic factors that lead to the change.

Panel

alliance & interpersonal process

A Fresh Look at the Therapeutic Alliance: Interpersonal Problems, Resolution of Ruptures, and Treatment Outcome

Alliance ruptures and repairs as predictors of treatment dropout in CBT

Catherine F. Eubanks, Yeshiva University, USA; Christopher J. Muran, Adelphi University, New York, USA; Jeremy D. Safran, New School University, New York, USA; Jessica Lubitz, Yeshiva University

Aim: There is evidence that alliance ruptures are related to poor outcome in therapy, but that successful resolution of ruptures predicts retention in therapy. This study will use an observer-based measure, the Rupture Resolution Rating System (3RS) to examine more closely the relationship of alliance ruptures and resolution to retention in a sample of dropout and completed cases of CBT. A prior study using these same cases found differences between dropout and completer cases with respect to patient and therapist interpersonal behaviors measured with the SASB. Method: Data derive from an archival dataset of dropout and completed cases of CBT (N=50) from the Mount Sinai-Beth Israel Brief Psychotherapy Research Program. The 3RS was used to code one videotaped session from early in treatment from each case. Results: Analyses will examine whether dropout cases had higher frequency and severity of ruptures

than completer cases, and whether withdrawal or confrontation ruptures were more common in dropout vs. completer cases. Analyses will also examine whether therapists in completer cases utilized more resolution strategies than therapists in dropout cases, and the extent to which those strategies successfully resolved ruptures in the session. Discussion: The results of this analysis will be compared to the prior study of the same cases using the SASB. Findings will be discussed with respect to their clinical implications for addressing alliance ruptures in order to reduce dropout.

The role of the alliance in the relationship between interpersonal style and outcome

Tohar Dolev, Haifa University, Israel; Sigal Zilcha-Mano, University of Haifa, Israel
Aim: Several studies have documented an association between the patient's pretreatment interpersonal style and the therapeutic alliance, and between interpersonal style and outcome. The ability of pretreatment interpersonal style to affect outcome through the mediating role of alliance, however, has not been systematically examined. Method: Secondary analysis of the TDCRP data will be used to examine two models. The first one is a mediation model, in which the clients' ability to create satisfactory interpersonal connections affects their ability to build a good alliance, which in turn is related to their ability to benefit from therapy. This model views the client's interpersonal tendencies as determining the process and outcome of treatment, so that "the rich get richer." The second model examines a potential process of compensation in a treatment focused on improving the interpersonal abilities of clients. We will test a moderation model in which clients with more severe pretreatment interpersonal problems, who can compensate for these deficits by building a strong alliance with the therapist, will benefit from treatment more than clients who have severe interpersonal problems but cannot compensate for them with a strong alliance. Results: Analysis will be conducted during winter of 2015-2016 and presented at the SPR meeting in June 2016. Discussion: The study will shed light on the role of alliance on the relationship between interpersonal style and outcome.

Patient's interpersonal problems and early alliance negotiation as predictors of therapeutic change

Juan Martin Gomez Penedo, Universidad de Buenos Aires, Argentina; Jennifer M. Doran, New School University, New York, USA; Andres J. Roussos, Universidad de Buenos Aires, Argentina

Aims: The present paper analyzes the relationship among patient's interpersonal problems, early alliance negotiation and psychotherapy change. Methods: Fifty-eight patients diagnosed with emotional disorders completed the Inventory of Interpersonal Problems (IIP) at baseline, and the Alliance Negotiation Scale (ANS) and the Outcome Questionnaire.45 (OQ.45) after each of the first four sessions of a cognitive-integrative psychotherapy. Twenty five participants completed the OQ.45 and the IIP after treatment's termination. Results: Baseline cold-submissiveness interpersonal problems predicted lower scores in ANS, particularly in the factor comfort with negative feelings ($r = .232$; $p = .040$). Early alliance negotiation predicted gains in OQ.45 at treatments termination ($r = .430$, $p = .018$) but not early gains ($r = .073$; $p = .293$). Therapist's negotiable stance and flexibility predicted changes in interpersonal agency ($r = .571$; $p = .001$), reducing problems in being socially avoidant ($r = .444$; $p = .013$) and exploitable ($r = .467$; $p = .009$). Discussion: When a higher flexibility and negotiable posture was observed in the therapist, the patients solved problems of submissiveness exercising more control over other people. Higher alliance negotiation was also related to symptomatic improvement. Results presented initial evidence to hypothesize alliance negotiation as an eventual mechanism of change in psychotherapy.

Discussant: Leonard M Horowitz, Stanford University, Palo Alto, USA;

The colours of the rainbow: Psychological well-being and psychotherapy in sexual and gender diversity

Adolescence and Suicide: Subjective Construction of Suicide Process in Young Gay and Lesbian People

Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Francisco Aguayo, Universidad Diego Portales, Santiago, Chile; Fanny Leyton, Pontificia Universidad Católica de Chile, Santiago; Catalina Rosembaun, Universidad Diego Portales, Santiago, Chile; Constanza

Panel
culture & identity

Galvez, Universidad Diego Portales, Santiago, Chile; Juliana Rodríguez, Fundación Todo Mejora

Background: Among the groups of suicide risk, young lesbian, gay, bisexual and transgender (LGBT) people have been those that have shown a higher prevalence of this mental health problem. The association between suicide risk and sexual minority has been understood from the perspective of the social determinants of health. Consideration of sexual orientation and gender identity, as conditions of socially determined risk, requires the development of a culturally sensitive knowledge.**Aim:** Characterizing the subjective construction that make young gay and lesbian people about their experience of having lived and survived a suicidal process.**Material and Methods:** Qualitative interviews were conducted with ten young self-identified as gay and lesbian. These were analyzed with a model of autobiographical account, considering them as elaborations about life events, organized, interpreted and signified by those who narrate.**Results:** In the accounts of the participants is possible identify and describe hostile contexts associated with suicide, trayectorias associated with homosexual identification processes, and milestones relating to victimization experiences as part of intentionality and rationality of suicide. Also, references to moral orders culturally available that account for discourses that structure the subjective experience that links their sexual orientation with suicide.**Discussion:** This study shows the importance of complementing traditional epidemiological study of suicide with a qualitative approach which reflects the subjectivity and meanings that shape the specific manifestations of the prevalence data. This approach identifies the reliefs of suicidal experience focusing on individual, social and cultural dimensions of the specific case of LGBT youth suicide.

Effectively Treating Suicidal LGBT Youth

Lisa Fireston, The Glendon Association

Recent research on treatment for suicide has found that short-term treatments that are targeted at drivers for suicide and that teach coping skills and incorporate state dependent learning have been empirically validated. These drivers are specific to each individual and need to be identified by that specific person. When it comes to LGBT youth, one of the common drivers is feeling unaccepted as a person by peers, society and particularly their family. There have been several programs which attempt to address this issue. Best practices have been established for helping suicidal LGBT youth, but most therapists are not aware of them. Some of the most effective programs have focused on family acceptance. In this presentation, the concept of drivers of suicide will be illustrated, methods for eliciting them will be described, and studies of methods which have been proven effective for treating high risk and repeat attempters will be presented. It will address how to identify a person's individual drivers and target these in treatment effectively.

Psychological distress and psychotherapy outcome among patients of varying sexual orientations at religious and non-religious university counseling centers

Tyler Lefevor, University of Miami (FL); Tyler R Pedersen, Brigham Young University, Provo, USA; So Yeon Park, Brigham Young University, Provo, USA

This study is guided by the question, what is the impact of sexual identity, religious identity, and their intersection on mental health? Meyer's (2003) minority stress theory was used to guide hypotheses that sexual and religious minorities would experience increased psychological distress relative to majority members. 64,271 participants completed a demographic measure indicating sexual and religious identity as well the Counseling Center Assessment of Psychological Symptoms, which measured overall psychological distress. Individuals identifying as heterosexual reported the least amount of psychological distress, followed by individuals identifying as gay/lesbian, bisexual, questioning, and queer. Individuals identifying as Judeo-Christian reported less psychological distress than individuals identifying with Eastern religions or not religiously affiliated. There was no interaction effect between sexual and religious identities in predicting distress. Results support the minority stress theory and indicate its applicability to the study of religious minorities.

Changes in parental criticism and empathy over the course of attachment-based family therapy with LGBT young adults and their non-accepting parents

Rotem Boruchovitz-Zamir, Ben Gurion University, Beer Sheva, Israel; Gary M. Diamond, Ben Gurion University, Beer Sheva, Israel

Aim: Parental acceptance plays an important role in sexual identity development and has been linked to the well-being of sexual minority individuals. Unfortunately, some parents remain persistently rejecting of their adult child's same-sex orientation or gender identity. This study will examine changes in levels of parental criticism and empathy over the course of attachment-based family therapy with LGBT young adults and their persistently non-accepting parents, and whether such changes impact the young adult's experience of parental acceptance and rejection. Method: Six cases of sexual minority young adults and their persistently non-accepting parents received between 6 to 18 months of attachment based family therapy (ABFT). Parental criticism and empathy during conjoint family sessions will be observationally measured by independent raters. Three cases evidencing an increase in the young adult's experience of acceptance and a decrease in her/his experience of rejection (i.e. good outcome) will be compared to 3 cases with no such changes in perceived parental acceptance and rejection (i.e. poor outcome). Results: We expect that good outcome cases will be characterized by an increase in observed parental empathy and/or a decrease in observed parental criticism over the course of the therapy. In contrast, we expect that poor outcome cases will be characterized by a decrease or no change in observed parental empathy and/or an increase or no change in observed parental criticism over the course of therapy. We also expect that changes in empathy will be independent of changes in criticism. Discussion: This study will provide the first data ever regarding observed changes in parents' behavior over the course of therapy for LGBTQ individuals and their non-accepting parents. Findings suggesting a link between changes in certain parental behaviors and their adult child's experience of acceptance could have important implications for future treatment development.

Discussant: Gary M Diamond, Ben Gurion University, Beer Sheva, Israel;

Panel

evidence-based psychotherapies

Therapist Adherence and Competence in Cognitive and Dynamic Therapies for Depression

Levels of Therapist Adherence and Competence among Cognitive and Dynamic Therapists in a Comparative Effectiveness Trial

Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA

Aim: The goal of this presentation is to provide information on the extent to which therapists performed the specific techniques of cognitive therapy (CT) and supportive expressive (SE) psychodynamic therapy, as well as information on the discriminability of the treatments, in our non-inferiority trial involving the treatment of major depressive disorder in a community mental health setting. Methods: Separate teams of judges rated adherence/competence for SE and CT. The SE adherence/competence judges rated SE scales on one session from all available SE patients and a sample of CT patients, and the CT judges did the reverse. Judges rated session 3 (or an adjacent session if not available) and were blind to treatment condition. Sessions from a CT efficacy trial were also rated. Each session was rated by three judges, with each judge paired with every other judge an equal number of times (balanced incomplete block design). Results: Treatment fidelity was generally good, with large effect sizes for SE and CT discriminability. CT was implemented at essentially the same level as in an efficacy trial. Examination of individual scale items revealed interesting insights about the types of techniques most often used during early sessions in this treatment context. Discussion: SE and CT can be adequately implemented in a community mental health setting when appropriate training and supervision is provided.

Therapist Adherence and Competence in Relation to Outcome of Cognitive and Dynamic Therapies Conducted in a Community Mental Health Setting

Caroline Diehl, University of Pennsylvania, Philadelphia, USA

Aim: The goal of this presentation is to examine the relation of therapist adherence and competence to change in depressive symptoms for cognitive (CT) and supportive-expressive dynamic (SE) therapies implemented in a community mental health center (CMHC) setting. Methods: Data were derived from a non-inferiority trial of SE and CT in the treatment of major depressive disorder. Within CT (N=97) and SE (N=103), we examined the relation of session 3 adherence/competence ratings to linear change in depressive symptoms from baseline to month 5. The Hamilton Rating Scale for Depression administered at baseline and months 1, 2, 4, and 5 was used as the outcome measure. Results: Within CT, adherence to CT techniques was significantly

($p=.026$) predictive of change in depressive symptoms. This finding was driven by adherence to the more concrete and specific aspects of CT ($p=.014$) rather than the more abstract, cognitive techniques. Competence in CT was not significantly associated with treatment outcome. No significant relations were found between adherence or competence in SE and change in depressive symptoms. Discussion: Our results for CT replicate earlier findings by DeRubeis and colleagues on efficacy samples and suggest that the more concrete techniques within CT may be the primary drivers of change in this CMHC population. We failed to replicate previous findings regarding adherence/competence within SE therapy.

Therapist Adherence and Competence in Relation to Change in Theoretically-Relevant Mechanism Measures in Cognitive and Dynamic Therapy

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

Aim: The goal of this presentation is to examine the relation of therapist adherence and competence to change in theoretically-relevant mechanism measures for cognitive (CT) and supportive-expressive (SE) therapies implemented in a community mental health center (CMHC). Methods: Data were derived from a non-inferiority trial of SE and CT in the treatment of major depressive disorder. Within CT ($N=83$), we examined the relation of session 3 adherence/competence ratings to change in compensatory skills, dysfunctional attitudes, and depressogenic schemas. Within SE ($N=92$), we examined the relation of session 3 adherence/competence to change in self-understanding of relationship patterns. The mechanism measures were assessed at baseline and months 1, 2, and 5. Results: Adherence to cognitive therapy techniques significantly predicted change in total compensatory skills from baseline to post-baseline. This effect was driven by adherence to the concrete CT techniques. Further, the effect was a function of CT adherence in relation to change in positive ($r=.34, p<.001$), but not negative, compensatory skills. CT adherence and competence did not significantly predict change in dysfunctional attitudes or depressogenic schemas. SE adherence and competence scales did not significantly predict change in self-understanding. Discussion: In a CMHC sample, concrete CT techniques appear to help patients acquire positive compensatory skills. Interpretive and supportive techniques within SE therapy did not lead to gains in self-understanding. These findings will be discussed in terms of the mechanisms of change for these therapies within a CMHC setting.

Baseline Factors in Relation to Therapist Adherence and Competence in Cognitive and Dynamic Therapy for Depression

Seohyun Yin, University of Pennsylvania, Philadelphia, USA

Aim: The goal of this presentation is to examine patient pre-treatment variables that might be related to levels of therapist adherence and competence within cognitive (CT) and supportive-expressive (SE) therapies for depression implemented in a community mental health setting. Our hypotheses were that SE and CT techniques would be easier to apply (i.e., higher adherence/competence scores) for patients who were younger, in a relationship, and more verbal, as well as patients with less overall impairment. Methods: Adherence/competence at session three was rated for each modality ($N=103$ for SE; $N=97$ for CT). Functioning was measured with the GAF; verbal ability was scored by judges from written text samples; interpersonal/personality impairment was assessed by the cold/hostile subscale of the IIP and depression severity with the Hamilton Rating Scale for Depression. Results: Within SE, therapists of younger and female patients received significantly higher scores on competence in SE supportive techniques. Patients in long-term relationships received significantly higher levels of adherence to SE expressive techniques, and a more positive attitude toward therapy was associated with higher levels of competence in expressive techniques. Therapist competence in the general therapeutic skills of CT (items of scale: setting an agenda, eliciting feedback, understanding the patient's internal reality, optimal interpersonal skills, collaboration, and efficient use of time) was significantly lower for patients who had experienced more traumas. Discussion: Training programs for these therapies should develop modules to address the types of patients for whom it is relatively more difficult to implement the techniques of therapy.

research networks.

Building a PRN for young psychotherapists and researchers

Javier Fernandez-Alvarez, Universidad Jaume I, Castellón, España; Juan Martin Gomez Penedo, Universidad de Buenos Aires, Argentina; Gertrudis Wyss, Universidad Argentina de la Empresa, Buenos Aires; Guadalupe Molinari, Universidad Jaume I

In a context in which psychotherapy is marked by a deep disconnection between the knowledge stemmed from research and the clinical practice, a group of young psychotherapy researchers and young psychotherapists have developed a network with the main aim of producing collaborative work. Inspired in the Practice-Oriented Research paradigm, the Network for the Development of Young Psychotherapists and Researchers is being carried out with the certainty that this major problem named as "Research-Practice Gap" can be solved, among other aspects, if there is a strong commitment to the problem by the new generations. In this way, this project entails three main objectives: to establish a fluid communication between the therapists and researchers, to conduct collaborative research studies designed by the groups, and to incorporate evidence-based tools in the clinical practice as a consequence of the other two objectives. In this presentation, the first steps of the Network are described, putting emphasis on the mechanisms implemented to establish a collaborative work among heterogeneous practitioners and researchers from very diverse regions. Additionally, the future objectives will be discussed, aiming to receive suggestions from both the panel and the audience. Finally, as an illustrative example of how we work, the preliminary data of our first POR designed study will be presented.

Network Learning: Linking Practice with Research

Sheila Butler, Open University, UK and Kent and Medway National Health Service and UKCP

This presentation extends the theme of 'Practice Oriented Research: Building and investigating practice research networks' exploring the potential relationship between clinicians experience of research and how this can lead to and guide critical shifts towards thriving, resilient and sustainable practice-research communities. The examples will focus on the growing relationship between evidenced based research and the psychological therapies practice oriented research, particularly on how we make sense of research from the position of the therapist and the patient's experience. Through accessible, lively, creative dialogue the PRN aims to ask the question, how do we understand, and work with, the interface between practice and research? PRN participants engage in a variety of discussions and interactive experiences. In addition, it serves, as a space for learning, best practices, tools and methodologies -- a collaborative space to learn from each other, share insights and practices, and collectively build more sustainable practice-research communities. The UKCP PRN research pilot project focusing on intersubjective processes and Moments of Meeting will be presented as well as updates on ongoing hands-on research projects. In contrast, an example of the practice-oriented clinical outcome projects developed in the Secondary Care and Specialist Services the UK National Health Service will highlight the potential and the challenges and the need for more dialogue on sustainable practitioner research planning efforts. The need to re-enlarge existing practice-research space, and create a new way for sustained dialogue engaging diverse people in what is important for our communities has never been stronger.

Developing and investigating a large Practice Research Network to study and improve psychotherapy.

Louis Castonguay, Penn State University, University Park, USA; Soo Jeong Youn, Penn State University, University Park, USA; Henry Xiao, Penn State University, University Park, USA; Rebecca Janis, Penn State University, University Park, USA; Dever Carney, Penn State University, University Park, USA; Andrew A. McAleavey, Cornell University; Allison J. Lockard, Penn State University, University Park, USA; Jeffrey A. Hayes, Penn State University, University Park, USA; Benjamin D. Locke, Penn State University, University Park, USA

As an example of how practice oriented research can be built to meet, seamlessly, clinical and scientific purposes, this paper will describe the center for Collegial Mental Health (CCMH). The CCMH is a practice research network (PRN) infrastructure that was created by full time clinicians working in university counseling centers. With the

collaboration of researchers (faculty members and graduate students), college administrators, and technology leaders, these practitioners have built an infrastructure within which standardized data (demographic and symptoms based) are collected in the clinical routine of more than 250 centers across the United States (as well as some counseling centers in Canada and the United Kingdom). With the ultimate aim of enhancing mental health services provided to college students, assessment procedures and measures have been designed and implemented to serve three major functions: (1) providing therapists with tools to inform the treatment of their clients; (2) describing college mental health at a local and national level; and (3) setting up scientifically rigorous and clinically appropriate conditions to conduct large-scale psychotherapy studies. After a brief description of the development and operations of CCMH, this paper will summarize the studies that have been conducted so far in this infrastructure. Also presented will be new findings about the characteristics and effectiveness of the centers involved in CCMH. As such, the paper is aimed at highlighting how PRN can be built and, simultaneously, investigated.

Panel
child & family

Integrating art based interventions into child psychotherapy and parental training

Discussant: Ephrat Huss, Ben Gurion University, Beer Sheva, Israel;

Panel
psychotherapy integration

New development on innovative moments research

Meaning making precedes symptomatology improvement: Reconceptualization IMs role

Pablo Fernández-Navarro, Universidade do Minho, Braga, Portugal

Reconceptualization Innovative Moments as a predictor of sustained change

Miguel Gonçalves, University of Minho

Ambivalence in Psychotherapy: Conceptualization and measuring

João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Antonio P. Ribeiro, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho

A robust body of evidence emphasizes the significant role of individual's engagement with change process in the prediction of therapeutic outcome. Ambivalence is a natural phase in all change processes, however when people cannot overcome it in order to change problems can persist and intensify. It can be viewed as an oscillatory movement between the emergence of an innovation vs. return to the problematic self-narrative. In this sense, ambivalence has been considered to exert a determinant role in the therapeutic process and outcome. Previous results obtained with Emotion Focused Therapy, Client-Centered Therapy and Narrative Therapy samples show that the percentage of Innovative Moments (IM) followed by a Return-to-the-Problem Marker (RPM) decreases in recovered cases while being consistently high in unchanged cases. A recent study with a CBT sample confirmed the previous results and revealed that a change of ambivalence in one session predicts a change in the symptoms in next session. These results suggest that empirical indicators of ambivalence may be used throughout the therapeutic process as "red flags" for the therapist to acknowledge the client's impasse and adapt his or her intervention efforts. Despite the importance of this phenomenon there are few empirical studies on this process, and the considerable methodological differences among the existing studies make it difficult to generalize results and to clearly grasp the associations between ambivalence and therapeutic outcome. Therefore, instruments measuring ambivalence in an effective and less time consuming way can contribute to a broader understanding of the process. These instruments can be incorporated in therapists' daily routine and also would allow for larger samples to be collected. However, to the best of our knowledge, there are no available self-report measures of ambivalence in psychotherapy. Aim: In this study we intended to develop a self-report measure to assess ambivalence in psychotherapy. Method: We performed a content analysis to all RPMs identified in psychotherapy sessions from previous studies. Based on these analysis we elaborated a self-report measure composed by 1 item that allows to assess the person self-positioning toward change using a Likert-type scale with eleven points, and 18 items that assess the

movement away from change, using a 5-points Likert scale. One hundred psychotherapy clients at any time of the therapeutic process participated in the study. First, an Exploratory Factor Analysis was conducted, using the Principal Component Analysis, with Varimax rotation, in order to find a first factorial structure. Second, a Confirmatory Factor Analysis was performed in order to test the model adjustment. Correlations between the final version of the questionnaire and OQ-10.2 and URICA were computed to test its validity. Results and Discussion: The results will be presented and discussed and clinical implications will also be elaborated.

Discussant: Adam Horvath, Simon Fraser University, Burnaby, Canada;

Panel
attachment & development

Different ways to assess and validate adult attachment

Attachment and Selective Attention in Women with and without Panic Disorder

Ottilia Klipsch, University Hospital, Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Christoph Nickendei, University Hospital, Heidelberg, Germany; Johannes Ehrental, University Hospital, Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany

Aim: Selective information processing is supposed to maintain and increase the vulnerability for anxiety disorders (Van Bockstaele et al., 2014). Although research has consistently revealed a robust threat-related attentional bias in patients with anxiety disorder (Bar-Haim et al., 2007), there is empirical ambiguity in determining whether the attentional bias is comprised of facilitated attention to threat, difficulty in disengagement from threat or both as well as during which stage of information processing these mechanisms occur (Cisler et al., 2010). Also, there is a lack of studies examining the influence of patients' characteristics on the attentional bias, like attachment security which may function as a protective factor. This study focuses on the relationship of attachment styles and selective attention to panic- and attachment-related words at an early stage of processing in female patients with anxiety disorder as compared to a matched control group. Methods: 47 female patients with panic disorder and/or agoraphobia and a matched control group filled out questionnaires on attachment styles (ECR-RD, Ehrental et al., 2009), panic-related symptoms (ACQ, Ehlers & Margraf, 2001), anxiety (STAI, Laux et al., 1981), and depression (BDI, Hautzinger et al., 2006). Then, the Panic Disorder Severity Scale (PDSS, Shear et al., 1997) and the Adult Attachment Interview (AAI, George et al., 2002) were administered. Before concluding the AAI, participants completed a reaction time task in order to assess selective attention (Dot Probe Task, e.g. Dewitte et al., 2007). The attentional bias scores indicate attentional orienting and disengagement in relation to the valence of the stimuli. Attentional bias was compared for negative and positive attachment stimuli, as well as for panic-related and neutral stimuli. Results: The attachment system was activated in both groups. As expected, patients react differently to panic-related stimuli as compared to the control group. Furthermore, the interaction of high trait anxiety and high attachment anxiety as assessed by questionnaires is associated with more difficulties in disengaging attention from attachment-negative words in patients with anxiety disorder. The correlations between the AAI attachment representations, the questionnaire-based attachment styles and the reaction time based indices of attachment words will be shown for the patient group. Discussion: The well-known general attentional bias towards threat appears strong and consistent. However, inconsistent findings on the mechanisms underlying the attentional bias call for a closer examination of specific components of attentional processes. In addition, associations of patient characteristics with attentional processes remain poorly understood. Future studies are needed to further understand how attentional biases influence psychotherapeutic processes.

Forms of unconsciousness: language versus reaction time based assessment of attachment representation/pattern

Katja Petrowski, Klinik und Poliklinik für Psychotherapie und Psychosomatik, Dresden, Germany; Susan Schurig, Klinik und Poliklinik für Psychotherapie und Psychosomatik, Dresden, Germany; Sashi Singh, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Uwe Altmann, University Hospital, Jena, Germany; Bernhard Strauss, University Hospital, Jena, Germany

In order to assess introspectively inaccessible attachment representation/pattern implicit assessment instruments based on reaction time as well as language based

interviews are available. Both assessment and approaches postulate to measure unconscious processes of attachment. However, the empirical equivalence of both approaches to measure unconscious attachment representation/pattern is not yet been investigated. In a sample of N = 157 patients with panic disorder (age M = 29; SD= 2,47), without personality disorder based on SKID-I/II and N = 138 healthy individuals the Adult Attachment Interview (AAI) as well as the Implicit Association test (IAT) was implemented. In the AAI attachment the organized versus disorganized classification did not show differences in the reaction times in the IAT neither in the patient nor in the healthy control group. Hereby, this effect was independent of the time reference of the assessment to the mother or to the partner. Since unresolved trauma is a vulnerability factor for the development of mental disorder, differences in symptom severity are present between organized and disorganized attached patients with panic disorder. In addition, the implicit attachment pattern measured by reaction time showed an association to the Global Symptom Index (GSI of the SCL-90-R). The stronger the attachment association was, the higher was the association to the GSI ($r = -.170^*$). The data showed that implicit attachment patterns based on reaction time are not identical with attachment representation based on language markers. For disorganized attachment representation no differences seemed to be present in respect to information processing of the memory/ association network rather in respect to autobiographic memory function.

What do different measures of attachment reflect -- Results from the "Attachment Elephant Project"

Bernhard Strauss, University Hospital, Jena, Germany; Sashi Singh, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Susan Schurig, Klinik und Poliklinik für Psychotherapie und Psychosomatik, Dresden, Germany; Uwe Altmann, University Hospital, Jena, Germany; Katja Petrowski, Klinik und Poliklinik für Psychotherapie und Psychosomatik, Dresden, Germany

Several studies have shown that different measures of adult attachment are only marginally correlated. One problem in these studies so far was that most research is based on small sample sizes and that only a selection of available measures have been compared. In our project, two carefully recruited samples (one clinical sample and one non-clinical sample) comprising a total of more than 300 individuals were assessed using several self-report measures of attachment (e.g. the ECR, the RQ, the AAS), an implicit test (IAT) as well as measures which are thought to assess mental representations of attachment, i.e. the Adult Attachment Interview (AAI) and the Adult Attachment Projective (AAP). The Interview was additionally rated according to the Adult Attachment Prototype Rating (AAPR). The paper reports about the process of the project including information about the "costs" of the single measures and -- for the first time based upon the complete sample -- will report about the factorial structure of the attachment measures which seem to reflect different aspects of the attachment construct which can explain the existing results indicating a low concordance of the available measures. Implications for the interpretation of attachment related results from psychotherapy research will be discussed.

Discussant: Hadas Wiseman, University of Haifa, Israel;

Panel
evidence-based psychotherapies

Effectiveness, process and outcome research in Short-Term Psychodynamic Psychotherapy (STPP)

Short-Term Psychodynamic Psychotherapy (STPP): Developing Process Rating for the Evaluation of Ego Capacity

Susan Hajkowski, University of Leicester, UK

The Relationship between Therapist Interventions and the Therapeutic Alliance with Patient Attachment Style as a Moderator

Noa Weiss, Hebrew University, Jerusalem, Israel

Assessment of attachment ruptures underlying severe music performance anxiety in a professional musician undertaking a trial of Intensive Short-Term Dynamic Psychotherapy (ISTDP)

Dianna Theadora Kenny, University of Sydney, Australia; Stephen Arthey, Melbourne Centre for ISTDP; Allan Abbass, Dalhousie University

Clinical and Cost Effectiveness of Short-Term Psychodynamic Psychotherapy (STPP) as a Frontline Treatment for Somatoform Disorders in Primary Care

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

Aims: To examine the clinical and cost effectiveness of Short-Term Psychodynamic Psychotherapy (STPP) for patients with somatoform disorders and medically unexplained symptoms in the context of a frontline primary care team in the UK. **Methods:** This is a naturalistic, pre-post, case series, clinical trial of an empirically supported STPP with developments for the target population. A range of data sources were used to study the implementation of a manualised STPP treatment, integrating the latest developments in clinical technique. A patient reported measure, the Hospital Anxiety and Depression Scale (HADS), was used at assessment, discharge and follow-up. Data from computerised patient records was available from four years prior to referral, and from four years post discharge. Data was analysed and costs calculated for all activity. **Results:** Results from analysis of pre-post data from HADS suggest that there is has been statistically significant improvement, with good effect size, in a relatively small number of sessions. Consultation rates, psychotropic prescription rates, general psychiatric referral rates and psychiatric admission rates were all reduced along with costs. **Discussion:** These results give cautious support for the use of STPP with the target patient population in the context of a primary care service. Symptomatic change for patients, and reduced service usage at primary and secondary level, appear to provide justification for this clinical development. Social and economic consequences for patients and the health care system contribute further to this justification. Findings add to a growing body of evidence for the effectiveness and cost benefits of STPP.

Discussant: Gaby Shefler, Hebrew University, Jerusalem, Israel;

Panel

evidence-based psychotherapies

Predictors of dropout from psychotherapy

Drop out cases in The Copenhagen Bulimia Study

Susanne Lunn, University of Copenhagen, Copenhagen; Stig Poulsen, University of Copenhagen, Denmark; Sarah I.F. Daniel, University of Copenhagen, Denmark
Authors: Susanne Lunn (presenter), Stig Poulsen, Sofie Folke, Sarah Daniel, -- University of Copenhagen, Denmark **Aim:** In recent years, there has been an increasing focus on client-therapist match and on therapy models aiming at adapting therapy to client needs. However in randomized controlled trials, pre-treatment client - therapist match, attention to client therapy preferences and continuous tailoring of the therapy to the client's needs are not an option. The aim of this study is to consider whether client therapy preferences and client attachment pattern are related to drop out from Cognitive Therapy (CBT) and Psychoanalytic Psychotherapy (PPT) for Bulimia Nervosa (BN) respectively. **Methods:** The study is nested in the Copenhagen Bulimia Study comparing PPT and CBT for BN. Of the 70 clients who were included in the sample, 34 were randomized to PPT and 36 to CBT. Nine clients dropped out from PPT and eight from CBT. The income data analyzed in this study comprise treatment expectancy and preference assessed in the initial assessment interview and attachment pattern measured by the Adult Attachment Interview. **Results and Discussion:** In the presentation, the impact of client therapy preferences and attachment pattern on drop out in CBT and PPT for BN will be discussed in relation to choice of treatment for patients with BN. **Keywords:** Drop out, client therapy preference, attachment pattern, Psychoanalytic Psychotherapy, Cognitive Behavior Therapy, Bulimia nervosa.

Patient demographics and psychological functioning as predictors of dropout from psychodynamic therapy

Avinadav Rubin, Haifa University, Israel; Sigal Zilcha-Mano, University of Haifa, Israel
Aim: Approximately one in five patient drops out of treatment before its completion. Little is known about consistent predictors of dropout, and most of the studies available focus mainly on demographic characteristics of the patient. A mass of information is being collected daily in clinical practice through the intake processes, which may help expand the available predictors of dropout. The present study aims at bridging scientific research with clinical practice by investigating potential predictors of dropout that are collected at intake before therapy, in addition to the predictors that have already been identified in the literature. **Method:** The study was based on data

from 506 patients from a university consulting center. Each patient completed a pre-intake self-report questionnaire collecting demographic information, and underwent an interview conducted by a professional intaker. Results: Study results indicate that lower education level and older age, were found to be related to higher dropout rates. Additionally, lower intra-psychic functionality, as evaluated by the intakers, was also found to be related to higher dropout rates. Conclusion: This finding attests to the unique contribution of professional evaluations of patients' intra-psychic functionality, frequently conducted in clinical practice, to detect patients at risk of dropping out of treatment

Risk factors of dropout from therapy, in adolescents with a diagnosis of depression

Sally Parkinson, University College London; Peter Martin, Anna Freud Center, London, UK; Nick Midgley, Anna Freud Center, London, UK

Background: Therapy dropout is a significant problem in Child and Adolescent Mental Health Services (CAMHS). Dropout rates are estimated at 40-60% and young people who do not complete therapy have been found to have worse outcomes. Despite this, little is known about dropout in adolescents with depression. Aim: The aim of this study is to gain an understanding of the risk factors associated with dropout in adolescents with a diagnosis of depression. Method: This study is part of the IMPACT trial (Goodyer et al., 2011); a randomised controlled trial examining the effectiveness of short-term psychoanalytic psychotherapy and cognitive-behavioural therapy for moderately to severely depressed adolescents (aged 11-17 years). This study will explore demographic factors, child factors and family factors as predictors of dropout. Results and discussion: Data analysis is currently underway, and the findings will be presented at the conference.

Discussant: Christoph Flückiger, University of Bern, Switzerland;

Panel
quantitative & qualitative method

Capturing the moment: Use of daily diary methods to enhance psychotherapy and psychopathology research

Does Cognitive Reappraisal Reduce Anxiety? A Daily Diary Study of a Micro-Intervention with Individuals with High Social Anxiety

Yogev Kivity, Hebrew University, Jerusalem, Israel; Jonathan Huppert, Hebrew University, Jerusalem, Israel

Aim: Current models emphasize the role of impairments in emotion regulation (ER) in the development and maintenance of social anxiety disorder (Hofmann et al., 2012; Morisson & Heimberg, 2013). The current studies examines ER among individuals with high (HSA) and low social anxiety (LSA) and the effects of one week of practiced cognitive reappraisal using self-report, daily diary measures and lab tasks. Method: HSAs received reappraisal (HSA-R; n = 43) or monitoring (HSA-M; n = 40) instructions. LSAs received monitoring instructions (LSA-M; n = 41). Self-report measures of social anxiety and ER, and a lab task of reappraisal were administered at baseline and after one week. Daily diaries of anxiety and ER were collected for 1 week. Results: At baseline, HSAs compared with LSAs reported lower self-efficacy of reappraisal and higher frequency and self-efficacy of suppression, but no differences emerged in the reappraisal task. Following the intervention, the HSA-R compared with the HSA-M reported lower symptom severity and greater self-efficacy of reappraisal. Daily diary measures showed that both groups reported equal daily anxiety and that HSA-R increased their use of reappraisal mostly by combining it with suppression (74.76% of situations). Discussion: The results demonstrate the efficacy of a short intervention in social anxiety and the unique contribution of daily diary measures in psychotherapy research.

A Randomized Controlled Trial of a Brief Ecological Momentary Intervention for Generalized Anxiety Disorder

Michelle G. Newman, Penn State University, University Park, USA; Lucas LaFreniere, Penn State University, University Park, USA

The efficacy of many oft-used cognitive behavioral component interventions has not been examined, with worry outcome monitoring among them. To address this issue, 51 participants with clinical levels of generalized anxiety disorder were randomly assigned to a treatment or control condition for ten days. The treatment condition consisted of a brief ecological momentary intervention termed the worry outcome

journal (WOJ). WOJ participants recorded worries and tracked their outcomes, rating worry distress, interference, and expected outcome probabilities. Controls completed a record of their everyday thoughts and rated associated distress. All participants made four entries on paper each day when randomly prompted by text message. They then entered their paper contents online each night. After 30 days they reviewed their record contents electronically and completed follow-up assessment. Primary results revealed significant reductions in worry for WOJ users compared to controls at post-intervention. A marginally significant difference was found at twenty-day follow-up. Secondary analyses showed no harmful increases in worry beliefs for WOJ users, as well as preliminary evidence for decreases in uncontrollability of beliefs for both groups. The WOJ may be a viable therapist-independent treatment for reducing worry, even after only ten days of use.

The relationship between depression and generalized anxiety during intensive pharmacological and psychological treatment

Idan M Aderka, University of Haifa, Israel; Courtney Beard, McLean Hospital/Harvard Medical School; Josephine Lee, McLean Hospital/Harvard Medical School; Rachel B. Weiss, McLean Hospital/Harvard Medical School; Thröstur Björgvinsson, McLean Hospital/Harvard Medical School

Background: In the present study we examined the relationship between depressive symptoms and generalized anxiety symptoms during intensive cognitive-behavioral and pharmacological treatment. Method: Individuals (n = 157) with major depressive disorder (MDD; n = 83), generalized anxiety disorder (GAD; n = 29) and their combination (n = 45) who attended an intensive partial hospital treatment program, completed daily self-report measures of depression and generalized anxiety. Treatment included empirically-based cognitive-behavioral interventions in both individual and group format, as well as pharmacotherapy. Results: Multilevel linear modeling indicated that for all diagnostic groups, changes in depressive symptoms led to changes in generalized anxiety symptoms to a greater extent than vice versa during treatment. Moreover, changes in depressive symptoms fully mediated changes in generalized anxiety symptoms, whereas changes in generalized anxiety symptoms only partially mediated the changes in depressive symptoms. Limitations: Partial hospital setting. Conclusions: Our results suggest that depressive symptoms may play a prominent role in the process of change in both MDD and GAD. This has implications for the classification of GAD as well as for choosing early treatment targets for individuals with comorbid MDD and GAD.

The Role of Shame and Self-Criticism in Social Anxiety: A Daily-Diary Study in a Nonclinical Sample

Gal Lazarus, Department of Psychology, Bar-Ilan University, Ramat Gan, Israel; Ben Shahar, Baruch Ivcher School of Psychology, Interdisciplinary Center, Herzliya, Israel
Aim: To examine the links between social anxiety (SA) symptoms, the centrality of childhood shame memories, and daily experiences of shame and Self-criticism (SC). Methods: Sixty-two non-clinical adults completed a measure of SA symptoms and a measure assessing the extent to which a shame memory from childhood is central in their lives. Subsequently, they completed daily-diaries twice a day reporting shame experienced in social interactions and SC. Results: Participants with more SA symptoms reported that shame memories were more central in their lives. Participants with higher levels of SA and participants who regarded shame memories as central experienced more daily shame during social interactions, as well as more SC. The association between SA and daily shame was not significant for participants who showed low CES scores. Multilevel analysis showed that daily shame predicted daily SC. Notably, SA moderated this association, such that the daily shame-SC slope was positive and significant for people low in SA but high and flat for people with high SA. Discussion: Our findings suggest that centrality of childhood shame memories and SA are related to daily experiences of shame and SC. Also, the results suggest that higher levels of SA are associated with a particular pattern of responding with stronger SC even to mild experiences of shame. The theoretical and clinical implications of these findings will be discussed.

Discussant: Wolfgang Lutz, University of Trier, Germany;

Panel

A Closer Look on Mechanisms of Change and Their Predictors in

evidence-based psychotherapies

Moderators: Nili Solomonov,
Adelphi University, New York, USA;
Kevin Scott McCarthy, Chestnut Hill
College

Treatments for Anxiety Disorders

Trajectories of Change in Relaxation Induced Anxiety Predict Outcome from CBT for GAD

Michelle G. Newman, Penn State University, University Park, USA; Lucas LaFreniere, Penn State University, University Park, USA; Nicholas C. Jacobson, Penn State University, University Park, USA

Change in Patients' Expectations in Psychotherapy and Correlations with Therapist Interventions

Rachel Fallig, Chestnut Hill College; Kevin Scott McCarthy, Chestnut Hill College; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Barbara Milrod, Cornell Medical School; Jacques P. Barber, Adelphi University, New York, USA

Therapist Panic Focus and Intensity of Interpretation in Predicting Panic Symptom Outcomes and Mediators of Panic Change in Panic-Focused Psychodynamic Psychotherapy

John Raymond Keefe, University of Pennsylvania, Philadelphia, USA; Alexander Phillips, University of Pennsylvania, Philadelphia, USA; Jacques P. Barber, Adelphi University, New York, USA; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Fredric N. Busch, Weill Cornell Medical College; Barbara Milrod, Cornell Medical School

How Can We Make Treatments for Panic Disorder Work (Even) Better? Alliance and Therapeutic Techniques as Predictors of Mechanisms of Change

Nili Solomonov, Adelphi University, New York, USA; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Barbara Milrod, Cornell Medical School; Jacques P. Barber, Adelphi University, New York, USA

Panel

quantitative & qualitative method

Practice Oriented Research: Prediction of early and late progress

Early and late change patterns during an Internet Intervention for depression

Alice Arndt, Universität Trier, Germany

Objective: Recently, several studies have examined patterns of early change in psychological treatments with modern data analytic tools. These tools can be helpful in examining the differential effects of internet interventions. More knowledge is needed in regard to patterns of change not only early but also later in treatment. Method: We applied Growth Mixture Modeling (GMM) to identify different latent classes of late change in patients with mild to moderate depression (N = 409), who underwent an online psychological treatment for depression. Results: Different latent classes for the second phase of treatment were identified and probabilities for low adherence and continuous deterioration were estimated. Conclusions: Although change can also occur in later phases of internet interventions, for some patients it is necessary to alter treatment if no change occurs in the first phase of treatment. Keywords: Patterns of early and late change, internet interventions, growth mixture modeling, adherence

Early and late response after psychotherapy for social anxiety disorder

Jasmin Colic, Technical University Dresden, Germany

Aim. The present study examined whether patient and process variables, which have previously been found to be significant predictors for treatment outcome in social anxiety disorder (SAD), apply also to the prediction of early response and remission. Secondly, we explored predictors for reaching response and remission only during the follow-up phase (6, 12 and 24 month; late response and late remission). Methods. Data from a large multicenter RCT (n = 495) comparing cognitive therapy (CT) and short-term psychodynamic therapy (PDT) and from the related naturalistic trials (n = 206) were re-analyzed. Commonly accepted clinical cut-off and difference scores of the Liebowitz Social Anxiety Scale (LSAS) were used for the definitions of response and remission. Data were analyzed using multilevel mixed logistic regression and additional predictors were explored with random forests. Results. While late response and remission were evenly distributed in both groups, early response and remission

occurred more frequently in CT. Symptom severity at baseline, therapeutic alliance, as well as harm avoidance and self-stability proved to be among significant predictors of outcome in either CT or PDT. Exploratory analyses suggested a number of variables regarding patient's self-concept and relationships with others as additional important predictors. Discussion. The present analyses contribute substantially to the understanding of time dynamics in psychotherapy. Important patient and process variables were identified that could be fostered in order to improve the therapeutic outcome. Suggestions for future studies will be critically discussed. Keywords: Early and late response, early and late remission, random forests, cognitive therapy, psychodynamic therapy

Reverse Engineering and Validation of Psychotherapy

Stevan Lars Nielsen, Brigham Young University, Provo, USA

Psychotherapy is effective, but psychotherapy research is often characterized by controversy about how change occurs. Analytic sophistication has not quieted such controversies. Theories of change guide interventions, structure research, and often energize the controversies. For example, allegiance correlates with RCT outcomes, complicating interpretation of RCT outcomes. We will describe a program that attempts to soften the role of theory by focusing on demonstrably effective sessions. We call our approach reverse engineering and validation of psychotherapy (REVP). REVP keys on sudden-gain sessions, attempting to isolate change mechanisms in these sessions, most of which occur early in therapy. Our first focus is detecting sudden-gain sessions that are maintained until termination. We defined sudden-gain sessions as sessions followed at the next session by immediately reliable and clinically significant improvement that is maintained until termination. We are also tallying and studying sudden-deterioration sessions, defined as immediately reliable, clinically significant deterioration. Our second focus is the therapists whose clients most frequently experience sudden-gain sessions. Our third focus is clients who experience sudden-gain sessions. We are conducting REVP at a counseling center where student clients complete the 45-item Outcome Questionnaire (OQ) at every sessions. We have reviewed OQ scores for sudden-gain and sudden-deterioration sessions in the caseloads of 60 therapists who have treated 30 or more clients. Sudden-gain and sudden-deterioration sessions were not equally distributed among the 60 therapists. Clients treated by some therapists were significantly more likely to have sudden-gain sessions, but not sudden-deterioration sessions. Four of these sudden-gain therapists stood out in that none of their clients experienced sudden deteriorations. Other therapists were reliably associated with sudden-deterioration sessions. Two of these sudden-deterioration therapists stood out in that none of their clients have experienced sudden gains. With clients' and therapists' consent we are making video recordings of therapy conducted by sudden-gain therapists, hoping to find and study sudden-gain sessions. We will present video excerpts from sudden-gain sessions and compare conflicting observations made about these sessions by naïve observers, expert psychotherapists, and the clients who experienced the sudden gains. While it is possible to empirically identify effective sessions conducted by effective therapists, observers, including expert psychotherapists, have difficulty identifying and agreeing about what happened in these demonstrably effective sessions. The next challenge is to isolate and agree about mechanisms of change in these demonstrably effective sessions.

Prediction of treatment outcome by patient initial symptom and distress patterns

Carl-Johan Uckelstam, Linköping University, Stockholm, Sweden; Rolf Holmqvist, Linköping University, Stockholm, Sweden; Fredrik Falkenström, Linköping; Björn Philips, Linköping University, Stockholm, Sweden

Background Demographical variables such as gender, age, education or socioeconomic status for prediction of treatment outcome has rendered vague findings or at best weak trends. Other predictors such as comorbidity, motivation, attachment style, coping strategies and alliance have generated stronger but moderate associations to outcome. A more applicable predictor, according to previous findings, seems to be patient level of distress at the start of treatment. Latent profile analysis (LPA) is a technique that aims to recover hidden groups based on continuous observed variables. Used in an exploratory way it is possible to find subsets of patients who not only share level of distress but similar patterns of responses that might be associated to outcome. Aim The aim of the present study is to investigate associations between

patient's symptom- distress- patterns (at session one) with treatment outcome and/or treatment length. Method Patient distress was measured with the Clinical Outcome in Routine Evaluation Outcome Measure (Core-OM). The Core-OM is a self- report questionnaire consisting of 34 items measuring psychological distress during the last week. Data from about 1100 therapies in a Swedish primary care setting measured with Core-OM at each session will be used for the analyses. LCA will be used to generate latent groups from the Core-OM at session one. Only clients for whom all items in the Core-OM at session one is obtained will be used. General linear mixed models (i.e., multilevel models in which sessions are nested within patients) will be used to model the rate of improvement during treatment and the significance of the latent groups as a covariate for rate of improvement during treatment and/or treatment lengths. Results Data will be analysed during the spring of 2016, and results will be presented at the SPR meeting in Jerusalem in June. Discussion Findings in the present study might be helpful to further understand associations between patient's pattern and type of distress with treatment outcome.

Panel

practice-training-research networks

Practice Oriented Research: Feedback

Improving treatment outcome by using formal client feedback

Pauline Janse, Radboud University, Nijmegen, Netherlands

Aim: Client feedback can have a positive effect on treatment outcome (e.g. Lambert & Shimokawa, 2011). Our study investigates whether using the Outcome Rating Scale and Session Rating Scale (Miller & Duncan, 2004) as instruments for measuring feedback from clients improve results of cognitive behavioural therapy. Also, differences between therapists are investigated; the influence of big five personality traits, internal or external feedback propensity and the influence these factors have on treatment outcome will be investigated. Method: Results of a randomised controlled study performed at the HSK group, a Dutch nationwide mental health organisation, will be presented. 400 outpatients participated in the study. They were treated by 50 therapists. Results: Preliminary results of multilevel analysis show that treatment in both conditions was effective, but feedback did not improve outcome as measured on the SCL-90. However, the amount of treatment sessions is significantly less in the feedback condition, indicating that treatment efficiency might be improved with using this feedback system. These results are preliminary and it is expected that definitive results can be presented at the conference. Further data analyses in the coming months will also focus on differences in effectiveness of therapists. Implications of these results will be discussed.

The effect of using the feedback system Outcome Questionnaire 45.2 as a routine tool in an outpatient clinic in Norway: A quasi-experimental study

Ingunn Agathe Amble, Modum Bad Research Institute, Vikersund, Norway; Tore Gude, ; Bruce Wampold, University of Wisconsin, Madison, USA

Outcome Questionnaire-45 (OQ-45) Feedback System (OQ[®]-Analyst) provides therapists with their patients' progress, which has been shown to improve treatment outcomes and identify risk of patient deterioration. Although the OQ-45 Feedback System (OQ[®]-Analyst) has been widely tested, there are diverging results in studies presented from different countries. In a RCT, feedback proved to be effective ($d = 0.64$) in Norwegian inpatient and outpatient settings. As effects studies up till now have been under controlled research settings, there is a great need of studying how the use of OQ-45 will influence upon Outcome in ordinary psychiatric outpatient settings. Aim: Will the impact of using Feedback to therapists and patients about progress when used as a routine tool in a Psychiatric public outpatient clinic yield similar results compared to the RCT conducted earlier at the same clinic? Sample: The RCT sample comprised 123 adult patients (age 18-65) from three public psychiatric outpatient units in Southern Norway in the Feedback condition. The new sample consists of ca 150 adult patients (age 18-65) from one of the same outpatient clinics using the OQ[®]-Analyst as a routine tool. Therapists were licensed psychologists, psychiatrists, psychiatric nurses and social workers. Method: The patients filled in the OQ-45 prior to each therapy session, and the online system provided the therapists in the FB condition in the RCT with the results in form of reports which were discussed in the beginning of the therapy session. After the RCT was ended, one clinic implemented the OQ[®]-Analyst as

a routine tool providing the therapists and patients with Feedback equal to the FB condition in the RCT. The "effect" of using OQ®-Analyst in these two groups will be compared. Results: Will be presented at the conference.

Effect of feedback in group psychotherapy for eating disorders: a randomized clinical trial

Annika H. Davidsen, Stolpegaard Psychotherapy Centre; Stig Poulsen, University of Copenhagen, Denmark; Jane Lindschou, Copenhagen Trial Unit, Copenhagen University Hospital; Per Winkel, Copenhagen Trial Unit, Copenhagen University Hospital; Marjun F. Tróndarson, Stolpegaard Psychotherapy Centre; Mette Waaddegaard, Stolpegaard Psychotherapy Centre; Marianne Lau, Stolpegaard Psychotherapy Centre

Aim: To investigate the effect of client feedback to patients and therapists on attendance and treatment outcome in group psychotherapy for patients with eating disorders. Method: We conducted a randomized clinical trial with stratification for diagnosis and treatment type. 159 adult participants, diagnosed with bulimia nervosa, binge eating disorder, or eating disorder not otherwise specified were included. Eighty participants were allocated to the experimental group, and 79 participants to the control group. Both groups received 20-25 weekly group psychotherapy sessions. In the experimental group, participants gave and received feedback about therapy progress and alliance, measured using the Outcome Rating Scale and the Group Session Rating Scale. The primary outcome was rate of attendance to treatment sessions; the secondary outcome was severity of eating disorder symptoms measured with the Eating Disorder Examination interview. Exploratory outcome measures were Symptom Checklist-90-R, the Outcome Rating Scale, the Sheehan Disability Scale, and a modified version of the Self-Harm Inventory. Results: Feedback compared with control did not affect the rate of attendance (.59 vs .58; $p = .96$), the severity of symptoms (2.03 vs 2.02, $p = .46$), or any of the exploratory outcomes (p values from .06 to .67). Discussion: The study found no effect of feedback. Factors that may have contributed to this result are a) that the trial was conducted in a managed care environment where the standardized treatment approach may not have allowed the sufficient adaptation of the therapy, and b) that the therapists did not rate the feedback as particularly useful.

Accuracy and Bias in Therapists' Assessments of Clients' Functioning

Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Dana Atzil-Slonim, Bar Ilan University, Ramat-Gan, Israel; Eshkol Rafaeli, Bar Ilan University; Tuvia Peri, Bar-Ilan University; Julian Rubel, University of Trier; Wolfgang Lutz, University of Trier, Germany

Aim: We set out to assess the extent to which therapists are accurate in tracking their clients' changing experience of their own functioning from session to session (tracking accuracy), as well as the extent to which they over- or under-estimate their clients' functioning (level bias) and to examine whether these indices predict treatment outcome. Method: Participants included 384 clients treated by 77 therapists. Both clients and therapists rated the client's functioning each session. Clients also completed outcome measures pre- and post-treatment. Results: Using multilevel modeling, we found that therapists tended to accurately track session-to-session changes in their clients' reported functioning. In addition, therapists did not show a level bias on average (i.e., did not over-estimate or under-estimate their clients' functioning). Finally, tracking accuracy (but not level bias) predicted better treatment outcomes. We discuss these results and their implications for the provision of feedback to therapists.

Panel

practice-training-research networks

Practice Oriented Research: Therapists

Effects of training therapists in theater improvisational skills in relation to therapeutic presence, flexibility and therapist interventions

Assael Romanelli, Hebrew University, Jerusalem, Israel

Improving outcomes at the agency level

Rochelle (Robbie) Babins-Wagner, Calgary Counselling Centre

How to Improve Therapist Outcomes

Bruce Wampold, University of Wisconsin, Madison, USA

Panel

evidence-based psychotherapies

Patterns of Change and Emotional Dynamics in Psychotherapy

The Relationship between Positive Affect and Negative Affect Along the Course of Treatment for Major Depressive Disorder

Roni Oren-Yagoda, University of Haifa, Israel; Thröstur Björgvinsson, McLean Hospital/Harvard Medical School; Idan M Aderka, University of Haifa, Israel

Patterns of Change in Emotional Experience During Psychodynamic Therapy

Hadar Fisher, Bar-Ilan University, Israel; Dana Atzil-Slonim, Bar Ilan University, Ramat-Gan, Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Tuvia Peri, Bar-Ilan University

Accumulating evidence suggests that clients' contact with emotions during sessions is positively related to treatment outcomes across theoretical orientations and across disorders (Greenberg, 2012). However, previous studies examining the association between emotional-experience and outcome have tended to use a limited number of sessions, reflecting phases within therapy rather than changes from session to session (Fisher et al., 2016). Consequently, the development of emotional-experience throughout treatment and how different patterns are related to treatment outcome are yet to be studied. Based on patterns of change that were described in earlier studies, in the current study we aim to explore: a. whether clients' pretreatment levels of emotion regulation and symptoms predict patterns of change in emotional-experience from session to session during treatment (i.e., Linear change, Curvilinear change, Instability, and Mean level). B. whether clients' emotional patterns predict change in clients' emotion-regulation and symptoms from pre to post treatment. Ninety-one clients undergoing psychodynamic psychotherapy completed questionnaires after each session as well as pre and post treatment. At the treatment level, Clients' symptomatology assessed using the OQ-45, and clients' emotion-regulation assessed using the DERS. To assess emotional-experience during sessions participants completed self-reports following each session. Results indicated that better emotion regulation predicted higher level of emotional-experience and that higher symptomatology predicted more fluctuations in emotional experience. In addition, higher level of emotional experience during treatment predicted improvement in emotion-regulation over and above the patterns. Less fluctuation was associated with improvement in symptoms over and above other patterns. Implications for practice and research are addressed.

A Systematic Review and Revised Theory of Sudden Gains During Psychological Treatment of Depression and Anxiety Disorders

Idan M Aderka, University of Haifa, Israel; Jonathan G. Shalom, University of Haifa, Israel; Angela Nickerson, University of New South Wales, Australia

Discussant: Eshkol Rafaeli, Bar Ilan University;

Panel

quantitative & qualitative method

Practice-oriented research: Investigating processes of change in practice settings

Sudden gains in routine care cognitive-behavioral therapy for depression: A replication with extensions

Felix Wucherpfennig, Universität Trier, Germany; Julian Rubel, University of Trier; Wolfgang Lutz, University of Trier, Germany

Background: Over the last decade a substantial amount of findings have been reported on the effect of sudden gains (improvement of psychopathology in a between session interval) on treatment outcome. Accurate replications of previous findings are needed to tackle inconsistencies and to shed light on the clinical implications of sudden gains. This study investigates, whether similar effects of sudden gains and associated therapeutic processes can be expected under routine care conditions when the patients are comparable to those examined in the groundbreaking study by Tang and

DeRubeis (1999). Method: Using propensity score matching (PSM) 462 routine care patients of cognitive behavioral therapy (CBT) were stepwise matched to a randomized controlled trial (RCT) of CBT. Therapeutic change factors were assessed in the sessions after a sudden gain by session reports. Results: The effect of sudden gains on treatment outcome was similar to Tang and DeRubeis (1999) after the application of PSM. Patients who experienced sudden gains and an increase of therapeutic alliance, clarification and mastery in the sessions after a sudden gain revealed a superior treatment outcome. Conclusions: The effects of sudden gains in clinical practice might be equal to the effects in RCTs when patients are comparable. The experience of therapeutic alliance, mastery and clarification in the sessions after a sudden gain facilitate the effect of sudden gains on treatment outcome.

What do we do, and how, to activate patient resources in psychotherapy? Analysis of the first meetings from expert therapists' perspective.

Domingo Salvo, Pontificia Universidad Católica de Chile, Santiago; Sol Casassus, Pontificia Universidad Católica de Chile, Santiago; Mariá I. Pesqueira, Pontificia Universidad Católica de Chile, Santiago; Ivonne Ramirez, Pontif; Paola Ceruti, Pontificia Universidad Católica de Chile, Santiago

Discussant: Christoph Flückiger, University of Bern, Switzerland;

Regulatory Process in the Psychotherapeutic Interaction: The Mrs. B case

Discursive Voices and regulatory process in psychotherapy

Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Carola Perez, Universidad del Desarrollo, Santiago, Chile

Current theoretical perspectives consider the self as decentered and as a configuration of discrete states of consciousness that can dialogue to each other in a greater or lesser extent. Sometimes, when a psychological trauma occurs, one of its effect is a relative disruption of self-continuity through the sudden invalidation of the patterns of meaning that organize the experience of "who one is". In consequence the dialog between these states of the self is broken. From this point of view, the therapeutic change can be seen as a transformation in the way by which these states are organized establishing new dialogues between them. These internal dialogues can be identified in the speech of the therapist and patient, and a characterization of them as voices and discursive positions can be made. Hence, applying the Discursive Positioning Model (DPM, Martínez & Tomicic, 2015), a linguistic microanalytical system, we have identified them. The aim of this presentation is showing the manner how patient's and therapist's voices and positions interact, generating configurations of discursive regulation along the Mrs. B therapy process. The DPM was applied to a total of interactional scenarios (83 change episodes and 79 rupture episodes), identified in the 88 sessions of this psychodynamic oriented psychotherapy. These data were analyzed using the GridWare, a graphic tool that allows determine patterns of interaction. With this, recurrent regulatory sequences were identified, and its variations in different interactional scenarios and along the therapeutic process were determined.

The psychotherapeutic regulatory process embodied in the prosody of the speech

Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Marcela Guzmán, Universidad de Chile, Santiago; Diego San Martin, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Carola Perez, Universidad del Desarrollo, Santiago, Chile

The voice is one of the main mediums through which verbal communication occurs in psychotherapeutic dialog. Vocal qualities such as pitch, rhythm, tempo, resonance, control, and accent add meaning and context to spoken words. Moreover, the vocal quality of the "speeches" of patient and therapist constitute expressions of regulatory and self-regulatory processes involved in the establishment of the therapeutic relationship and in the patient's change process. The general purposes of this study were to determine and compare the characteristics of the vocal quality of the Ms. B and her therapist, and identify their interaction sequences in terms of vocal properties, in order to analyze the dynamic of micro regulatory processes that emerge within the sessions and along the psychotherapeutic process. The Vocal Quality Patterns

Panel
alliance & interpersonal process

codification system (VQP) was applied to a total of 162 relevant episodes or interactional scenarios (83 change episodes and 79 rupture episodes), identified in the 88 sessions of the whole psychodynamic oriented psychotherapy. These data were analyzed using the GridWare, a graphic tool that allows determine patterns of interaction that we labeling as micro regulatory sequences. In this presentation we will show results regarding the recurrent VQP micro regulatory sequences, it's specifically for determined interactional scenarios, and its changes throughout the psychotherapeutic process. These results will be discussed in light to the notion of the regulatory process embodied in the vocal quality of the speech of their participants and regarding the possibility of a specific listening of such process.

Mentalizing or Not Mentalizing: different functions for different scenarios.

Cecilia De la Cerda, Pontificia Universidad Católica de Chile, Santiago; Javiera Duarte, Universidad de Chile, Santiago; Javier Morán, Pontificia Universidad Católica de Chile, Santiago; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomcic, Universidad Diego Portales, Santiago, Chile; Carola Perez, Universidad del Desarrollo, Santiago, Chile

Mentalization has been consistently linked with mutual regulation, processes that are intimately related and strongly imbricated throughout the life of an individual. From this perspective, we can think that mentalizing is a specific aspect of regulation in general, that it works in function of a specific object, namely, of the mental states of the self and of others. In this single case study our aim was determine the manifestations of mentalizing in the psychotherapeutic interaction, finding reflective functioning categories for patient and therapist. We used the Reflective Functioning Scale, which was applied in relevant episodes (Change Episodes and Rupture Episodes). The sample comprised 162 relevant episodes extracted from 88 sessions corresponding to the complete register of a psychotherapeutic process (Mrs. B Case). It was possible to identify two different "scenes": Mentalizing Scenes, those in which throughout the interaction with the therapist the patient's reflective functioning increases; and No Mentalizing Scene, those in which, throughout the interaction with the therapist, the patient's reflective functioning decreases. Also, are shown results regarding the specific regulatory functions of these mentalizing scenes according to the relevant episodes in which they occur. We discuss these results considering the idea of the Proximal Developmental Zone (Leiman and Stiles, 2001), specifically regarding the importance of a therapist accompanying the patient's journey from one non-reflective state to a reflective one, which is related to the patient's capacity to change.

Discussant: Adam Horvath, Simon Fraser University, Burnaby, Canada;

Panel
child & family

Qualitative research on child and adolescent therapy -- therapy expectations, experiences, processes, and parent work

Therapy expectations of depressed youth entering psychodynamic psychotherapy: A qualitative study

Katharina Weitkamp, MSH Medical School Hamburg, Hamburg, Germany

Authors: Katharina Weitkamp (presenter), Eva Klein, & Nick Midgley

Background Patient expectations about therapy have been regarded as a common factor affecting the course and outcome of psychotherapy. However, little is known about the expectations of adolescents. The aim of this study was to explore the expectations of therapy of young people with depression prior to psychotherapy. Methods Semi-structured interviews were carried out with six young people (5 female, 15-19 years) entering psychodynamic outpatient treatment. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA). Results The careful analysis of the young people's accounts yielded the following four key themes: not knowing but being cautiously hopeful; therapy as a long and difficult process; therapy as a place to understand oneself and to develop; and the importance of the professional and interpersonal skills of the therapist. Overall, the young people did not have very clear ideas about therapy even if they had previous therapy experience. Predominant were the expectations of the therapist as the one who would be there for them, who would understand them and who would give the right tips or ask the right questions. Discussion The findings suggest that it is essential to improve mental health literacy in young people to foster realistic treatment and outcome

expectations and help reduce the barriers to entering treatment; while at the same time individual therapists should pay careful attention to the specific expectations that young people bring into therapy.

Adolescents' experience of psychiatric hospitalization, and its impact on outcome

Pnina Bloom Weinberg, Hebrew University, Jerusalem, Israel

Authors: Pnina Bloom Weinberg (presenter), Yoav Kohn, & Orya Tishby
Adolescence is a developmental period that entails coping with numerous changes in a relatively short period of time. As such, it increases vulnerability to crisis and breakdown, which may result in hospitalization (Larson, Moneta, Richards & Wilson, 2002). Most of the studies on adolescents' hospitalization are quantitative, (e.g. Hooper et al., 2000), and few have focused on the adolescents' experience of hospitalization. Some studies have shown that adolescents experience the hospital setting as confusing, strange and uncomfortable, limiting the adolescent's autonomy (Ward, 2004). Other studies found that hospitalization had a positive influence on identity consolidation, individuation and independence (Moses, 2011). Aim: 1) to describe adolescents' experience of psychiatric hospitalization, and its relation to successful outcome. This question will be addressed with in depth interviews with 30 adolescents prior to their discharge. 2) To track changes in the experience and perception of hospitalization during a follow up period (3 months). 3) To try and link the components of the subjective hospitalization experience to outcome. Interviews will be coded on the level of difficulty that adolescents experienced in the unit, and on their ability to use the treatment effectively. Outcome will be measured at 3 time points: admission, discharge and follow up), using various self-report questionnaires to assess: symptom level, interpersonal relations, family relations, well-being and self-image. Results will shed light on different ways in which adolescents experience hospitalization and the relation between their subjective experience and outcome.

Mentalizing techniques used by psychodynamic therapists working with children and early adolescents

Karin Ensink, Laval University, Quebec, Canada

Authors: Karin Ensink (presenter), Pablo Muñoz Specht & Lina Normandin
There is a rapidly growing interest in mentalization-based treatments and a proliferation of adaptations for a variety of adult psychological difficulties. By comparison, mentalization based interventions for adolescents and children are lagging behind despite evidence that child and adolescent psychopathology is associated with difficulties in mentalizing. The aim of the present pilot study was to identify, categorize and develop a conceptual frame of mentalization-based interventions used by experienced child and adolescent psychodynamic therapists who consider their work informed by a mentalization-based approach in combination with psychodynamic object relations and play therapy principles. Two experienced therapists selected 14 sessions that best represented their work during the beginning, middle and end of treatment. Sessions were transcribed and then segmented to identify therapist and child interactional units for coding. QDA Miner software was used to facilitate data analysis. A systematic qualitative, inductive/deductive approach was used starting from the categories identified in the literature and then identifying these, as well as newly emerging categories and interventions. New categories that emerged from the data were discussed with experts. Interaction units were then associated with definitions of the intervention. Seven sessions were coded by a second independent coder to examine inter-rater agreement. A "member check" was also completed where therapists rated their own transcripts. A total of 23 mentalization-based techniques were identified, including seven existing techniques and sixteen new techniques. In addition, a conceptual framework was developed that coherently organizes all observed mentalization-based interventions.

Do we do what we think we do? - An exploration of manualizing psychotherapy

Alex Desiatnik, Anna Freud Center, London, UK

Authors: Alex Desatnik (presenter), Jarvis, C., & Trevatt, D
Background There is significant evidence to suggest that improvement in parenting quality and parent-adolescent relationship often closely corresponds with improvement in adolescent behaviour, as well as with a decrease in internalising and externalising symptoms. The Approach to Parenting Teenagers (APT) is a therapeutic approach to individual work with parents of adolescents, informed mainly by psychoanalytic theory.

It has been developed by the Open Door service for adolescents and their parents, in collaboration with University College London (UCL) and the Anna Freud Centre. The APT was evaluated through several outcome studies, all demonstrating significantly positive outcomes. The aim of the present study is the manualization of the APT. Methods 10 completed APT interventions were audio recorded and transcribed. The transcripts were analysed using thematic analysis. Results Two "zones" of focus of the therapeutic work were identified. The perceptual -- dealing with the parental perception of the adolescent, and of him/herself as a parent; and the behavioural -- dealing with quality of communication and parental authority. Furthermore, the analysis isolated seven key interpretation categories forming the core of the approach (e.g. promoting ego functioning, Therapist as an auxiliary ego, promoting adolescent autonomy). Discussion It is suggested that, contrary to common practice where the clinicians attempt to manualized their work based on their explicit understanding of what they do, an in depth session by session analysis of the implicit processes can yield significantly richer and more accurate clinical material that is more representative of the clinical process taking place. The manual developed is now used to inform the design of a multi-site RCT aimed at further evaluating the effectiveness of the approach.

Panel
culture & identity

Modes of Narrating trauma and the Process of Witnessing in Survivors' Testimonies: Clinical Implications

When Language Meets Traumatic Lacuna: The Metaphoric, the Metonymic and the Psychotic Modes of Testimony

DANA AMIR, Haifa University, Israel

Processing of Trauma through Autobiographical Writing: The Case of Child-Survivors of the Holocaust

adi duchin, Haifa University, Israel; Hadas Wiseman, University of Haifa, Israel

Aim: Expressive writing has been shown to be one of the ways in which survivors of various traumas deal with their traumatic experience. Nevertheless, the writing of Holocaust survivors regarding their traumatic experiences is yet to be explored. This study set out to explore in what ways the experience of writing about traumatic events relates to the processing of trauma and what meanings do the survivors-authors attribute to the process of writing their memoirs. The overall goal is to understand the psychological mechanisms that are involved in trauma writing and processing and to contribute to research on life stories and expressive writing. Method: Thirteen Holocaust child-survivors (6 women and 7 men) with a mean age of 83 years, were interviewed using semi-structured interviews. They were asked to tell about their book and their experience of the writing process. The interview material was analyzed employing qualitative methodology and the main themes were extracted Results: The narrative analysis yielded two overarching dimensions: First, the 'internal recipient', which includes the internal processing of the trauma; and second, the 'external recipient,' which includes the relational space between the process of writing the book and its "coming out" in the context of the writers' relationships with his or her family, friends and community. Discussion: The findings on the interpersonal working through processes that the survivors-authors underwent will be discussed in relation to healing from massive social trauma in child survivors. Implications for psychotherapy with trauma survivors and their families will be highlighted. Keywords: trauma, Holocaust, child-survivors, writing.

'To live in order to Tell or to Tell in order to Live' -Witnessing and Testimony in Analytic Treatment of Survivors of Childhood Sexual Abuse

Yael Desheh, Israeli Psychoanalytic Society, Jerusalem

Aim: This paper will focus on the process of witnessing and testimony in psychoanalysis of survivors of childhood sexual abuse, and its critical role in healing. Testimony is created in the midst of a war between secrecy and the existential need to tell. A person who cannot witness his/her experience, cannot own it, process it or integrate it into their historical narrative and sequence of life. The issue of working with an uncertain and inaccessible truth will be addressed regarding translation of abuse absent from registered experience into named and mentailzed experiences.

Recovery from trauma is enabled only in the presence of 'an-other.' The analyst has a unique role of "bearing witness", in body and mind, as the trauma is relived in the analytic setting through specific transference- countertransference paradigms. Method: Psychoanalytic case studies revealed various testimonies: dreams, written narratives, diaries and pictures deposited in the "analytic safe"(Desheh, 2008). Results: Clinical material verifies that giving testimony with a witness is a powerful healing process. Recognition and validation of the trauma by the analyst-witness, restores the "internal witness" and "internal other", creating an experience of existence, continuity and aliveness. Discussion: The unique role of analyst -as -witness "living through testimony"(Laub, 1995) will be discussed. Loss and mourning are inherent to giving testimony: When the patient's voice is heard in the presence of a witness , a movement is created from body to mind, from the concrete to the symbolic, from madness to sanity and from grief to acceptance and creativity.

Panel

practice-training-research networks

Practice-Oriented Research: Therapist Effects and Training

The Effects of Psychotherapists' Training and Experience on Client Outcomes in University and College Counseling Centers

Jeffrey A. Hayes, Penn State University, University Park, USA; Kyle T. McCracken, Penn State University, University Park, USA; Benjamin D. Locke, Penn State University, University Park, USA

It is not clear from existing research whether psychotherapists with more experience or more advanced degrees produce better outcomes. The mixed findings in previous research may be attributable to limitations in the designs of many of these studies, such as small sample sizes and not controlling for client severity. The purpose of this study was to examine reduction in client distress in a large sample of therapists with varying academic degrees and various amounts of experience, ranging from practicum students to very seasoned psychologists, counselors, and social workers. Data were gathered from a national practice-research network using the Counseling Center Assessment of Psychological Symptoms. Results will be discussed in light of current understanding of the effects of therapist experience and in terms of the value-added benefits of therapists' advanced degrees.

What does research provide to therapists in training?

Héctor Fernández-Alvarez, Aigle Foundation; Beatriz Gomez, Aigle Foundation; Claudia Castañeiras, Aigle Foundation; Fernando García, Aigle Foundation; Javier Fernandez-Alvarez, Fundacion Aigle

In recent years the interest in establishing consistent links between psychotherapy training and research has substantially increased. The aim of this work is to study the perception that therapists training in the Aiglé Psychotherapy Graduate Program, have about the relevance and usefulness of research for clinical practice, and compare their evaluations with those of therapists who have not participated in the training program. First, 32 psychotherapists from different theoretical- technical approaches and experience were gathered to participate in four focus groups to identify and discuss research areas and topics relevant to their research practices. Content analysis was performed and a set of items were drawn from the topics highlighted. Subsequently, principal component analysis was applied to identify the main categories in which the issues identified were grouped. Subsequently, the survey was delivered online to 800 participants, of whom 400 were students of the Aiglé Psychotherapy Graduate Program and 400 had not participated in systematic training programs, to assess the importance given to the various research topics for clinical practice. The modulating effect of the orientation and level of clinical experience on the assessment was analyzed. The survey will be illustrated and results will be presented. Findings of this study can contribute to direct Practice-oriented research (POR) collaborations.

Differences in stress response to negative feedback in trainees

Kim de Jong, Leiden University, Netherlands

Recent research suggests that therapists differ in the way they are able to deal with outcome monitoring feedback. When a therapist receives information that a patient is "not on track" some therapists are better at obtaining improved outcomes after this feedback than others. In this current study, it is hypothesized that these therapists may

have an inherently different physiological response to negative feedback that may explain differences between therapists. In this pilot study, 20 trainee therapists were presented with positive and negative feedback about patients (vignettes), while their heart rate was monitored. In addition, self-efficacy and regulatory focus were measured with questionnaires. It is expected that these measures may predict differences in heart rate variability in trainees.

Discussant: Rochelle (Robbie) Babins-Wagner, Calgary Counselling Centre;

Panel
evidence-based psychotherapies

Evaluation, documentation and understanding change in group psychotherapy

Efficacy of small group treatment for mental disorders: systematic review and meta-analyses of randomized controlled trials

Jenny Rosendahl, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Dominique Schwartz, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Sarah Barkowski, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Giorgio Tasca, Ottawa Hospital/University of Ottawa, Canada; Gary M. Burlingame, Brigham Young University, Provo, USA; Bernhard Strauss, University Hospital, Jena, Germany

Aim: To present results of comprehensive meta-analyses of randomized controlled trials on the efficacy of small group treatment for various mental disorders such as anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, eating disorders, and borderline personality disorder. **Methods:** Primary studies were included if they compared a group treatment based on a defined formal change theory to a comparison group of either individual psychotherapy, pharmacological treatment, or control group (wait list, common factor control group or treatment as usual). Studies had to provide for samples of adult patients, fulfilling clinical criteria of a mental disorder according to DSM or ICD. Inclusion was restricted to randomized-controlled trials only. We conducted an extensive literature search in electronic databases (Medline, PsychINFO, Web of Science, Central) accompanied by a manual search. **Results:** Cognitive-behavioral group therapies were examined most frequently. Disorder-specific random-effects meta-analyses revealed moderate to large effects on symptom reduction in favor of group therapy compared to untreated control groups (wait-list, attention control groups). However, there were no significant effects of group therapy in comparison to active treatments indicating that group therapy is as efficacious as individual therapy or pharmacotherapy in treating mental disorders. **Discussion:** Our results essentially contribute to a systematization of the existing evidence and to the evaluation of the efficacy of group therapy for mental disorders.

Change in Group Therapy: A Grounded Theory Inquiry in Group and Interpersonal Patterns in a Community Sample

Rebecca R. Canate, Brigham Young University, Provo, USA; Sally Barlow, Brigham Young University, Provo, USA; Lorna S. Benjamin, University of Utah, Salt Lake City, USA
Group process and impact of pre-group feedback was examined in an eight-week therapy group. Structural Analysis of Social Behavior (SASB, Benjamin, 1974) Intrex Questionnaire was given to members pre-group. The Intrex is based on Interpersonal Reconstructive Therapy theory (IRT, Benjamin, 2003), which combines interpersonal psychoanalysis, attachment theory, operant conditioning, imitative behavior, and has been used primarily in individual treatment. The group leader focused interventions utilizing IRT generally and group member Intrex specifically. Participants also completed the Inventory of Interpersonal Problems (IIP) and the Outcome Questionnaire-45 (OQ-45) to provide quantitative support for qualitative analyses. Therapy tapes, transcribed verbatim, were analyzed using grounded theory methods for important process themes yielding two in particular: 1) Group members expressed information gained during their Intrex interviews in covert ways and were highly resistant to overt discussions of early patterns, 2) Religious beliefs played a large role in how information was processed, and the degree to which positive change occurred was clearly filtered through their religious beliefs and cultural norms.

First experiences with an operationalized system for the documentation of group treatments

Dominique Schwartze, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Tillmann Schubert, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Nora Degott, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Bernhard Strauss, University Hospital, Jena, Germany

Group psychotherapies are commonly seen as very complex which sometimes keeps trainees and clinicians from running group psychotherapies. Based upon different reviews of the group literature (cf. Burlingame, Strauss, MacKenzie), models were developed differentiating factors influencing the outcome of group psychotherapy (formal change theory, structural factors, patient and group leader factors as well as group dynamics) as well as the process of groups (differentiating the anatomy and the physiology of groups). These models served as a basis to develop a manual as well as related forms for the documentation of the process of group treatments within institutions such as inpatient programs as well as training groups. The documentation will be introduced and first data from a study applying the documentation within different treatment settings will be reported.

Panel

evidence-based psychotherapies

CLINICAL EFFECTIVENESS OF SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPY

INTENSIVE TRANSACTIONAL ANALYSIS PSYCHOTHERAPY (ITAP): A NEW MODEL FOR PSYCHODYNAMIC PSYCHOTHERAPY INTENSIFICATION

Marco Sambin, University of Padova, Italy; Francesco Scottà, Centro Psicologia Dinamica (CPD), Padova (Italy); Irene Messina, University of Padua, Italy

This contribution provides a theoretical description of the "Intensive Transactional Analysis Psychotherapy" (ITAP) and early results of a research project aimed to the formal description of core aspects of the ITAP process. This model of short-term psychodynamic psychotherapy aims to the increase of therapeutic interventions intensity and effectiveness on the basis of two main factors: 1) Optimization of therapists' interventions through using the intra-psychic triangle (Anxiety, Impulse and Defence) and interpersonal triangle (Current Relationships, Past Relationships and Therapeutic Relationship) (Menninger 1962); 2) The maintenance of therapeutic alliance following the technique called "relational holding" aimed to hold the dysfunctional behaviour of the patient using therapeutic alliance. These aspects are investigated respectively applying the "triangle-gram" and the Collaborative Interaction Scale (CIS -- Colli & Lingardi, 2009) to psychotherapy sessions.

HERMENEUTIC SINGLE CASE ANALYSIS FOR EVIDENCE-BASED INTENSIVE TRANSACTIONAL ANALYSIS PSYCHOTHERAPY (ITAP)

Francesco Scottà, Centro Psicologia Dinamica (CPD), Padova (Italy); Enrico Benelli, University of Padua, Italy; Alice Broggio, University of Padua, Italy; Stefano Colussi, University of Padova, Italy; Francesca Bianco, University of Padova, Italy; Simone Bianco, University of Padova, Italy; Marco Sambin, University of Padova, Italy

We describe early results of a research project aimed to the validation of Intensive Transactional Analysis Psychotherapy (ITAP). We use a Hermeneutic Single Case Efficacy Design (HSCED), an interpretive approach to evaluate treatment causality in single therapy cases (Elliott et al., 2002). The project includes the evaluation of 6 single case (16 ITAP weekly session, for a total time of 6 months), in which each patient is evaluated several times (3 baseline measures, one measure for each session, 3 follow-up measures) using a mixture of quantitative and qualitative methods. Quantitative methods include CORE-OM (Evans et al., 2002), STAI-T (Spielberger & Gorsuch, 1983), HDS (Bech et al., 1981). More qualitative instruments include the Personal Questionnaire (Elliott et al., 2015), the Rorschach test and Repertory Grids.

THE CHANGE PROCESS IN SHORT INTENSIVE DYNAMIC PSYCHOTHERAPY

Jan Derksen, University Nijmegen the Netherlands, Free University of Brussels Belgium.

In this presentation, a theory is presented about the object of psychotherapy, namely the intrapsychic architecture, and the manner in which this can be influenced with the help of uncovering, short, intensive, psychodynamic, psychotherapy. This occurs against the background of the increased assertiveness of psychotherapy researchers with regard to the opinion that clinicians should proceed in an evidence-based manner.

In that tradition only the outcome seems relevant and there is a lack of attention for the psychotherapeutic change process. The essential ingredients for a psychotherapeutic change process -- namely forming an attachment relationship, actualizing primary emotions in the here and now, activating and restructuring cognitive patterns, and elaborating the consciousness of the patient about these processes -- are analyzed in conjunction with each other and connected to the techniques used in this kind of psychotherapy. A lot of clinical examples will be given as an illustration.

Discussants: Irene Messina, University of Padua, Italy; Enrico Benelli, University of Padua, Italy;

Panel
evidence-based psychotherapies

Autonomy-connectedness: Therapy effects and cross-cultural aspects

Autonomy-connectedness mediates sex differences in anxiety-, mood-, eating-, and antisocial personality disorder

Marrie HJ Bekker, Tilburg University; Marcel A.L.M. van Assen, Tilburg University
Autonomy-connectedness is the attachment-based capacity for self-governance including in social interactions. In recent years, various studies showed autonomy-connectedness (deficits) to link to a range of mental disorders, such as anxiety-, mood-, eating- and personality disorders, also after controlling for insecure attachment, and personality and demographic factors. Interestingly, these associations show gender-specific patterns, congruent with sex differences in prevalence of the various disorders (e.g., mood- and anxiety disorders occur twice as often in women than in men). In my presentation I aim 1. to introduce and explain the concept of autonomy-connectedness; its relationships with gender, psychopathology and related psychological concepts (e.g., insecure attachment, early maladaptive schemas); and its application in autonomy-strengthening interventions. 2. to show the results of a recent study examining if autonomy-connectedness mediates sex differences in symptoms of various mental disorders, namely depression, anxiety, eating disorders and antisocial personality disorder. Participants were 5,525 individuals from a representative community sample from the Netherlands, who all filled out questionnaires on symptoms of the aforementioned mental disorders. Autonomy-connectedness (its components being self-awareness, sensitivity to others, and capacity for managing new situations) fully mediated the sex differences in depression and anxiety, and partly in eating disorder characteristics (drive for thinness, bulimia, and body dissatisfaction) and anti-social personality disorder. The mediations followed the expected sex-specific patterns. I would like to discuss how treatment of depression, anxiety, but also eating disorders and antisocial personality disorder might benefit from (adding) a stronger focus on autonomy strengthening.

Enhancing autonomy-connectedness in anxiety-disordered patients: A randomized controlled trial

Joyce Maas, Tilburg University; Ton van Balkom, GGZ inGeest, Amsterdam; Marcel A.L.M. van Assen, Tilburg University; Liesbeth A.P. Rutten, Tilburg University; Marietta van Mastrigt, Parnassia the Hague; Marrie HJ Bekker, Tilburg University
Autonomy-connectedness is the ability for self-governance under the condition of connectedness to others: to function independently and concurrently engage in satisfactory relationships. Research has shown consistent associations between impaired autonomy-connectedness and anxiety disorders as well as other types of psychopathology. Because of its person-centred rather than symptom-focused nature, autonomy-enhancing treatment (AET) can effectively deal with complex comorbidity often associated with anxiety disorders, and provide improvement beyond disorder-specific outcomes. We will present results of a randomized waitlist-controlled study comparing group AET (N = 43) to a waitlist (N = 40) in a severely anxiety-disordered patient sample. Intention-to-treat and completers analyses were conducted and demonstrated that AET showed small but consistent effects on agoraphobic-related distress. Effect sizes were small to medium. Future research, including more stringent inclusion criteria and follow-up assessment, is needed to further disentangle these findings.

Enhancing autonomy-connectedness: some characteristic aspects of the intervention
Brenda Kouwenhoven, Private practice

Research has shown consistent associations between autonomy-connectedness deficits and anxiety disorders as well as other types of psychopathology. Since many years, psychotherapists have developed, a group psychotherapy type focused on strengthening the autonomy connectedness in patients with several psychiatric disorders, e.g. anxiety-, mood-, eating-, and personality disorders since several years. Recently, this approach has been completely protocolled. Primary focus in treatment is not to reduce the symptoms, but to increase the insight in the meaning of the symptoms and the strength of the patients to deal with that in group therapy. One of the effects we have seen in our patients is the feeling of being more in control with oneself and in contact with each other. We should like to present some characteristic interventions of our group psychotherapy and some nonverbal exercises to enhance, for instance, the awareness of setting limits towards each other. The attitude of the psychotherapist does request a special approach in empowering the patient.

Discussant: Marrie HJ Bekker, Tilburg University;

Panel
attachment & development

What do insecurely-attached clients prefer and need in the therapeutic relationship?

Attachment Style and Preferences for Different Forms of Therapist-provided Positive Regard

Barry Farber, Teachers College, Columbia University; Jessica Y. Suzuki, Teachers College, Columbia University

Aim: One significant aspect of the therapeutic relationship, most notably discussed by Carl Rogers, is therapist-provided positive regard (PR). As part of a large-scale study of the nature of PR, including investigation of its components (factor structure), the present study focused specifically on differences in client preferences for distinct forms of PR as a function of attachment style. **Method:** A total of 540 psychotherapy clients completed (on-line) several measures, including a) a 43-item Likert-type measure designed for this project that assessed clients' perceptions of the affirming nature of specific varieties of PR; and b) the ECR-RS (Fraley et al., 2011), a measure of attachment anxiety and avoidance. **Results:** Among several significant results: Attachment Avoidance was associated with differential ratings of the affirming quality of one of the three factors ("Unique Responsiveness") found to comprise PR--this factor consists of items reflecting a therapy relationship in which clients feel their therapist has been attentive, responsive, and prizing of them. Post-hoc comparisons indicated that low avoidant clients found their therapists' interventions along these lines significantly more affirming than average avoidant and high avoidant clients. Similarly, high anxiety clients rated their therapists' interventions along another PR factor ("Intimacy/Disclosure")--a factor reflecting therapist actions that go beyond conventionally-expected behaviors in a therapeutic relationship (e.g., physical contact such as hugs; open displays of a therapist's emotions)--to be more affirming than low anxiety clients. **Discussion:** Implications for clinical work, especially in regard to insecurely-attached clients, will be discussed.

Development of an Observer version of the Therapeutic Distance Scale: Associations with Client Attachment, Attachment to Therapist and Outcome.

Sharon Egozi, University of Haifa, Israel

Aim: In the last decade research on client attachment and therapist attachment in relation to alliance and outcome of psychotherapy is flourishing. A recent development in attachment-informed research is the innovative development of observer-based measures of client and therapist attachment patterns in psychotherapy (e.g., Lilliengren et al., 2014; Talia et al. 2014). As a part of these efforts, we adapted Mallinckrodt's (2015) self-report Therapeutic Distance Scale (TDS) to an observer version (TDS-O). Observer ratings on the TDS-O may reveal elements of attachment dynamics that may not be evident by clients' self-reports of distance versus engagement. Our aims are: (1) To describe the development and validation of the TDS-O; (2) to examine the contribution of the TDS-O to understanding client-therapist distance dynamics as they relate to outcome at different stages of therapy. **Methods:** 67 clients in psychodynamic therapy underwent the Relational Anecdote Paradigm interview (RAP; Luborsky & Crits-Christoph, 1998) three times during psychotherapy (Wiseman & Tishby, 2011). Trained observers coded these interviews on the TDS-O scales: Too Close, Too Distant, Growing Autonomy and Growing engagement. Clients

completed the ECR, Client Attachment to Therapist Scale (CATS) and outcome measures (OQ-45 and Target Complaints). Results: Preliminary findings will include correlations between the TDS-O ratings and the attachment measures of the ECR and the CATS, as well as correlations with the OQ-45 and Target complaints. Discussion: The potential of the observer version of the TDS to reveal clients and therapists distance versus engagement dynamics and their relation to outcome will be discussed.

Therapeutic Distance Dynamics in Insecurely Attached Clients: Applying the Therapeutic Distance Observer version to Client-therapist Relational Narratives

Hadas Wiseman, University of Haifa, Israel

Aim: A recent development in attachment-based studies on the therapeutic relationship involves going beyond the attachment-alliance and attachment-outcome links to the establishment of innovative measures to assess attachment processes in psychotherapy. Based on Mallinckrodt's (2010, 2015) conceptualization of working with therapeutic distance in relation to clients' hyperactivating versus deactivating attachment patterns, we adapted his self-report scale of Therapeutic Distance (TDS) to an observer version (TDS-O). Our aims are: (1) To explore therapeutic distance as experienced by clients and as perceived by their therapists in relational narratives that they recounted about each other through applying the Therapeutic Distance Observer version. (2) To explore different trajectories of therapeutic distance in different styles of attachment insecurity in client-therapist dyads. Methods: Ten client-therapist dyads in psychodynamic therapy underwent Relational Anecdote Paradigm interviews (RAP, Luborsky & Crits-Christoph, 1998) at three time points. The recounted relational narratives of client-about-therapist and therapist-about-client were rated on TDS-O scales: Too Close, Too Distant, Growing Autonomy and Growing engagement. Results: Examining the TDS-O ratings, combined with a qualitative narrative analysis of the relational narratives, reveals various patterns of "too close" versus "too distant" dynamics. Different styles of insecure client attachment (anxious, avoidant, fearful) show variations in the expressions and development of these dynamics from early to middle and late sessions in psychotherapy. Discussion: The congruence between clients' and therapists' experiences of distance and engagement will be explored. Implications of the findings for facilitating corrective emotional experiences with insecurely attached clients and for training and supervision will be discussed.

Discussant: Svenja Taubner, Heidelberg University, Germany;

Modeling the process of change in emotion-focused psychotherapy

Working with shame and its relation to outcome in the treatment of depression with clients with high maladaptive shame

Sara Miller, York University, Canada; Leslie Greenberg, York University, Canada

Aim: Depressed clients often present with core maladaptive shame, that is, a sense of the self as inherently flawed, unworthy, etc. This study examines the effects of a model of working through shame in a sample of depressed clients. In examining the transformation of shame, this study also tests one of the key hypothesized change mechanisms in Emotion-Focused Therapy (EFT), "changing emotion with emotion." Method: This study tests the validity of an elaborated model of working with maladaptive shame as it relates to therapy outcome. One session from the videotaped therapies of 33 clients will be coded by utterance, and the relation of client process to change in scores on the Beck Depression Inventory from pre- to post-therapy and at 18 months follow-up will be examined. Results: Results from a preliminary sample of clients will be presented, exploring the relation of working through shame with therapy outcome. Discussion: This study tests the contribution of one of EFT's key hypothesized change mechanisms to therapy outcome and also explores the effects of a clinically-relevant model for working with core shame. Theoretical and clinical implications will be discussed

A Model for Resolving Self-Criticism in Emotion-Focused Therapy for Social Anxiety Disorder

Ben Shahar, Baruch Ivcher School of Psychology, Interdisciplinary Center, Herzliya, Israel

Aim: Self-criticism is a central process in social anxiety disorder (SAD). In emotion-focused therapy (EFT) for SAD, self-criticism is addressed using the two-chair

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quantitative & qualitative method

dialogue intervention designed to enact the critical attacks and activate the resulting shame so that it can be transformed. The purpose of this presentation is to present a model of resolving self-criticism in SAD. Method: All video-taped sessions that included two-chair dialogues of one client suffering from SAD and treated with EFT as a part of a multiple-baseline single-case study (N=12) were reviewed. Results: Several core components of resolution of self-criticism were identified, including: activation of shame; expression of assertive anger toward the critic; expression of sadness at the loss of freedom, authenticity, and spontaneity; and self-soothing. Video segments showing these components will be shown in the presentation. Discussion: Future task-analytic studies will be conducted in order to confirm this model and to evaluate the extent to which these components predict more favorable outcomes.

An examination of changes in emotional processing and negative treatment of self in Emotion-Focused Therapy for Generalized Anxiety Disorder

Jeanne Watson, University of Toronto, Canada; Sepideh Chekan, University of Toronto, Canada

Aim: Emotion-Focused Psychotherapy proposes that maladaptive emotional processing and a vulnerable sense of self are core to GAD (Watson & Greenberg, 2012; 2015; in press). This paper will examine changes in maladaptive emotions and negative treatment of self in a good outcome and a poor outcome case in emotion-focused psychotherapy. Trajectories of change in emotion-focused psychotherapy for GAD will be observed and the interaction between changes in emotion and self will be discussed. A preliminary model of resolution will be proposed. Method: Transcribed sessions from two clients, one good outcome and one poor outcome case, were coded using an measure of emotion derived from Plutchik's (1980) Wheel of Emotion and a measure of negative treatment of self based on subscales of the Measure of Client Productive Processing (McMullen & Watson, 2011; Watson & McMullen, 2013). Results: The changes observed across therapy for each client on each dimension will be compared and contrasted and the trajectory of change plotted and described. The data will be used to inform a preliminary model of change in GAD. Discussion: The model will inform future investigations of the change process in GAD and the development of a task analytic model of resolution.

Task Analysis of the Resolution of Anxiety in Emotion-Focused Therapy

Jason Sharbanee, ; Leslie Greenberg, York University, Canada; Jeanne Watson, University of Toronto, Canada

Aims: A model of the resolution of anxiety was developed in a previous research phase using a task analysis methodology. The present phase of research will present initial data on the validation of this model, by assessing the sequential order of the model components, and whether progress through the model sequence predicts session outcome and final therapy outcome. Methods: Videotaped Emotion-Focused therapy sessions in which clients are working through their anxiety will be selected for coding. Sessions will be coded on a newly developed process measure designed to assess the components of resolution of anxiety, to determine whether the predicted sequence of model components occurs in the predicted order. Results: Sequential analysis will be used to test key components of the model sequence. Discussion: Further stages of research will assess whether the model equivalently predicts outcome across divergent treatment modalities, including EFT and CBT, and will investigate whether treatment-specific therapist behaviours predict advancement through the resolution model.

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Psychodynamic Therapies for Treatment Resistant Depression

The Efficacy of Intensive Short-Term Dynamic Psychotherapy for Treatment Refractory Depression: The Halifax Depression Study

Joel M. Town, Dalhousie University, Canada

The Anaclitic Introjective Depression Assessment (AIDA): Exploring Differential Treatment Effects

Felicitas Rost, Tavistock Clinic, London, UK

The Outcome of Treating Chronic, Refractory Depression with Long-Term Psychoanalytic Psychotherapy: The Tavistock Adult Depression Study (TADS)

Thomas Booker, Tavistock Clinic, London, UK; Felicitas Rost, Tavistock Clinic, London, UK; Peter Fonagy, University College London; David Taylor, Tavistock Clinic, London, UK; Susan McPherson, University of Essex; Jo-anne Carlyle, ; Rachel Thomas,

Aim/Purpose: This study aims to examine the effectiveness of long-term psychoanalytic psychotherapy in patients with treatment-resistant depression.

Design/Methodology: The Tavistock Adult Depression Study (TADS) is a pragmatic RCT of the effectiveness of 18 months once-weekly psychoanalytic psychotherapy (LTTP) in comparison with treatment as usual (TAU). 129 patients with chronic major depressive disorder and a minimum of two failed treatment attempts were recruited from primary care and randomly allocated to either of the two treatment conditions. The main outcome measure was the Hamilton Rating Scale for Depression (HRSD-17, Hamilton, 1976), which was administered at 6-monthly intervals during the treatment and two-year follow-up. Complete remission was defined as a HRSD-17 score ≤ 8 and partial remission as a score ≤ 12 . Recovery rate of complete remission and partial remission were examined within and between the two groups. Treatment differences and changes over time were analysed using mixed-effect models. Results/Findings: Complete remission was found to be infrequent in both groups at treatment termination and at the end of follow-up. The groups did not differ with regards to partial remission at the end of treatment, however, differences began to emerge and became statistically significant during the follow-up period. Overall, 44% of those receiving LTTP no longer met criteria s for major chronic depressive disorder diagnosis at the end of the follow-up compared to 10% of those receiving the NHS treatments currently provided for. Research Limitations: Whilst the study has high ecological validity, it has several limitations. These include among others not allowing masking of patients to treatment allocation, which may have led to expectation bias. Furthermore, the study was conducted by a single provider organisation, which may limit the generalizability of the findings. Conclusions/Implications: The study found that LTTP has been beneficial in improving the long-term outcome of chronic, treatment-resistant depression. Those receiving LTTP were much more likely to maintain their improvements after treatment termination compared to those receiving TAU. The inclusion of a long-term follow-up is pivotal to show effects of LTTP, which appear to manifest gradually over time.

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

New Perspectives on Psychotherapy and Mindfulness

Towards an integration between Psychodynamic approaches and Mindfulness Meditation.

Simone Bianco, University of Padova, Italy; Paolo Barilaro, University of Padova, Italy; Arianna Palmieri, University of Padova, Italy

In the last three decades we have been witnessing a growing interest towards academic research on oriental meditation and mindfulness practices based on traditional Buddhist precepts. Indeed they have been investigated in several works of research, which investigate their physiological and psychological effects. Western psychotherapy approaches, especially the so-called third waves of cognitivism, are integrating their clinical practices with these unconventional techniques. Furthermore, under a cognitive-behavioral perspective, a number of studies has demonstrated an improvement in many psychological and physiological disorders. However, the introduction of oriental conceptions of human psyche in Western psychology and the comparison between these models originally have seen also preeminent figures from European psychoanalytical panorama, such as Jung, Fromm, Stern, and Safran. Nevertheless the integration process between psychodynamic psychotherapy and meditation seems to present some criticisms, which could impede psychodynamic therapists in applying mindfulness-based interventions during their clinical practice. Part of these issues is due to terminological ambiguity with regard to the concepts of "Ego" and "Self", which make those perspectives apparently incompatible; for example, Western practicing could intend "Ego" as an object that must be defeated through the practice, ignoring that during meditation some aspects of "Ego" (as conceived by the Western perspective) are boosted, and they are not abandoned. In order to open a dialogue that enables Western psychodynamic therapeutic approaches

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mindfulness-based intervention

to integrate oriental conceptions into clinical practices and academic research, we have made an overview of these critical concepts.

Mindful reading: Mindfulness meditation positively affects reading, attention and psychological domains among dyslexic adults

Ricardo Tarrasch, School of Education and Sagol Neuroscience School; Ricardo Tarrasch, School of Education and Sagol Neuroscience School; Naama Friedmann, School of Education and Sagol Neuroscience School, Tel Aviv University, Israel

Reading is one of the most important skills in everyday life. Nonetheless, about 5-17% of all children are highly disabled to perform this otherwise automatic and easy task, making this disability the most common neurobehavioral disorder among children. Reading impairments are grouped under the term dyslexia, and among many children, continue into adulthood. Individuals with poor reading often suffer from accompanied difficulties and morbidities, such as embarrassment, frustration, lack of motivation, low self-esteem, anxiety, affective disorders and higher rates of psychiatric disorders, mainly attention deficit/hyperactivity disorder. The substantial connection between reading difficulties and attention deficits has been demonstrated in several epidemiological studies. The highly disabling characteristics of dyslexia highlight the importance of efficient remedial interventions. Despite the usefulness of existing interventions, they possess substantial disadvantages as they rely on a moment-to-moment strategy and thus require continuous implementation, and none of them addresses other, related domains of difficulties. A promising direction for such beneficial intervention is the practice of mindfulness meditation. We assessed the effects of a mindfulness-based stress reduction workshop on reading, attention and psychological well-being, among people with dyslexia and/or attention deficits. Following the workshop, most participants with dyslexia made fewer errors, with a significant reduction of their original number of errors. This improvement probably resulted from a significant improvement in sustained attention and impulsivity. In addition, reaction times in tests assessing attention decreased without affecting accuracy. Furthermore, significant improvements were obtained in participants' mindfulness, perceived stress, rumination, depression, state anxiety and sleep disturbances.

Decentering in the process of cultivating mindfulness: An experience sampling study

Adi Shoham, University of Haifa, Israel; Pavel Goldstein, University of Haifa, Israel; Ravit Oren, University of Haifa, Israel; David Spivak, University of Haifa, Israel; Ravit Oren, University of Haifa, Israel

Aim: A limited body of research has attempted to intensively and prospectively map and model the processes of change that develop and transact over the course of learning and practicing mindfulness meditation and in daily living. Accordingly, we focused on the role(s) and salutary function(s) of mindfulness and decentering for emotional experience, in meditative states and daily living, over the course of mindfulness practice and development. Methods: 52 experience-samples were collected from 82 meditation-naïve adults from the general community. Digital experience samples were taken in daily living and meditative states, over the course of a 1-month, six-session, Mahasi-based mindfulness training intervention. Data were analyzed via time varying effect models (TVEM) and mixed-linear modeling (MLM) within a single-subject multiple-baseline experimental design. Results: First, over the course of the intervention, participants grew more mindful as well as decentered, in daily living and meditative states. Second, the association between mindfulness and decentering was significant in daily living, although the magnitude of this association was stronger in meditative states. Third, we observed the same contextualized pattern of relations between mindfulness and emotional -valence (happy > sad) as well as -arousal (calm > nervous). Finally, whereas decentering mediated the effect of mindfulness on reduced emotional arousal in meditative states, it did not similarly mediate the effect of mindfulness on positive emotional valence. Discussion: Findings illustrate the insights that may be gained about mindfulness mechanisms broadly and decentering specifically through study of mindfulness as a dynamic, contextualized developmental process over time.

An Online Meditation Program for People with Multiple Sclerosis and Their Caregivers

Francesco Pagnini, Catholic University of Sacred Heart, Milan, Italy; Cesare Cavalera,

Catholic University of Sacred Heart, Milan, Italy; Enrico Molinari, Catholic University of Sacred Heart, Milan, Italy

We investigated the impact of a meditation program delivered through telemedicine, based on the MBSR protocol and adapted to the clinical peculiarities of Multiple Sclerosis (MS). The classic MBSR protocol was implemented with a web-based multimedia software. One-hundred and twenty patients with MS, together with their caregivers, were randomly allocated to the telemedicine meditation program or to an online psycho-educational intervention. The intervention condition consisted of two hours/week of online meditation in a group setting led by a trainer, plus one hour/week of individual exercises. The control condition incorporated a psycho-education online program, requiring a similar time commitment than the meditation program. Participants with MS were assessed for quality of life, anxiety, depression, quality of sleep, mindfulness and fatigue, at baseline, at week 8 (conclusion of the intervention) and at week 27 (6 months follow-up). Caregivers completed assessments following the same timeline, with similar outcomes, plus caregiver burden. A subgroup of participants was assessed with actigraphies, for an instrumental evaluation of their sleep and physical activity. Results will be presented at the meeting, together with clinical considerations about the use of telemedicine to deliver mindfulness-based protocols.

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evidence-based psychotherapies

The development of interventions to prevent victimization of psychiatric patients

Risk of criminal victimisation in outpatients with common mental health disorders.

Jack J.M. Dekker, Arkin Mental Health Institute

Aims: Psychiatric patients are more often victim of a crime than the general population. Victimization leads to higher symptom severity and service use, decreased quality of life and a higher revictimization risk.(1) Previous victimisation research focused mainly on patients with severe mental illness (SMI).(2) Studies addressing victimisation in other psychiatric disorders are scarce. This study aimed to examine the prevalence, risk factors and contextual factors of victimisation in outpatients with depression, SMI or substance use disorders (SUD), compared to the general population. **Methods:** 12-Month victimisation prevalence was measured in 300 outpatients (depression = 102, SUD = 106, SMI = 92) and compared with a matched general population sample (N=10865), using a National Crime Victimization Survey. In addition, we examined which contextual factors predicted victimisation rates. **Results:** Of all outpatients, 61% reported experiencing some kind of victimisation over the past year; 33% reported violent victimisation (3,5 times more than the general population) and 36% reported property crimes (1,2 times more than the general population). Patients with SUD (76%) and depression (67%) were victimized in general more often than SMI patients (39%). Younger age and hostile behavior were associated with violent victimisation, whereas being male and living alone were associated with non-violent victimisation. **Discussion:** Outpatients with depression, SUD and SMI are at increased risk of victimisation compared to the general population. Our results indicate that victimisation is especially common in outpatients with depression and SUD. Future research should focus on the development of effective prevention programs. 1. Hanson, RF, Sawyer, GK, Begle, AM, Hubel, GS (2010). The impact of crime victimization on quality of life. *J Trauma Stress* 23: 189-197. 2. Perese, EF (2007). Stigma, poverty and victimization: roadblocks to recovery for individuals with severe mental illness. *J Am Psychiatr Nurses Assoc* 13: 285-295.

Victimisation in adults with severe mental illness: prevalence and risk factors in different care settings.

Liselotte de Mooij, Arkin

Aims: Patients with a severe mental illness (SMI) are more likely to experience victimisation than the general population. Victimization can be described as a stressful event and may induce a psychosis or relapse.(1) Furthermore, victimisation can render the onset of a post-traumatic stress disorder, especially when it concerns a violent crime, and impair treatment outcomes.(2,3,4) Unfortunately, in current treatment of SMI patients there is barely attention for victimisation. To examine the prevalence of victimisation in people with SMI, and the relationship between symptoms, treatment

facility and indices of substance use/misuse and perpetration, in comparison with the general population. Methods: Victimization was assessed among both randomly selected patients with SMI (n=216) and the general population (n=10 865). Results: Compared with the general population, a high prevalence of violent victimization was found among the SMI group (22.7% v. 8.5%). Compared with out-patients and patients in a sheltered housing facility, in-patients were most often victimised (violent crimes: 35.3%; property crimes: 47.1%). Risk factors among the SMI group for violent victimization included young age and disorganisation, and risk factors for property crimes included being an in-patient, disorganisation and cannabis use. The SMI group were most often assaulted by someone they knew. Discussion: The high prevalence of victimization among SMI patients indicate that prevention and intervention programs are needed for these individuals. This research resulted in the development of two interventions to improve vulnerability for victimization: the SOS (Self-wise, Other-wise, Streetwise) training, and an online emotion regulation training.(5,6)

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Preventing victimization in depressed patients: Prevalence rates, potential mechanisms and the development of an online emotion regulation training.

Carolien Christ, Arkin

Aims: Depressed patients are more likely to become victim of a violent crime in comparison to the general population(1). Unfortunately, victimization remains largely unnoticed and untreated in current depression treatments. Apart from several risk factors that aren't easily influenced, such as childhood trauma and previous victimization(2), the modifiable construct of emotion dysregulation (ED) has been identified as a risk factor for (re)victimization.(3-7) Depressed patients often suffer from deficits in emotion regulation (ER) skills, such as recognizing, acknowledging, accepting and modulating emotions(8-10). Over the past decades, ED repeatedly has been pointed out as a perpetuating factor of depression(11,12). In summary, ED is considered as an underlying mechanism in depression and victimization. Therefore, we expect an intervention aimed at enhancing ER to decrease both depressive symptoms and victimization. Methods: In a multicenter RCT (N=150), we will examine the effectiveness of a recently developed internet-based ER Training (based on the Affect Regulation Training [13,14]) added to CBT in reducing depressive symptoms and violent victimization risk in previously victimized, depressed patients. Results: We will present a literature review regarding ER as a mechanism underlying depression and victimization. In addition, we will present our internet-based ER training and will share our experiences with its development and implementation. Discussion: Victimization is a highly stressful event that can exacerbate symptom severity and impair treatment outcome(15). Therefore, effective treatment programs aimed at the prevention of victimization in psychiatric patients are needed. To our knowledge, this is the first RCT to examine prevention of violent victimization in depressed patients.

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Victimization in adults with severe mental illness: prevalence and risk factors in different care settings.

Marleen de Waal, Arkin

Aims: Patients with a severe mental illness (SMI) are more likely to experience victimisation than the general population. Victimization can be described as a stressful event and may induce a psychosis or relapse.⁽¹⁾ Furthermore, victimisation can render the onset of a post-traumatic stress disorder, especially when it concerns a violent crime, and impair treatment outcomes.^(2,3,4) Unfortunately, in current treatment of SMI patients there is barely attention for victimisation. To examine the prevalence of victimisation in people with SMI, and the relationship between symptoms, treatment facility and indices of substance use/misuse and perpetration, in comparison with the general population. Methods: Victimization was assessed among both randomly selected patients with SMI (n=216) and the general population (n=10 865). Results: Compared with the general population, a high prevalence of violent victimisation was found among the SMI group (22.7% v. 8.5%). Compared with out-patients and patients in a sheltered housing facility, in-patients were most often victimised (violent crimes: 35.3%; property crimes: 47.1%). Risk factors among the SMI group for violent victimisation included young age and disorganisation, and risk factors for property crimes included being an in-patient, disorganisation and cannabis use. The SMI group were most often assaulted by someone they knew. Discussion: The high prevalence of victimization among SMI patients indicate that prevention and intervention programs are needed for these individuals. This research resulted in the development of two interventions to improve vulnerability for victimization: the SOS (Self-wise, Other-wise, Streetwise) training, and an online emotion regulation training.^(5,6)

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Discussant: Jack J.M. Dekker, Arkin Mental Health Institute;

Panel
evidence-based psychotherapies

Working with emotion states during experiential and family therapies for depression and social anxiety: Predicting termination and follow-up outcomes.

The role of shame and primary adaptive emotions in emotion-focused therapy for social anxiety disorder

Ann Haberman, Ben-Gurion University.

Aim: Social Anxiety (SA) is characterized by fears of being negatively evaluated by others and avoidance of social situations. In Emotion-Focused Therapy (EFT), shame associated with early interpersonal traumatic events, and the anticipation of future shame, are what lead to the anxiety and avoidance. One of the goals of EFT is to help clients, primarily via two-chair and empty-chair dialogues, access and express previously avoided adaptive anger and sadness. Such affective states help clients feel more empowered and connected to personal pain, allowing for the transformation of maladaptive shame. We hypothesized that: (1) Assertive anger will increase and shame will decrease over the course of treatment (2) More assertive anger in a given session will lead to decreases in SA symptoms, self-criticism and depression in the following session. (3) Higher rate of overall sadness expressed by the client will lead to decreases in SA symptoms, self-criticism and depression. Methods: a sample of nine individuals received 22-28 sessions of EFT. All sessions comprising two-chair dialogue, empty-chair dialogue or both, were drawn from each of the cases. Independent raters coded shame, assertive anger and sadness using the Classification of Affective-Meaning States (CAMS). Clients completed self-report measures of SA symptoms, self-criticism and depression pre- and post-treatment and before each session. Results: Assertive anger increased and shame decreased over the course of treatment. Level of assertive anger in a given session predicted changes in SA symptoms and self-criticism in the following week. Aggregated levels of sadness predicted levels of SA symptoms and depression. Discussion: This is among the first studies examining the purported change-mechanisms in EFT for social anxiety disorder and has the potential to inform future treatment development. Our findings support EFT's notion of changing maladaptive emotions with adaptive primary emotions and highlights the therapeutic role of such emotion states. Keywords: Anger, Shame, Emotions, Social Anxiety, Emotion-Focused Therapy, Process Research

Title: Expression of adaptive emotions in Attachment Based Family Therapy (ABFT) for suicidal adolescents.

Chen Lifshitz, Ben Gurion University, Beer Sheva, Israel

Aim : Attachment episodes are a primary change mechanism in ABFT.

Successful attachment episodes are characterized by adolescents expressing their previously avoided but adaptive assertive anger, hurt and unmet attachment needs directly to their parents in the conjoint sessions. Adolescents who present to ABFT with depression and suicidality typically access and express their more dominant, easily accessible, but maladaptive emotions before they are able to express adaptive emotions. Because both the adolescent and the parents have been prepared for the conjoint sessions in separate individual sessions, we hypothesized that the adolescent would be better able to express adaptive emotions in the conjoint task than in the individual alliance building task. We also hypothesized that increase in the expression of adaptive emotions would predict better treatment outcomes. Methods: 16 cases of suicidal adolescents and their parents who received 16 weeks of ABFT were analyzed. Raters coded all individual alliance building sessions with the adolescent and all conjoint attachment episodes using the Classification of Affective Meaning States (CAMS) measure. Results: We found that the conjoint task with the adolescent and the parent was associated with the expression of more

adaptive emotions than the individual task with the adolescent. Preliminary results suggest that increase in the expression of adaptive emotions is related to improvement in outcome measures of depression and suicidality. Discussion: These findings support the ABFT model and theoretical models of emotional processing, and have practical implications in terms of therapists' expectations and preparing adolescents and parents for the conjoint sessions. Keywords: Attachment

Title: CAMS versus Experiencing: Which emotional processing measure best predicts resilient long term change and for whom during experiential therapy for depression

Alberta Eveline Pos, York University, Canada

AIM: Subtypes of depression as well as client differences may dictate the kinds of changes clients find most beneficial to make while receiving treatment for depression. Moreover, different process measures may capture different avenues clients take to reach those changes. This study examined the capacity for two different emotional processing measures, Experiencing (EXP) and the Classification of Affective Meaning States (CAMS) to differentially capture emotional processing differences related to outcome for two subgroups of depressed clients (experientially distant and non-distant) who received experiential treatment for their depressions. METHODS: Emotion episodes (EEs) from the working phase of therapy were sampled for 55 clients from the York 1 and 2 outcome studies who provided both termination and long-term follow (18m FU) measures of outcome. Emotional processing occurring within EEs was coded using EXP and CAMS for all clients. Two subgroups defined as experientially distant (ED) versus non distant (END) were also identified. Hypotheses were that ED clients would benefit most by general deepening of their emotional awareness as measured by EXP while END clients would benefit most by accessing primary adaptive emotion as measured by CAMS. Results: Opposite results were found than predicted. Adaptive emotion positively and secondary emotions negatively predicted both termination and 18month FU outcomes for ED clients predicting up to 50% of their outcome variance while peak EXP or EXP Level 6 best predicted outcomes for the END group (up to 40% at termination and 10% at 18m FU). Assertive anger was also identified as particularly important in resolving depression. DISCUSSION : The CAMS may be a better process measure for capturing avoidance while EXP Level 6 may be capturing a unique aspect of emotional change that should be newly considered.

Discussant: Jeanne Watson, University of Toronto, Canada;

Panel
evidence-based psychotherapies

Intensive long-term psychoanalytic oriented psychotherapy with severely disturbed patients.

The "Lechol Nefesh" Project: Long term, intensive psychoanalytically oriented psychotherapy for severely impaired patients in a public outpatients clinic in Abarbanel mental health center, Bat Yam, Israel

Ilan Amir, Israel Psychoanalytic Society; Yael Samuel, Israel Psychoanalytic Society; Henry Szor, "Yehuda Abarbanel" Mental Health Center, Bat Yam

Outcomes of "Lechol Nefesh" long term psychoanalytically oriented intensive psychotherapy project with severely impaired patients

Gaby Shefler, Hebrew University, Jerusalem, Israel; Ayelet Plus, Jehuda Abrabanel Mental Health Center, Bat Yam, Israel; Ron Finkenberg, Lechol Nefesh; Henry Szor, "Yehuda Abarbanel" Mental Health Center, Bat Yam, Israel; Ido Lurie, Tel-Aviv University; Ilan Amir, Israel Psychoanalytic Society; Gil Goldzweig, The Academic College of Tel-Aviv Yaffo

Eighteen severely impaired adult outpatients, were treated for over two years with intensive psychoanalytic oriented psychotherapy at a public outpatients clinic. Therapy was conducted by trained therapists, constantly supervised by psychoanalysts and participating in a weekly seminar. Three outcome measures (BDI, SCL 90 and OQ 45) were implemented after first evaluation and every six months, since therapy started. Results show improvement on several of the indices of the mentioned measures. Another measure: number of hospitalization days before and after treatment, was developed applied and showed significant and useful measure for outcome in treating difficult and severely impaired patients The clinical and economical meaning and significance of the results are discussed in parallel to some methodological shortages and limitations of the project in its current condition and with future perspectives.

Discussant: Alexander Wilczek, Karolinska Institute, Stockholm, Sweden;

Panel

alliance & interpersonal process

Alliance problems, resolutions and the attachment perspective

Changes in attachment coherence after therapy

Rachel N. Wyner, New School University, New York, USA; Jeremy D. Safran, New School University, New York, USA; Jordan Bate, New School University, New York, USA; Alessandro Talia, Heidelberg University, Germany

Mary Main introduced the idea that attachment mediates not only behavior, but also thought processes, and can therefore be studied through narrative. Attachment patterns, or states of mind with respect to attachment, have been linked to the ways in which people narrating attachment relationships adhere to or violate linguistic philosopher Paul Grice's coherence maxims. While therapists are not formally attachment figures, patients apply their internal working models of relationships in therapeutic interactions, so therapists can be seen as attachment-like figures. Irrespective of the content or quality of the therapeutic alliance, when the therapy goes well and has worked, patients should have formed certain bonds of attachment to therapists, which they would then be able to discuss in an open and coherent manner. Since one aspect of coherence is the ability to collaborate with interviewers, a coherence measure also reflects patients' capacity for relating to others. In this study of 33 patients, Adult Attachment Interviews (AAs) administered prior to a 30 session course of Brief Relational Therapy (BRT), and similarly structured Patient-Therapist Relationship Interviews (PTRIs) administered at termination, will be scored for coherence, using, respectively, coding systems devised by Main, Goldwyn, & Hesse (2003) and Bate, Talia, & Wyner (2012). Correlations among pre- and post-treatment coherence scores, rates of change, and outcome measures (IIP, SCL-90, and TC) will be evaluated, to assess changes in this domain and other indices of progress. Changes in coherence scores will also be analyzed as a covariate with other outcome and follow-up measures.

Resolving Ruptures in the Therapeutic Alliance Using Session-by-Session Feedback -- A Task Analytic Study

Christopher James Laraway, NHS (UK)

Aim: Despite significant high quality research linking both rupture resolution and session-by-session feedback to outcome, there is little understanding of how feedback may be used to help resolve ruptures. This study aimed to develop an explanatory model of how session-by-session feedback may be used to facilitate the identification of ruptures and aid the process of rupture resolution. Method: A task-analytic design was employed. Participants were five experts in the field of the therapeutic alliance and/or session-by-session feedback. They were interviewed to develop a theoretical model of how this therapeutic task might be achieved. Five patients receiving integrative therapy from one of two therapists also took part in the study. An analysis of selected sessions led to the development of an empirical model of in-session performance of this therapeutic task. The two models were then combined to produce a rational-empirical model. Results: A rational-empirical model of rupture resolution using session-by-session feedback was developed, and described using both theoretical and clinical material. Discussion: Results suggest that session-by-session feedback can be used to identify ruptures and aid in the process of rupture resolution. The patient contribution to this process is crucial in its success. Findings will be discussed with regards to their conceptual, empirical, and clinical implications.

What is hidden within quantitative measurements of resolutions of ruptures in the therapeutic alliance?

Mattias Holmqvist Larsson, Linköping University, Sweden

Aim: Ruptures and repairs in the therapeutic alliance have been studied at different levels of detail, and both quantitatively and qualitatively, in psychotherapy research. The aim of the present study was to investigate qualitative differences in resolutions of alliance ruptures, which initially were identified using a quantitative repeated measure of alliance level within sessions. Method: Videotaped therapy sessions with depressed adults receiving Brief Relational Therapy (BRT) or Interpersonal Therapy (IPT) were observed with two instruments. A newly developed instrument, the Alliance and Rupture Observation Scale (AROS), was used to find alliance ruptures and repairs

within sessions quantitatively. The Rupture Resolution Rating System (3RS) was used to investigate different qualities in resolutions of alliance ruptures. Results: The amount of sessions with rupture-repair episodes, found using the AROS, are presented. Descriptive results are presented concerning how ruptures were resolved. Results regarding differences in how ruptures were resolved in BRT and IPT respectively are also presented. A substantial part of the repaired ruptures were resolved without the use of explicit negotiation or relational interventions. Discussion: Results suggest that quantitative and qualitative approaches when identifying and analysing resolutions of ruptures in the therapeutic alliance can be used complementary, and can be reciprocally informative. Specific ways of resolving ruptures, which were found in the study, are discussed in relationship to differences between treatment modalities. Findings will be discussed with regard to their conceptual, and clinical implications.

Does attachment behavior in sessions predict alliance ratings?

Rolf Holmqvist, Linköping University, Stockholm, Sweden

Different aspects of the process in psychotherapy have been found to be significant for treatment outcome. One way of understanding the interaction is to view it from an attachment perspective. Therapist behavior can be seen as attachment providing and the patient's as attachment seeking. In this study, the Emotional Availability Scales (EAS) were used to rate the interaction in therapy sessions. The EAS was created as an observation scale for caregivers and children but has fruitfully been applied to therapy sessions. Sessions from IPT and BRT therapies were rated with EAS. Ratings were compared with patient and therapist ratings of the alliance and of mutual feelings, and with ratings of type of affect in short episodes. The results indicate that high ratings on the EA scales correlate positively with patients' alliance ratings and with both therapist and patient engaged and relaxed feelings. The EA scales also correlated with ratings of interest as the main affect but not sadness and hopelessness. More studies are needed to analyze the potential usefulness of EAS on therapy sessions

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

Alliance ruptures and resolutions: Training and Practice

Alliance rupture and resolution and therapist interventions: Comparing responders and nonresponders to inpatient brief psychodynamic psychotherapy

Yves de Roten, Institute of Psychotherapy, Lausanne, Switzerland

The relative role of the therapeutic relationship versus "technical" interventions as mechanisms of change is a matter of debate between clinicians and between psychotherapy researchers. The goal of this study is to compare the link between episodes of rupture and rupture resolution of the alliance and therapist interventions in responders and nonresponders of an Inpatient Brief Psychodynamic Psychotherapy (IBPP) -- a manualized psychotherapy in 12 sessions. Fifty-three depressed inpatients (67.9% women) were included (26 responders and 27 nonresponders). Two observer-based measures, the Rupture-Resolution Rating System (3RS; Eubanks, Muran & Safran, 2015), and the Comprehensive Psychotherapeutic Interventions Rating Scale (CPIRS; Trijsburg, 2005), were used to code two sessions (second and penultimate). Response to treatment was assessed according to reliable change index criteria on MADRS and QIDS. Preliminary results showed, in particular, that responders were characterized by (1) more confrontation ruptures than nonresponders, and (2) more often withdrawal ruptures -- the most frequent type of rupture -- were followed by therapist's psychodynamic interventions. Findings will be discussed in terms of validity of the 3RS and mechanisms of change in psychodynamic psychotherapy.

Can therapists develop their abilities to negotiate alliance ruptures? Benefits and limits of a two-day workshop

Diana Ortega, Institute of Psychology, Lausanne, Switzerland; Valentino Pomini, University of Lausanne, Switzerland

Developing the ability to negotiate ruptures is an important element of a psychotherapist's training curriculum. This study examines the effects of a two-day alliance-focused training. 37 participants were randomized into either an experimental group (N=19), who received a two-day training course, or a wait-list control group (N=18). The therapists' abilities to cope with ruptures were assessed before and after the training through standardized role-plays with professional actors simulating hostile

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patients. The role-plays were filmed. Raters assessed the number of resolution strategies used by participants and the overall alliance-repair with the 3RS coding system. Repeated measures ANOVAs showed an interaction effect between time and group condition for both the frequency of resolution strategies used and the overall resolution score ($F(1,35) = 9.3; p = .004$; $F(1,35) = 16.44; p < .001$). At post-test, trained therapists used significantly more resolution strategies and had better success in repairing the alliance, whereas non-trained therapists did not change on both measures. Trained therapists were more able to acknowledge their own contribution to a rupture, to disclose their internal experience, and to explore the patient's thoughts and feelings. Although a two-day format needs to be completed with follow-up sessions, our results show the training already brings some valuable benefits to the therapist's ability to repair alliance. Implications of the findings for training and practice will be discussed.

Alliance-focused practice and training: Findings from a NASPR science-to-practice workshop

Catherine F. Eubanks, Yeshiva University, USA; Christopher J. Muran, Adelphi University, New York, USA; Jeremy D. Safran, New School University, New York, USA
Aim: A half-century of psychotherapy research has demonstrated that the quality of the therapeutic alliance is one of the more robust predictors of treatment outcome across a range of therapeutic modalities. In November 2015, SPR's North American chapter (NASPR) sponsored a one-day science-to-practice workshop to explore cutting edge developments in the practice of training therapists to develop and maintain strong alliances with their patients. This paper will present a summary and analysis of the themes that emerged from the workshop. Method: Workshop leaders led breakout groups that explored principles related to building an alliance and negotiating alliance ruptures in therapy, and principles related to training therapists to deal with alliance ruptures. Each group produced a set of key principles. These principles were submitted to a qualitative analysis to identify points of convergence and divergence. Results: Results will identify common and unique principles that emerged from the various breakout groups. Discussion: Findings will be discussed in terms of areas of consensus, and areas where more research is needed. Implications for practice and for therapist training will be highlighted.

Discussant: Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA;

Therapists' family backgrounds, family experiences, and development: Effects of early care, personal therapy, and becoming a new parent

Therapists' early family life: Economic status, psychological functioning, and childhood trauma or abuse

David E. Orlinsky, University of Chicago, USA; M. Helge Rønnestad, University of Oslo, Norway

Aim: Economic status is commonly reported in social science research yet is rarely recognized in research on psychotherapists, possibly because practitioners typically attain middle or upper-middle class status. However, the families-of-origin in which therapists grow up do vary in economic status, and these variations may affect the quality of formative childhood experiences. The present study explores the impact of family-of-origin economic status on therapists' ratings of their childhood family's emotional functioning, quality of care, and extent of trauma or abuse. Method: Information on therapists' family economic backgrounds was included in recent versions of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) used by members of the SPR Collaborative Research Network to collect data in Denmark (N=378), China (N=454) and the USA (N=81). Results: Significantly different economic backgrounds were found for therapists in these countries. Overall, a majority (52%) of therapists from economically challenged backgrounds rated their early family functioning positively, but also reported they were more likely to have experienced emotionally significant trauma or abuse. By contrast, only 28% of therapists from economically comfortable backgrounds indicated their families functioned well, emotionally and psychologically, but on the other hand they and those from economically secure families were less likely to have experienced trauma or abuse. Separate analyses revealed different results for different national subsamples, which differed from one another in numerous respects. Discussion: Findings highlight the

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value of research on therapists' personal characteristics, and the importance of recognizing variations in social and cultural conditions in different countries.

Interrelations of therapists' current life quality, early family care and personal therapy experiences

Helene A. Nissen-Lie, University of Oslo, Norway; M. Helge Rønnestad, University of Oslo, Norway; David E. Orlinsky, University of Chicago, USA

Aims: Research on the 'therapist as a person' and its relevance to successful therapeutic work is an area of study that should shed light on how therapist characteristics contribute to the 'therapist effects' that influence patient outcomes. Therapists' personal characteristics include variables such as current quality of life, early family experience, and their own personal therapy experiences. This study explores interrelations among these variables in a sample of psychotherapists of varied professional background, career level, and theoretical orientation. Methods: We will analyze the responses of 1600 Norwegian psychotherapists to the Development of Psychotherapists' Common Core Questionnaire (DPCCQ) (Orlinsky et al., 1999); a large-scale multi-part survey instrument developed within the 'Collaborative Research Network' of the Society for Psychotherapy Research. Structural equation modeling (SEM) will be employed to investigate the extent to which quality of early family care affects therapists' current life quality and whether personal therapy experience is a potential 'mediating moderator' of that relationship. Conclusions: Findings will be discussed in terms of their implications for the use of personal therapy in therapist training, for therapist self-care, and the quality of therapists' clinical work.

Transition to parenthood and its impact on the professional development of psychotherapists

Tal Yehezkeili-Yogev, University of Haifa, Israel; Hadas Wiseman, University of Haifa, Israel; Ruth Sharabany, University of Haifa, Israel

Aim: Experiences in the personal lives of psychotherapists may have an important effect on their professional development and work experiences. This study aims to examine professional development during the stage of becoming a parent in relation to experiences of professional growth and work experiences. We examined differences between the stages of pregnancy and the stage of practicing psychotherapy as a first-time parent. Therapist's attachment was examined as a possible moderator of professional growth or decline over the time between pregnancy and early-child-care experiences of first-time parents. Method: 115 women and 36 men completed the Hebrew version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ) (Orlinsky et al., 1999; Wiseman, Shefler, & Dar-Yam, 1996) at two time-points: pregnancy and 3 months after returning to work following maternity/paternity leave. Attachment style was assessed using the Experiences in Close Relationships Scale (ECR) (Brennan, Clark & Shaver, 1998). Results: Women's Currently Experienced Growth during pregnancy was significantly lower than during early-parenting, while men showed no differences between the two periods. Healing Involvement (HI) among both men and women was higher during pregnancy than during early-parenthood. Stressful Involvement (SI) was higher among women during pregnancy than during early-parenthood, while the opposite pattern was obtained among men (higher during early-parenthood than during pregnancy). Regardless of time, men reported greater HI than women, and women reported higher SI than men. Discussion: Impacts of the transition to parenthood on the professional development of psychotherapists will be highlighted and its relevance for training and supervision will be discussed.

Discussant: Thomas Schröder, University of Nottingham, UK;

Panel *psychotherapy integration*

Timely approaches of psychotherapy and psychosocial interventions with people who have a serious mental illness

Internet-based self-help for psychosis: a feasibility pilot study

Stefan Westermann, University of Bern, Switzerland

Aim: Cognitive behaviour therapy (CBT) for psychosis is effective and recommended in several national treatment guidelines. However, its dissemination in general health systems is poor. Internet-based self-help for psychosis has the potential to narrow the treatment gap. The aim of this pilot study is to explore the feasibility of Internet-based

self-help for patients with psychosis and potential negative side effects. Method: A self-help programme derived from the Metacognitive Training for psychosis (MCT; Moritz et al., 2014, ClinPsycholRev) - a CBT-oriented training that aims to reduce cognitive biases and distorted problem solving strategies - was conducted with minimal guidance. Participants had verified diagnoses of schizophrenia-spectrum disorders. Paranoid ideation, cognitive insight and quality of life, as well as side-effects, were assessed via self-report before and after the intervention (pre-post-design). Results: Preliminary analysis with N=14 patients indicate a high completion rate of M=4.9 of 6 sessions (SD=2.2; 82%). 79% of the patients were very or largely satisfied with the programme, but 43% reported that not all their needs were addressed. Generally, the level of side-effects was low (8%). However, a single patient reported a transient paranoid interpretation of the self-help programme. The pre-post-effect of the intervention on paranoid ideation, cognitive insight and quality of life was not significant ($p > 0.13$), perhaps owing to the fact that some patients had already participated in MCT before. Discussion: Internet-based self-help for psychosis is feasible for many patients, according to the findings of this pilot study. Patients were content with the programme, the adherence was high and psychosis-relevant side-effects were low and transient. Patients with psychosis might benefit from Internet-based self-help.

Studying the effectiveness of metacognitive reflection and insight therapy: preliminary results

Marieke Pijnenborg, University of Groningen, Netherlands

Aims: One definition of metacognition holds that metacognitive capacity is the ability to form integrated, complex representations of self and others. Metacognition is impaired in a majority of people with psychotic disorders. A set of interventions has been developed to assist persons with schizophrenia in developing this capacity. This study seeks to study the effectiveness of such a new metacognitive approach (Metacognitive Reflection & Insight Therapy: MERIT) that aims to stimulate metacognitive functioning in psychotic disorders. Method: MERIT is currently evaluated in a multi-center randomized controlled trial. Results of this trial will be presented. Results: First, baseline performance on several tasks that assess aspects of metacognition such as empathy and Theory of Mind in a large sample ($n=70$) of people with schizophrenia that participate in the MERIT trial and controls ($n=30$) will be presented. Subsequently, preliminary results of a randomized controlled trial will be discussed. The primary outcome measure is an improvement in metacognitive function. To investigate ecological validity of the treatment, secondary measures are stigma, quality of life, processing speed & flexibility, depression, social functioning, insight, work readiness and empathy. Conclusions: More knowledge on impairments in metacognition in psychotic disorders stimulates the functioning in psychosis.

Studying the process of change among people with a serious mental illness participating in Narrative Enhancement Cognitive Therapy (NECT)

David Roe, University of Haifa, Israel

Aims: Narrative Enhancement Cognitive Therapy (NECT) was developed to address the fundamental impact of stigma on identity amongst people with serious mental illness (Yanos et al., 2011). NECT is a structured, manual-based 20 session group intervention which relies heavily on psychoeducation, cognitive restructuring and narrative enhancement. To date, NECT has been implemented in the United States, Israel, Sweden and Denmark and three published studies including a small RCT (Yanos et al, 2012), a larger quasi experimental study (Roe et al., 2014) and a small qualitative study (Roe et al, 2010) have supported its positive impact. The purpose of the present study was to study the process of change during NECT. Method: 61 persons with a case record diagnosis of a severe mental illness and an at least 40% psychiatric disability completed a pre and post intervention in addition to two assessments during the intervention. Qualitative analysis of practitioners weekly reports yield processes, sequences and themes which were then linked to the quantitative data. Results: Repeated measures ANOVAs revealed a significant time effect for internalized stigma ($F(2,136)=5.35, p < .01, \eta^2=.09$). Comparisons among the assessments showed that internalized stigma significantly decreased between time 1 and time 2 ($F(1,57)=13.81, p < .001, \eta^2=.20$). In addition, a significant time effect was found for self clarity ($F(1,58)=6.83, p < .05, \eta^2=.11$). There was a significant increase in self clarity between time 1 and time 4. There were no significant differences in levels of insight, hope,

functioning and recovery. Conclusions: Conducting repeated measures and linking quantitative findings to weekly group reports enabled to generate hypotheses about the process of change among people with serious mental illness participating in NECT.

Social cognition and interaction training versus therapeutic alliance focused therapy among persons with Serious Mental Illness (SMI): improving social skills and quality of life

Ilanit Hasson-Ohayon, Bar-Ilan University, Israel

Aims: Social Cognition and Interaction Training (SCIT) is a manualized, group-based intervention that was developed to address the three core deficits in social cognition associated with schizophrenia: emotion perception, Theory of Mind (ToM), and attributional style. SCIT has demonstrated efficacy in improving social cognition and social functioning in both inpatient and outpatient samples. In addition, evidence shows that the therapeutic alliance is related to various treatment outcomes. Thus, both the SCIT and a therapeutic alliance focused therapy (TAFT) may both affect social cognition and social functioning, but through different pathways. The study compares the effectiveness of both interventions in improving social functioning and additional outcomes. Method: A Randomized Controlled Trial (RCT) with persons with serious mental disorders was conducted comparing SCIT, TAFT to treatment as usual (TAU). Outcome measures, including social quality of life and social functioning, as well as mediating processes, including the identification of affective states, ToM, attribution errors and therapeutic alliance were assessed. Cognitive functioning and symptom severity were treated as covariates. Results: preliminary results based on completion of one site (N=19 completers of the 3 conditions) showed that participants in both treatment interventions reported improved social quality of life and improvement in ToM and different sub-scales of the attribution assessment scale. In addition, improvement in emotion identification was observed in the TAFT group. Surprisingly, decrease in social functioning was observed in both groups suggesting the need to further validate the experiential assessment. Conclusions: due to the ongoing research project and the relatively low N that these preliminary results are based on, cautions should be taken when considering the findings. However, although preliminary these findings suggest that both interventions, SCIT and TAFT, are beneficial and that different ways of assessing social functioning should be critically tested.

Panel

practice-training-research networks

Practice-oriented research: Treatment issues with difficult clients

Sticking With It: Psychotherapy Outcome for ASD Adults in a University Counseling Center

Jonathan C. Cox, Brigham Young University, Provo, USA

Aim: Young adults with autism spectrum disorders (ASD) experience high rates of comorbid mental health concerns. Many adults with ASD seek treatment in outpatient facilities that are not specifically geared towards individuals with ASD. However, few studies have investigated the effectiveness of standard psychotherapeutic care in adults with ASD. We examined how individuals with ASD fared in psychotherapy at a college counseling center compared to their neuro-typical peers. Methods: We examined a large data set containing information on 34,874 clients that visited the Brigham Young University Counseling and Psychological Services (CAPS) from 1994-2015. Therapy case notes were searched for terms associated with ASD and coded into three categories: Confirmed ASD (N=95), Probable ASD (N=109), or Does not have ASD (N=34670). Change across sessions in clients' scores on the Outcome Questionnaire-45 was analyzed with a repeated measure mixed model. Results: Clients with confirmed or probable ASD showed no difference in level of distress at intake compared to their neuro-typical peers. However, clients with confirmed and probable ASD participated in a significantly larger number of sessions than neuro-typical clients. Clients with confirmed ASD also improved at a faster rate in therapy than neuro-typical clients. Discussion: Overall, adult therapy clients with ASD appear to benefit from typical psychotherapy as much or more than their neuro-typical peers the longer they stay in therapy. They also tend to stay in therapy longer than their peers. They should be encouraged to continue in therapy even if they do not feel immediately that it is helping.

Manualized CT vs. usual CBT treatment for social anxiety disorder in a practice setting

Juergen Hoyer, Technical University Dresden, Germany

Aim: The present study examined the effectiveness of manualized Clark-Wells Cognitive Therapy (CT) versus usual, individualized cognitive behavioural therapy (CBT) for social anxiety disorder (SAD) in routine practice. In the manualized arm of the study, the same methods and procedures were used as in a previous large RCT (conducted in a university setting). **Methods:** Organized by three study centres in Germany, N = 49 experienced private practitioners were included and received either training in manualized CT or no specific training. A total of 162 patients (N = 107 completers) were included. The Liebowitz Social Anxiety Scale (LSAS) served as the primary outcome measure; therapy duration was also assessed. Data were collected at treatment onset, after treatment completion (25+5 sessions), and at 6 and 12 months follow-up. Data were analyzed using Multilevel Mixed Models. **Results:** In both groups, a clear reduction of social anxiety symptoms was reached ($d = 1.86$ for LSAS expert rating version conducted by blinded diagnosticians; $d = 1.21$ for the self-rating version) and remained stable at both follow-up assessments. There were no significant time*group interactions, neither concerning symptom reduction nor treatment duration. **Discussion:** The present trial demonstrates strong effects of CBT and CT for social anxiety disorder as conducted in routine practice, which were equivalent to those reached in a previous RCT. Effects of additional manual training of private practitioners for therapy outcome could not be observed, although those having been trained rated the approach as very helpful.

Predictor of Suicide in College Counseling Center Clients

Rebecca Janis, Penn State University, University Park, USA

Aim: Suicide is the second leading cause of death among college students, and each year 10% of students seriously consider attempting suicide, with 1.5% actually attempting suicide. These rates are even higher among college counseling center clients, who are more likely to report suicidal ideation and past suicide attempts compared to the general student body. The present study aims to predict attempted and completed suicides in college counseling center clients using information gathered at intake, as well as characteristics of treatment. **Methods and results:** Data from over 25,000 clients at 63 university counseling centers in a large international practice-research network were included in a logistic regression predicting attempted and completed suicides. Results indicate that higher depression and hostility scores at intake were associated with an increased risk of suicide, while importance of religion was associated with a decreased risk. Further, the risk of suicide attempt increased with the number of sessions a client attended. **Discussion:** Implications for treatment are discussed.

The Additive Impact of Sexual and Ethnic Minority Stress on Treatment Variables: Working Within Systematic Treatment Selection

Kimberly Dawn Miller, Palo Alto University, USA

There exists a research base which has successfully linked stress related to one's minority status to poor mental health. Sexual minority stress, in particular, has been found to contribute to declining mental health. Research also indicates that ethnic minority stress negatively impacts mental health. The combined impact of these two facets of minority stress is likely to be additive. However, much of the research on this latter issue has largely focused on mental health disparities between white and ethnic minority LGBT individuals. Research evaluating the combined impact is weak and suffers from numerous confounding factors such as the type of treatment received, expectations, and the like. The proposed pilot study will work within an integrated treatment perspective, using the Systematic Treatment Selection (STS) assessment system to explore the possible mediators of the link between the type of minority stress--ethnic vs sexual--on types of behavioral symptoms, and especially on the elevation of these symptoms. The study adds light to the relationship between demographic variables and treatment variables, especially on the additive nature of sexual minority stress and ethnic minority stress.

Clinical Practice.

Construct Validity of the Self-Compassion Scale-Short Form Among Psychotherapy Clients

Jeffrey A. Hayes, Penn State University, University Park, USA

Interest has been growing in the mental health benefits of self-compassion. Whereas most research on this topic has been conducted with the 26-item Self-Compassion Scale (SCS; Neff, 2003a), a briefer 12-item version of the instrument, the Self-Compassion Scale-Short Form (SCS-SF), also exists. The SCS-SF has demonstrated good validity and reliability in non-clinical samples but it has not been used often in research with psychotherapy clients. This study was designed to examine the factor structure and construct validity of the SCS-SF in a clinical population. Data for this study were collected from 1609 college students receiving services at 10 campus counseling centers. The previously proposed factor structure of the SCS-SF (Raes, Pommier, Neff, & Van Gucht, 2011) was not supported. Instead, analyses revealed two factors, Self Care and Self Disparagement. Evidence for the construct validity of these factors was found via expected relationships with indices of depression, anxiety, social anxiety, hostility, academic distress, eating concerns, family distress, maladaptive perfectionism, suicidality, self-injurious behavior, and social support. SCS-SF scores were unrelated to various measures of substance use. Implications for clinical work and future research are discussed.

Mechanisms of Change in Psychotherapy- The Role of Self Compassion

Lior Galili, Bar Ilan University

Self compassion (SC) is a core concept in the Buddhist thinking which has recently spurred much interest in Psychology. Accumulating evidence suggests that SC is associated with numerous psychological strengths, life satisfaction and feelings of social connectedness (cf., Neff, Kirkpatrick, & Rude, 2007). SC is linked to less psychopathology, specifically with lower levels of depression, anxiety and stress (for a meta-analysis see MacBeth & Gumley, 2012). Despite these promising findings, so far the role of SC as a mechanism of change in psychotherapy has yet to be explored. The current research propose tracing session-by-session changes in symptoms and SC to examine: (a) the patterns of change in SC throughout a time-limited psychotherapy; (b) the association between changes in SC and changes in symptoms on a micro (from session to session) and macro (from pre to post treatment) levels; Method: 60 patients from a university-based community clinic participated in the study. Patients completed the OQ-45 (Lambert et al., 1996), BDI (Beck & Steers, 1987), SCS (Self Compassion Scale; Neff, 2003) and the DERS (Difficulties in Emotion Regulation Scale; Gratz & Roemer, 2004) at pre- and post- treatment to assess symptoms, SC and emotion regulation. At the beginning of each session the ORS (Outcome Rating Scale; Miller, Duncan, Brown, Sparks, & Claud, 2003) and HSCL-11 (Hopkins symptom checklist; Lutz, Tholen, Schürch, & Berking, 2006) were administered to assess symptomatic distress. Changes in SC level were monitored using three items chosen from the full SCS. The expected results will shed light on the trajectories of change in SC in the context of naturalistic psychotherapy, as well as the influence of such trajectories on therapy outcome. Implications for practice and research will be discussed.

Self-Compassion in Psychotherapy: Introducing in Too Soon is Premature.

Golan Shahar, Ben Gurion University, Beer Sheva, Israel

In the face of the lightened interest in self-compassion as both a self-based trait and an a viable target for psychotherapeutic intervention, I take a more critical and suspicious stance in this presentation. I posit that, as a self-based trait, self-compassion too strongly overlap extensively research personality traits such as openness to experience and trait mindfulness, and that expected moderating effects of self-compassion in the links between self-criticism and distress have yielded null findings. As a target for intervention, particularly in the context of treating self-criticism, several studies provide supportive evidence. I argue, however, that for chronically depressed and self-critical patients, encouragements to be self-compassionate early in the treatment process are premature, and might ultimately do more harm than good. Chronically depressed and self-critical patients have been spending their lives disbelieving themselves and others, and the punitive and hostile representations of others that govern their perception of the world are bound to detail efforts of making them more compassionate towards themselves. Alternatively, I propose that the road to

self-compassion in treatment is to have the therapist be continuously compassionate towards the patient even in the face of (inevitable) doubting, confrontations, and provocations launched by the latter). It is the compassionate other, I submit, that enables the compassionate self. I discuss these theoretical position from the point of view of my evolving, Cognitive-Existential Psychodynamic (CEP) approach to integrative psychotherapy.

Discussant: Barry Farber, Teachers College, Columbia University;

Panel
evidence-based psychotherapies

The use of psychodynamic techniques and their relation to outcome in short-term therapy for patients with moderate depression and anxiety

And How Does That Make You Feel? Psychodynamic Technique Related to Outcome for Depressed Patients

Michael Katz, Adelphi University, New York, USA; Mark J. Hilsenroth, Adelphi University, New York, USA

Aim: We sought to extend the findings of Hilsenroth et al. (2003), who found a relationship between psychodynamic techniques across psychotherapy and changes in depressive symptomatology. We further examined this relationship between psychodynamic interventions across two sessions early in treatment with reliable change in depressive symptoms. **Methods:** Forty-six outpatients consecutively enrolled in individual psychodynamically oriented psychotherapy who received a DSM-IV Axis I diagnosis of a depressive spectrum disorder were assessed pre- and post- treatment through patient self-report of depressive symptoms on the BSI-Depression Scale. Psychotherapy sessions were videotaped and the third and the ninth sessions were independently rated for overall use of psychodynamic techniques as well as specific psychodynamic interventions. Mean technique ratings across early treatment (third and ninth session) were also calculated. **Results:** We found a significant relationship between overall use of psychodynamic technique and posttreatment reliable change in depressive symptoms at the ninth session ($r = 0.33$, $p = 0.22$) as well as two sessions across early treatment ($r = 0.31$, $p = 0.036$). In addition, specific psychodynamic techniques demonstrated significant relationships with moderate to large effects with posttreatment reliable changes in depressive symptoms. **Discussion:** Early in psychotherapy overall therapist use of psychodynamic techniques, in particular encouraging patients to experience and express feelings in the session as well as suggestions of alternative ways to understand these experiences or events not previously recognized by the patient (i.e., interpretation), was helpful in reducing depressive symptoms across treatment. Clinical implications and areas for future research will be discussed.

Therapist adherence to psychodynamic techniques in the treatment of depression

Liat Leibovich, University of Haifa, Israel; Sigal Zilcha-Mano, University of Haifa, Israel
Abstract: **AIM:** When examining the efficacy and effectiveness of a treatment manual, it is important to evaluate the therapists' adherence to the treatment manual and their competence in using it. The present study has two aims: (a) to examine whether adherence can be manipulated, that is, to test whether therapists practicing short-term psychodynamic psychotherapy for depression can be trained to use only supportive techniques or both expressive and supportive techniques; and (b) to examine the associations between therapists' adherence to supportive and expressive techniques and treatment outcomes. **Method:** Ten patients suffering from major depression will receive 16 sessions of either supportive or supportive-expressive psychodynamic therapy. Sessions 4 and 6 will be coded based on the Penn Adherence-Competence Scale. Throughout the treatment, we will evaluate weekly symptomatic levels based on clinical interviews and patients' self-report. We will also examine the ability of therapists to adhere to each treatment condition, and the association between adherence and outcome. **Results :** will be presented. **Discussion:** The research examines issues with high clinical importance. The results are relevant for the training of therapists and the understanding of the effect of adherence to supportive and expressive techniques in psychodynamic psychotherapy for depression.

The Effects of Transference Interpretations in the Context of Therapeutic Alliance and Attachment Style

dana josepf, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University,

Jerusalem, Israel

Transference interpretation is considered 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. However, it was found that transference work had the strongest specific effect on outcome for patients with low quality of object relations within the context of weaker alliance (Høglend et al. 2011). Studies have shown that greater attachment security was associated with stronger therapeutic alliance, whereas greater attachment insecurity was associated with weaker therapeutic alliance (Diener & Monroe, 2011). Considering those findings, in this paper I will examine the effects of transference interpretations in the context of therapeutic alliance and attachment style. The analysis is based on 8 cases of Supportive-Expressive Short Term Psychotherapy, for moderate depression and anxiety, which were videotaped. Transference interpretations were assessed using the MULTI, rated by objective observers. Attachment styles were assessed using the Experiences in Close Relationship Scale (ECR). Therapeutic alliance was assessed using the Working Alliance Inventory- Short (WAI-S). Outcome was measured by the OQ-45, the Target Complaints and the IIP short form, which were completed after each session. Based on previous studies, my hypothesis is that transference interpretation will have positive effects on outcome and alliance within the context of insecure attachment, while the opposite effects will emerge within the context of secure attachment.

The interaction between interpretation and support in the core phase of psychotherapy and its contribution to treatment outcome

Elad Livneh, Bar Ilan University; Sharon Ziv-Beiman, Tel Aviv Yaffo Academic College Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Tuvia Peri, Bar-Ilan University

Aim: Much debate surrounds the issue of specific therapeutic skills ("active ingredients") vs. the non-specific factors common to most approaches. Although interpretation plays a significant role as a specific intervention in many approaches, the effect of interpretation on treatment outcomes has yielded contradictory findings. A major problem with available research is the neglect of contextual factors that may affect the relationship between interpretation and outcome, such as which patients benefit more from interpretation, in which stage of therapy, and within what kind of therapeutic atmosphere. This study addresses these issues, focusing on the core (middle) stage of treatment and considering the moderating effect of supportive skills, as well as patient attachment, on the relationship between interpretation and session and treatment outcome. Method: Three sessions from the core phase of 33 12-session short-term integrative treatments (99 sessions in all) were analyzed using the Helping Skills System (HSS; Hill, 2009). Patients completed a measure of attachment at the outset of treatment and outcome measures at the end of each session and at treatment termination. The data was analyzed using Structural Equation Modeling (SEM), issues of nesting being addressed via multilevel regression models. Results: Preliminary results demonstrate various relationships between proportion of interpretation at session and treatment level on session and treatment outcome. Full results will be presented at the SPR meeting in June 2016. Discussion: Findings are discussed with respect to the active ingredients vs. non-specific factors debate and the treatment-apitude perspective.

Discussant: Orya Tishby, Hebrew University, Jerusalem, Israel;

Panel
evidence-based psychotherapies

Therapeutic techniques and change in defense and coping mechanisms over treatment for recurrent major depression

Change in defense mechanisms and depression over treatment in recurrent major depression

John Christopher PERRY, Jewish General Hospital, Montreal, Canada
Objective. Defenses are fundamental mechanisms that underlie basic personality functioning, affecting both symptom disorders and adaptation. One of the original constructs in psychodynamic theory (1894), the study of defense mechanisms has continued to flourish in both clinical and research arenas. This report examines change in defenses in a sample of adults undergoing combined treatment for acute recurrent

major depression in relationship to both symptom and functional outcomes. Methods. Adults with acute recurrent major depression (N=30) were treated with antidepressive medications and randomized to up to 18-months of either Dynamic, CBT or Supportive psychotherapy. Symptom and functioning measures were gathered through periodic interviews. We rated 5 therapy sessions over the course of treatment, and both Dynamic and RAP interviews at intake and 18-months. Interviews were blinded and rated using the Defense Mechanism Rating Scales. A summary measure, Overall Defensive Functioning, indicates the patient's average level of adaptiveness on a 1 to 7 scale. Results. The sample showed a highly significant reduction in depressive symptoms: 80% of individuals recovered but relapses and recurrences were observed in 54%. Overall Defensive Functioning improved significantly, from levels associated with depression (4.6) to the low-neurotic range (>5.0). Attaining healthy defensive functioning (ODF > 5.6) was not common. These findings converged with changes in symptoms and functioning. Exploratory analyses of therapy type as a potential moderator of defensive change will be presented. Conclusion. While 18 months of treatment was associated with moderate to large improvements, most individuals did not develop healthy defensive functioning, also reflected in their levels of symptoms and psychosocial adaptation. We will discuss the implications for clinicians working with defenses, and for future research.

Change in Coping Action Patterns and Cognitive Errors over treatment in recurrent major depression

Vera Bekes, Jewish General Hospital, Montreal, Canada

Objective. Since the study of conscious coping diverged from the study of defensive functioning in the 1960's, a plethora of different methods for assessing coping have emerged. However, most measures are self-report and/or targeted to specific stressors, not designed for use in studying observed behavior or verbatim. This study examines 12 coping action patterns (CAPs), as proposed by Skinner et al., (2003), which are operationalized to identify each type of coping as it occurs in interview/session transcripts. We also examine cognitive errors, as described by A.T Beck and others, using a similar approach (Cognitive Errors Rating Scale or CERS). Methods. We used the same treated sample of adults with acute recurrent major depression (N=30), as described in paper 1, treated with antidepressive medications and up to 18-months of either Dynamic, CBT or Supportive psychotherapy. We rated 5 therapy sessions over the course of treatment, and both Dynamic and RAP interviews at intake and 18-months. These were blinded and rated by the CAPs and CERS manuals. Results. At intake, the sample demonstrated a substantial amount of threat (less adaptive) coping, including escape, helplessness, and isolation, which decreased as treatment went on. Challenge (more adaptive) coping became more prominent, and cognitive errors changed in valence (negative to positive) with a slight decrease. We examine these findings vis à vis improvement in symptoms, psychosocial functioning and defensive functioning. Conclusions. This study demonstrates the value of examining coping and cognitive errors using transcript based methods. This approach also opens the examination of change in these mechanisms in relationship to therapist interventions.

The Psychotherapy Process Q-Sort and change in defense and coping mechanisms and depression over psychotherapy for recurrent major depression.

Imke Grimm, International Psychoanalytic University, Berlin, Germany

Objective. In recent decades, outcome studies have provided methods to measure change in patients in psychotherapy, but have been more limited in measuring different dimensions in the therapeutic process influencing these outcomes. The Psychotherapy Process Q-Set (PQS) (Jones, 2009) can be applied to different therapy types to identify interventions and therapeutic interactions within and across different theoretical orientations. The current report examines the relationship of PQS variables to outcome in a sample of patients with acute recurrent major depression with and without personality disorder (PD) receiving either psychodynamic, CBT or supportive therapy. Methods. 30 adults with acute recurrent major depression, half of whom had a concurrent PD, were given antidepressive medications and randomized to up to 18-months of Dynamic, CBT or Supportive psychotherapy. Personality disorders were assessed using the Guided Clinical Interview. Blinded to treatment and session number, raters scored 5 therapy sessions, presented in random order, across the course of treatment using the PQS. The PQS is an observer-rated Q-sort in which 100 items are

rated on a 1-9 bell-shaped distribution of how characteristic they are in the interview. Scales are available for Dynamic and CBT therapies as well as ancillary scales. Results. The Dynamic and CBT scales of the PQS demonstrated excellent inter-rater reliabilities (>.85). We will present the profile of each therapy type by PQS dimensions and examine the relationship of these scores to change in defense and coping mechanisms, and select measures of depression and functioning, both together and by therapy type. Conclusions. The PQS can play a valuable role in delineating the therapeutic processes across different types of therapy as well as predict outcome.

Panel
alliance & interpersonal process

Alliance ruptures and repair - and their relation to patient process and outcome

The influence of rupture and repair patterns on the therapeutic alliance and treatment outcome

Hilah Shahar, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel

Aim: This study explores the relationships between ruptures and repairs of the alliance, the working alliance and patient outcome in the course of supportive expressive psychotherapy. Each of 7 therapy dyads was examined session by session to identify characteristic rupture markers and resolution techniques, in order to gain in-depth understanding of how these processes function in therapy. The research questions were: 1) Is there a relationship between the number of ruptures and repairs, and therapy outcome? 2) Do therapy dyads develop "characteristic" patterns of ruptures and repairs? 3) Are certain types of rupture markers "matched" with specific resolution techniques, for better outcome? 4) Can new types of rupture markers and resolution techniques be identified? Method: Seven videotaped cases of short term supportive-expressive psychotherapy (15 sessions) were analyzed. Clients were diagnosed with moderate depression with or without anxiety. Clients and therapists filled the WAI following every session. Rupture and repair was rated by objective observers, using the 3 RS manual (Eubanks-Carter, Muran & Safran, 2015). Outcome was assessed using the OQ-45. Preliminary results present an additional type of rupture that is neither confrontation nor withdrawal. Therapy dyads seem to develop characteristic patterns of rupture and repair and there is some indication that specific resolution strategies work better for specific types of ruptures. Discussion: These results shed light on the process of rupture and repair and its characteristic patterns within different therapy dyads.

Rupture and Repair, Therapist Technique and Their Effect on Emotion Regulation and Outcome

Gershon Gewertzman, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel

Emotion regulation has received much interest in the psychotherapy research literature, as a key factor in many psychopathologies, and as an important element in the change process in psychotherapy. In contrast to increased theoretical interest in emotion regulation, there is still insufficient research on the effects of the different components of psychotherapy on emotion regulation, and how emotion regulation impacts outcome. Aim: In this study we examine the effect of different types of interventions, drawn from different theoretical models, on patients' emotion regulation. In addition we will assess ruptures and repairs of the alliance and their effect on emotion regulation and outcome. Method: The analysis is based on 8 cases of short term supportive-expressive psychotherapy, for moderate depression and anxiety, which were videotaped. Therapists' interventions were assessed using the MULTI, rated by objective observers. Rupture and repair was rated by objective observers, using the 3 RS manual. The Emotion Regulation Questionnaire was administered to patients at the beginning of the first session in order to assess baseline, and thereafter it was completed after every 4 sessions. Outcome was assessed by the OQ-45, the Target Complaints and the IIP short form, which were completed after each session. Results of this study may help us better understand the effect and process of psychotherapy, the role emotion regulation plays in it and the active elements of therapy which influence emotion regulation.

Therapeutic Alliance Variability, Expectations, and Homework Compliance as Predictors of Treatment Outcome in Cognitive Behavioral Therapy for Obsessive Compulsive Disorder

Asher Strauss, Hebrew University, Jerusalem, Israel; Jonathan Huppert, Hebrew University, Jerusalem, Israel; Helen Blair Simpson, Columbia University, New York, USA; Edna B. Foa, University of Pennsylvania

Therapist effects, therapeutic alliance, therapist and client expectations, as well as homework compliance have been repeatedly suggested as predictors of psychotherapy outcome. Even so, empirical data concerning the interplay between these factors in the context of cognitive behavioral therapy for obsessive-compulsive disorder is limited. Indeed, some have argued that OCD is a critical case for examining these issues as the placebo effect is small compared to other disorders, yet the treatment effects are large. In the current study, we examine common and specific factors in a randomized controlled trial (n=108) comparing the effects of augmenting SRIs with exposure and ritual prevention versus stress management training. Measured analyzed include: working alliance at multiple time points (sessions 1, 2, 10 and 17) both from clients (WAI-C) and therapist (WAI-T) perspectives, expectations of therapists and clients, and clients homework compliance in relation to outcome (Y-BOCS). Results of data analysis using advanced mixed effect modeling (MEM) will be presented, including emphasis on exploring therapeutic alliance variability between and within clients and therapists and their relation to treatment outcome. This study will help shed light on the interplay and contribution of these important factors as contributors and predictors of symptomatic change in OCD.

Discussant: Jeremy D Safran, New School University, New York, USA;

Attachment and mentalization in psychotherapy research: perspectives from the Patient Attachment Coding System (PACS)

The Patient Attachment Coding System (PACS): organized and disorganized patterns of in-session attachment in the process of psychotherapy

Alessandro Talia, Heidelberg University, Germany; Svenja Taubner, Heidelberg University, Germany; Susanne Lunn, University of Copenhagen, Copenhagen; Stig Poulsen, University of Copenhagen, Denmark; Sarah I.F. Daniel, University of Copenhagen, Denmark

Aim: Attachment has long been considered an integral part of the psychotherapy process, and a defining dimension of the therapeutic relationship. Evidence is accumulating that attachment patterns are related to various dimensions of the therapeutic process, such as the alliance and therapist counter-transference. In particular, after the introduction of the Patient Attachment Coding System (PACS), which reveals how attachment is closely related to the moment-to-moment attunement between client and therapist, this seems to be true in an even more tangible way. Methods: 70 patients diagnosed with Bulimia Nervosa were randomly assigned to either two years of psychoanalytic psychotherapy or five months of CBT. Three sessions per patient (at intake, at mid-treatment, and at termination) were recorded and transcribed. Trained research assistants, blind to the other variables of the study, coded all the sessions at intake, mid-treatment, and termination with the PACS. Other coders independently rated observer-based therapeutic alliance in these same sessions using the Vanderbilt Therapeutic Alliance Scale. After each session, therapists completed self reports concerning their feelings, and session helpfulness and difficulty. Results: Results concerning the association between the PACS dimensional scales and the process variables considered will be reported. Discussion: results will be discussed in their clinical and theoretical implications.

Reflective Functioning as a predictor of in-session exploration and in-session mentalization

Svenja Taubner, Heidelberg University, Germany; Hannah Katznelson, ; Susanne Lunn, University of Copenhagen, Copenhagen; Signe Holm-Pedersen, University of Copenhagen, Denmark; Stig Poulsen, University of Copenhagen, Denmark; Jeremy D. Safran, New School University, New York, USA; Howard Steele, New School University, New York, USA; Amy Withers, New School University, New York, USA; Madeleine Miller-Bottomo, The New School; Alessandro Talia, Heidelberg University, Germany

Panel
attachment & development

Aim: There is today a growing interest in the role of Reflective Functioning (RF) in relation to psychotherapy process and outcome. Unfortunately, the RF scale was developed to assess mentalization in the context of the AAI, and little research has been done to study its correlates within psychotherapy sessions. To fill this gap, the present study aims to test the association between RF independently assessed on the AAI, mentalization in-session, and patients' exploration in-session (as assessed based on the occurrence of markers of self-assertion, disclosing positive experiences, autonomous reflection), which we hypothesize to be high. Methods: Early session transcripts from a combined sample of 160 patients in five types of psychotherapy (including both dynamic and cognitive approaches) were coded for in-session RF, and with the PACS Exploring scale. We administered the AAI pre-treatment to all patients, which was independently rated for RF. Results: Results regarding the relationship between AAI-based RF, in-session RF, and PACS Exploring will be presented. Discussion: This is the first large-scale study to assess mentalization as it occurs in-session. Differences between these three ways of assessing RF will be discussed, along with the implications. This study also has implications for clinicians who wish to assess their clients' mentalization based on the interaction they have with them in session.

In-session attachment as predictor of outcome in the treatment of bulimia nervosa: a study with the Patient Attachment Coding System (PACS)

Sarah I.F. Daniel, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Copenhagen; Stig Poulsen, University of Copenhagen, Denmark; Svenja Taubner, Heidelberg University, Germany; Alessandro Talia, Heidelberg University, Germany

Aim: The aim of this study was to apply the PACS to the investigation of three central research questions in attachment-informed psychotherapy research: a) the relation between attachment status and pretreatment symptom levels, b) whether patient attachment or change in in-session attachment during therapy moderates therapy outcome, c) whether change in in-session attachment is more likely to be associated with different forms of psychotherapy. Methods: 70 patients diagnosed with Bulimia Nervosa were randomly assigned to either two years of psychoanalytic psychotherapy or five months of CBT. Three sessions per patient (at intake, at mid-treatment, and at termination) were recorded and transcribed. Trained research assistants, blind to the other variables of the study, coded all the sessions at intake, mid-treatment, and termination with the PACS. Treatment outcome was evaluated with the Eating Disorder Examination. Results: We report results concerning the relation between in-session attachment and initial symptoms using the dimensional PACS scales. Analyses examining initial in-session attachment on the PACS as a predictor of treatment outcome will be reported. Multilevel analyses will be conducted of 1) whether and how PACS profiles change with time in the two treatment types, 2) if there are different patterns of change on the PACS in the two treatment forms, and 3) whether change in in-session attachment status is associated with treatment outcome. Discussion: Clinical and theoretical implications of the results will be discussed.

Discussant: Stig Poulsen, University of Copenhagen, Denmark;

Somatic Experiencing for Post-Traumatic Stress Disorder

Somatic Experiencing: Theory and clinical principles

Gina Ross, International Trauma-Healing Institute
Developed by Dr. Peter Levine, Somatic Experiencing (SE) is a treatment modality for PTSD, based on the premise that during traumatic events, biologically based, self-protective and defensive responses are being activated, and that PTSD develops when the completion of these responses is thwarted. SE proposes that the unused autonomic arousal needs to be discharged and the movements of defense completed, in order to reestablish self-regulation. This lecture will cover Somatic Experiencing basic principles, with a focus on its unique contributions: Discharge and Titration, which distinguish SE from other forms of evidence-based therapies. The concept of discharge, one of SE main theoretical and clinical elements, refers to the process of involuntary autonomic release of energy which helps the autonomic nervous system recover its balance. A second concept is "titration". A very gradual approach that creates increasing stability and resilience, titration is about carefully touching into the smallest drop of survival based arousal, to prevent painful flooding and

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retraumatization. SE promotes "reworking the event", discharging stuck arousal in gradual ways, and completing only what was thwarted. SE is gentle on clients and avoids therapist burnout. Key words: Somatic Experiencing, Theory, Trauma

Somatic Experiencing for Chronic PTSD in veterans: a case presentation

Cathy Lawie, International Trauma-Healing Institute Israel

In this lecture the treatment of a case of chronic PTSD in a combat veteran will be presented with emphasis on the specific concepts of Somatic Experiencing: titration, pendulation and discharge. In the case presentation we will show how: 1- we can help the client discharge traumatic activation step by step by working with presenting symptoms through their corresponding bodily expression 2- To navigate between the different channels of experience of the client, called in SE by its acronym "SIBAM", to identify the blockages and help restore flow and wellbeing. 3- The use of "reworking the story" to bypass the "amygdala hijack" can restore self-regulation and resolve the traumatic experience. Key words: Somatic Experiencing, Case presentation, PTSD, Combat

A Randomized Controlled Trial of Somatic Experiencing for PTSD

Danny Brom, Hebrew University, Jerusalem, Israel; Yaffa Naomi Stokar, Herzog, the Israel Center for the Treatment of Psychotrauma; Yuval Ziv, Herzog Israel Center for the Treatment of Psychotrauma; Vered Nuriel Porat, Herzog Israel Center for the Treatment of Psychotrauma; Karen Lerner, Private Practice

Aim: to present the first randomized controlled study evaluating the effectiveness of Somatic Experiencing for Post-traumatic Stress Disorder. Methods: Sixty-three participants meeting DSM IV-TR criteria for full PTSD were included. Baseline clinical interviews (SCID for general psychiatric disorders and CAPS for PTSD) and self-report measures (PDS for posttraumatic symptoms, CES-D for depression) were completed by all participants, who were then randomly assigned to study (n=33) or wait-list control (n=30) groups. Study group participants began 15 weekly SE therapy sessions, while control group participants waited the same period of time. A second evaluation, same as first, was conducted after 15 weeks. Study group participants were evaluated a third time after an additional 15 weeks, during which time control group received the SE therapy sessions. Results: Pre-treatment evaluation showed no significant differences between groups. Post-treatment linear regression showed a significant intervention effect for posttraumatic symptoms severity as measured by PDS ($B = -9.10$, $t = -3.36$, $p = 0.001$), and CAPS ($B = -15.67$, $t = -2.46$, $p = 0.017$), and depression ($B = -7.51$, $t = -2.35$, $p = 0.022$). Linear and logistic regression models testing intervention effect on treatment completers showed similar results as the intent to treat models. We can conclude that SE is an effective therapy method for PTSD. Key words: PTSD, Randomized Controlled Trial, Somatic Experiencing.

Discussant: Ruth Pat Horenczyk, ;

Panel

practice-training-research networks

Studies of Therapist Training and Early Development: First Findings of the SPRISTAD Study from Finland, Italy and India

Psychotherapy Training Programs and Trainees in Finland: First Results and Practical Experiences from the International Multisite SPRISTAD Study

Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland

Authors: Erkki Heinonen, Sanna Selinheimo, Jenni Kuosa, Olavi Lindfors, Jari Lipsanen, Kristiina Tammilehto, Tarja Melartin, Tiina Paunio Aim: Although traditionally organized by independent institutes, the training of psychotherapists in Finland has recently come under uniform university supervision. However, systematic knowledge is still lacking about contents of different training programs, their similarities and differences, and personal and professional characteristics of their trainees. Method: During 2015, University of Helsinki initiated five different training programs: three for adult patients (cognitive-analytic, cognitive-integrative, and psychoanalytic), one for youth (psychodynamic), and one for children (psychoanalytic). The program contents of the five programs and the characteristics of 48 participating trainees were assessed at baseline of training, using the Training Program Description Form (TPDF) and the Trainee Background Information Form (TBIF) designed for use in the international multisite SPRISTAD study of trainee development. Results: The contents of training programs and their associations with trainees' professional and personal baseline

characteristics will be explored. Discussion: Findings concerning the similarities and differences between contents of training programs and characteristics of their respective trainee will be discussed in order to understand trainees' development patterns in different programs, and determine how best to tailor training to optimize the development candidates.

Tracking Change in Italian Trainees' Experience of Therapeutic Work

Irene Messina, University of Padua, Italy

Authors: Irene Messina, Omar Gelo, Marco Sambin, Francesca Bianco, Alice Broggio & Andrea Mosconi

Aim: This study is the initial Italian contribution to the international multi-center longitudinal study of therapist development being conducted by the SPR Interest Section on Therapist Training and Development" (SPRISTAD). The overall aim of the study is to describe trainees' experiences in training and their impact on trainee development over time. **Method:** A group of trainees (N=74) at different stages of training were assessed using a paper and pencil version of the Italian translation of SPRISTAD instruments: (a) 'Training Program Description Form' to gain a description of psychotherapy training programs; (b) 'Trainee Background Information Form' to collect information on stable trainees characteristics; (c) 'Trainee Current Practice Report' to evaluate core aspects of trainee development using self-reports of their practice experiences. **Results:** Regression analyses showed significant effects of time (months of training) on perceived change ($t = 2.69, p = 0.01$), perceived improvement in doing psychotherapy ($t = 2.30, p = 0.03$) and in realization of therapeutic potential ($t = 3.37, p = 0.001$). Moreover, specific aspects emerged as improved as an effect of psychotherapy training: mastery of techniques ($t = 2.49, p = 0.02$), understanding of moment-by-moment process ($t = 1.78, p = 0.08$), counter-transference management ($t = 1.95, p = 0.06$) and precision in therapeutic work ($t = 2.42, p = 0.02$). **Discussion:** The meaning and value of self-report measures in longitudinal assessments of trainee therapist development will be discussed.

Change is the only constant? The development of psychotherapists in Clinical Psychology training programmes in India.

POORNIMA BHOLA, NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES, BANGALORE, INDIA

Aim: The pressure to narrow the need-resource gap in India has resulted in the recent proliferation of intensive two-year M.Phil. Clinical Psychology training programmes in the country. This incremental growth has occurred in a landscape with little empirical research on outcomes or experience of training. The study aims to invoke trainee perspectives on changes in indices of work involvement, professional growth and experiences in therapy sessions with clients. **Method:** Adapted versions of the Development of Psychotherapists--Trainee Background and Process forms, formulated by the SPR Collaborative Research Network (CRN), were completed at the mid and end points of a two-year post-graduate clinical training programme by 45 Clinical Psychology trainee therapists. **Results:** The findings illustrate an uneven pattern, with some imperceptible changes and others that are more evident on examination of individual variations in the trajectories of growth and development. Analysis indicated the links between supervision satisfaction and a range of indices of professional development and that of Healing involvement and Stressful Involvement in therapeutic work. **Discussion:** These patterns are viewed in the context of findings from other studies from CRN studies in different countries and the emerging plans for a large scale collaborative study from the SPR Interest Section on Therapist Training and Development (SPRISTAD). These emerging findings support the need to include trainee stakeholder perspectives in the expansion and auditing of training and supervision contexts.

Discussant: Bernhard Strauss, University Hospital, Jena, Germany;

Psychotherapists' Process Experiences Predict Client Treatment Outcomes

Therapist effects on psychotherapy outcome: Are they related to therapists' self-perceived skills and the difficulties they experience in their therapeutic work?

Patrizia Odyniec, Universität Witten/Herdecke

Authors: Patrizia Odyniec, Thomas Probst, Jürgen Margraf & Ulrike Willutzki

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practice-training-research networks

Therapist effects are well-established in psychotherapy research and a topic of increased interest. Research on the relationship of therapist's reports (e.g., self-assessed skills, difficulties in their work) to psychotherapy outcome is still scarce. This study analyzes the amount of outcome variance explained by the therapist in outpatient psychotherapy, and to explore how therapists' self-assessed skills and difficulties in experience are related to their effectiveness. Method: Outcome ratings (GSI) in a sample of 578 patients treated by 37 psychotherapists at the Ruhr-University Bochum outpatient psychotherapy center were analyzed. All therapists answered the German version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ), including scales describing their current Therapeutic Skills (TSS) and Difficulties (TDS). Results: Multilevel models estimated therapists account for 6.8% of patient progress after controlling for initial symptom severity. The 25% of therapists having the best outcomes were compared with others on the TSS and TDS via Mann-Whitney tests, with higher values found for the difficulty scales of Professional Self Doubt ($U = -2.398, p = .01$) and Frustrating Treatment Case ($U = -2.367, p = .01$). No differences were found on the difficulty scales for Negative Personal Reaction to clients, or on scales for therapeutic skills. Discussion: The magnitude of therapist effects found in this study is consistent with previous research. While seemingly counterintuitive, the fact that therapists with better outcomes experienced more professional self-doubt, confirms research by Nissen-Lie et al. (2010) which showed professional self-doubt was positively correlated with early alliance quality.

The Work Experience of British IAPT Therapists in Relation to Staff Burnout and Client Outcomes.

Thomas Schröder, University of Nottingham, UK

Aim: Over the past ten years, the Improving Access to Psychological Therapies (IAPT) programme has been rapidly introduced in the UK as a new model for mental health service provision. It is characterised by target-driven treatment, high rates of client contact, and a relatively inexperienced workforce trained exclusively to deliver treatment protocols for common mental health problems. This development has brought clear benefits, such as the training and employment of 3,000 new psychological therapists (approximately 1 for every 20,000 of the UK population), with outcomes broadly comparable to that of existing services. However, it also carries risks for the workforce in terms of stress and burnout with potentially adverse impacts on future client outcomes. Method: The Therapist Work Involvement Scales (TWIS) provides an empirically derived index of therapists' work experience (Orlinsky & Rønnestad, 2005), derived from the Development of Psychotherapists Common Core Questionnaire, that goes beyond what is immediately accessible to their awareness. The TWIS was used in the current study along with Maslach's General Measure of Burnout and a number of potential correlates, to investigate the work experience of 116 therapists, employed in 7 UK IAPT services. These data were examined in relation to the outcomes therapists achieved over a two month period with 775 clients. Results: TWIS scale were a significant predictor of burnout, contributing to the 'therapist effect' in our sample which is linked to client outcomes. Discussion: We discuss potential implications for the supervision and support of therapists employed in IAPT services.

Discussants: Helene A. Nissen-Lie, University of Oslo, Norway; Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland;

Personal and Professional Aspects of Therapist Development

'Ready to Launch': Trainee therapist hopes and fears when starting their psychotherapy training and supervisors experience of working with the developing therapist.

Soti Grafanaki, Saint Paul University, Ottawa, Canada

Aim: The study aims to explore (a) the hopes, fears and needs that trainee therapists have as they are 'ready to launch' their training in psychotherapy, and (b) what supervisors experience working with novice/trainee therapists and consider as the most influential impacts on trainee development in the early years. Method: The study presents data from 50 trainee therapists belonging to the same cohort, collected during the first day of training through an open-ended questionnaire that invited trainees to state their hopes and fears. Interviews were also conducted with

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supervisors about their experience working with novice trainees. Results: Findings indicate that, at the start of training, novice therapists are pre-occupied with their anxiety whether they are 'fit' for the profession. Their focus is primarily on how to avoid 'doing the wrong thing' through gaining concrete, practical skills and theoretical knowledge and overcoming personal limitations. Data from supervisors highlight the different needs of trainees depending on their level of training and the importance of creating supportive structures early in the training process to help trainees feel safe and open to receiving feedback. Discussion: The implications of attending to the hopes and fears of trainees and creating spaces for reflective practice and self-care early in training will be discussed. The role of supervision and client contact will be highlighted.

Therapeutic Orientation, Theoretical Breadth, and Development of Early Career Therapists

Vera Romano, McGill University, Montreal, Canada; David E. Orlinsky, University of Chicago, USA; M. Helge Rønnestad, University of Oslo, Norway; Hadas Wiseman, University of Haifa, Israel

Aim: The importance of theoretical orientations to novice and apprentice therapists has been stressed in qualitative research by Rønnestad and Skovholt (2003, 2013) and in quantitative research by Orlinsky and Rønnestad (2005). The present study explores aspects of theoretical orientations among early career therapists, and examines the contribution that orientations make to their experiences of therapeutic practice and professional development. Method: Early career therapists are defined as being in their first three years of clinical practice who either currently are or recently were in formal training. A total of 1,534 therapists who had worked clinically with clients for three years or less were identified in the cumulative data base compiled by the SPR Collaborative Research Network. Information was available on the extent and type of theoretical orientation, experiences-in-practice, and perceptions of professional development of these early career therapists, in addition to data on their professional and demographic characteristics. Results: Despite heterogeneity in professional and contextual characteristics, data analyses indicated consistently (a) that novice and apprentice therapists with a strong theoretical commitment (of any kind) had a more positive experience in practice with clients than those who were still uncommitted, (b) that those with multiple salient theoretical commitments had a better experience in practice than those committed to a single theoretical model, and (c) that positive experiences in practice were strongly associated with professional growth in early career therapists. Discussion: Implications for training are discussed.

Psychotherapists as Persons and Their Subjective Career Constructions

Martina Fischersworing, Universidad de Chile, Santiago

Authors: Martina Fischersworing, Alemka Tomicic, Javiera Duarte, & Mariane Krause

Aim: Differences in therapeutic outcome can be explained to a significant extent as a therapist effect (Baldwin & Imel, 2013; Owen, Drinane, Idigo, & Valentine, 2015; Wampold, 2001), but in the study of treatment success and failure, knowledge about the subjective experience of the therapist has only recently been studied, including how this varies over the professional career (Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003, 2013). Also, while there is evidence about the negative effect that doing therapy can have on the therapist, (Figley, 1995, 2002; Maslach & Schaufeli, 2001; McCann & Pearlman, 1990), relatively little is known about the subjective experience of the day by day impact of doing psychotherapy on the therapist. This study presents a subjective construction of psychotherapists' careers done via the analyses of narratives of three therapists about salient experiences in their professional life. Method: Using a model of autobiographical account, which considers narrations as elaboration by organizing, interpreting and signifying the life events, each story is a reconstruction, focused on the professional self in the professional life span that holds the identity of the psychotherapist. Results: Points of encounter and divergence between the narratives are presented. Discussion: Results are discussed considering the notion of personal and professional self and their construction around specific experiences with clients. Specific topics like gender, personal life events and working contexts are discussed. Finally, the contribution of a qualitative method to understanding career studies is highlighted.

Discussant: Joakim Norberg, Harvard University;

Delineating the process of corrective emotional experience: Three systematic case studies

The client experience of resolving unfinished business: A phenomenological case study

Ayumi Noda, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Tetsuo Fukushima, Otsuma Women's University, Tokyo, Japan
AIM : In emotion-focused therapy, resolving unfinished business and past emotional injuries is regarded as one of the central therapeutic tasks (Greenberg & Malcolm, 2002). The present investigation tracked the moment-to-moment client experience of change during working on unfinished business with significant others. METHOD : The client was in his mid-30s presenting emotion dysregulation problems including severe depressive symptoms, panic attacks, and explosive anger. The therapist was a male therapist in his 40s who was informed by emotion-focused therapy. The therapy continued on and off for 7 years. All sessions were audio-recorded. The client was interviewed for 20 hours over 7 occasions using interpersonal process recall. The data was analyzed using phenomenological approach in order to illuminate central themes of his experience. RESULT : The client imaginarily entered into the past emotional scenes in which he vividly felt the presence of significant others. The core emotional pain such as deep shame and unbearable loneliness were evoked, which often felt excruciating for the client. Savoring bodily-felt experience of positive emotions such as a sense of connection, warmth, and affection by repeating key phrases expressing his unmet needs transformed his emotional pain. The client expressed these experiences "Redirecting the course of his life back on the right track". Discussion : The client was surprised by the depth of the change that he experienced. His experience was closely aligned to the process of memory reconsolidation (Lane, Ryan, Nadel, & Greenberg, 2015). The implications for research and practice will be discussed.

Client relational experience in and out of therapy: How a client implements therapeutic experience into everyday life

Wakako Yamazaki, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Tetsuo Fukushima, Otsuma Women's University, Tokyo, Japan
AIM: The emotional transformation facilitated by relational experience with the therapist is considered to be one of the core therapeutic change mechanisms (Greenberg and Elliot, 2012). However, in order to bring the substantial therapeutic gain, it is necessary for the client to implement new relational behaviors in their lives outside therapy. The present research explored this process using a systematic case study method. METHOD: The client was a male university student in his early 20s with depression and interpersonal problems such as loneliness and isolation. The therapist was a male therapist with an integrative orientation informed by affect-focused approaches. All sessions were video-taped. Both quantitative and qualitative outcome and process data were gathered. The researchers identified the client's relationship episodes in and out of therapy using the Core Conflictual Relation Theme (CCRT). RESULT: The intersession relational conflicts were not only discussed but also re-enacted in the therapeutic relationship. After the new positive relational experience with the therapist, which involved sharing of positive emotions such as warmth and a sense of connection, the client practiced it in his daily life with others by approaching others and becoming more self-disclosing. The novel experience with the therapist also led insights into his past relational conflicts. DISCUSSION: The client's novel experience with the therapist was linked to the interpersonal events outside the sessions creating a feedback loop of change. The emotional experience in this process alleviated the feeling of isolation originated from his past interpersonal injury.

Essential components of corrective emotional experience: A theory building case study

Kaori Nakamura, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Tetsuo Fukushima, Otsuma Women's University, Tokyo, Japan
Aim: Although corrective emotional experience (CEE) has received considerable attention from clinicians of various approaches as one of the core therapeutic change mechanisms, there have been few studies that examined its process. A preliminary process model of interpersonal CEE was constructed based on the analysis of six CEE

events (Nakamura & Iwakabe, 2015). This model consists of three phases: (1) working through past core interpersonal injuries, (2) processing the new in-session relational experience, and (3) broadening change experience. The purpose of this study was to validate and refine this process model using a theory-building case study method (Stiles, 2007). Methods: The client was a Japanese middle-aged woman with depression. She also had a history of eating disorder and social anxiety disorder. The therapist took an affect-focused integrative approach. Based on the qualitative and quantitative outcome and process data that were gathered using questionnaires and interviews, four key early sessions were identified in which CEEs occurred. Results: An intensive process analysis of these four sessions showed that the central component of the first phase of CEEs consisted of the client experiencing core emotional pains such as aloneness and shame. The second phase involved the mutual self-disclosure of immediate feelings, which relieved the client's aloneness. In the third phase, the client reinforced and heightened their therapeutic gain by focusing on bodily felt positive emotional experiences. Discussion: Components of four CEEs differed somewhat depending on the nature of core emotional pain and the context of therapy.

Panel
culture & identity

The curative dimension of narrativization: three Bibliotherapeutic perspectives

Narrators of Maternal Subjectivity: Between maternal self-narratives and maternal child-focused narratives

Biri Rottenberg, University of Haifa, Israel

Aim: In this paper motherhood is conceptualized as a self-state based on the capacity to narrate in the spaces between maternal self-narratives and maternal child-focused narratives. It suggests that each maternal state of self possesses a capacity to narrate, a 'thirdness' allowing each narrative to emerge. Bibliotherapy is presented as a psychoanalytic channel that focuses on the development of the capacity to narrate by facilitating a maternal subjective playground. Methods: To study maternal subjectivity I conducted a narrative analysis of the virtual text written by a mother blogger and a clinical case study. Results: I propose that motherhood can be conceptualized as a developmental process whereby the mother gives birth to a new state of self, to a new narrative. I suggest that motherhood is a 'self state' the mother develops by cultivating her capacity to narrate. In a paradoxical act, she learns to narrate from within a 'thirdness' that allows her own and her baby's narrative to coexist side by side, thereby maintaining the tension between the two narratives. Discussion: The capacity to narrate from within the third, to contain the tension of the mother-focused narrative and the child-focused narrative, requires that she feel comfortable and safe within the maternal self state. Maternal subjectivity demands that the mother cultivate the ability to create a 'third narrative' - to become a dialectical narrator capable of narrating her own needs and those of her child together.

Literature as an "antibody" - The contribution of the subversive dimension in a literary text to the practice of bibliotherapy

Dafna Miller Wasserman, Bar-Ilan University

Aim: This paper will focus on the significant contribution of the subversive dimension in a literary text (SDL), which has yet to be conceptualized in the practice of Bibliotherapy. SDL has two important aspects: 1. In relation to the social and moral order - the texts enables violation and transgression of the cultural boundaries and makes it possible to become acquainted with intercultural "otherness." As a result, it enables criticism, rebellion, and implies recourse against any given reality. It is as if the world is unfolded in front of the text that gives new dimensions and possibilities. 2. It makes it possible to constitute an encounter with areas of the mind that have no representation in language, as well as with the "otherness" of what is suppressed and excluded from culture. The text offers an unmediated experiential encounter, without judgment, enabling the reader to exceed his or her identity and existing categories. Methods: The study is based on an analysis of case studies that were written by psychoanalysts and Bibliotherapists describing individual and group case studies that used literary texts as an intervention in the practice of Bibliotherapy. Literary and philosophical tools are applied in order to investigate the role of the literary texts and their implications for psychotherapy. Results: Preliminary analysis of the descriptions

of case studies showed that the SDL made it possible for patients to touch on trauma, enabled an intercultural encounter and led to the creation of communication and the finding of meaning. As will be demonstrated SDL made it possible to touch on the pain of bereavement and loss, in an attenuated manner, and on experiences that had been inaccessible to the patient and which led to a state of depression and withdrawal from the world. Discussion: It will be proposed that a literary text can serve as an "antibody" that aids in the encounter with trauma in a way that is not traumatic, bridges communications and cultural gaps and can lead to movement and vitality.

What's in our name? Narrative identity and narcissistic processes in parents' naming of their firstborn

Aelia Ackerman, University of Haifa, Israel; DANA AMIR, Haifa University, Israel; Hadas Wiseman, University of Haifa, Israel

Aim: This study empirically explores the name of the firstborn as a mythical linguistic representation that expresses and corresponds to themes in the parents' narrative identity and their relationship with their own name. Method: Twelve first-time parents (6 couples) of a 1 year-old infant underwent personal and joint semi-structured interviews. The interviews included questions about the parents' process of choosing a name, their relationship with their own name, their families of origin and history as a couple, the experiences of pregnancy and birth and their expectations of their child. Results: A qualitative analysis, of the personal and couple interviews, suggests that the name of the child is akin to a mythic code of each of the naming parents and their unique combination. A cross-analysis of the narratives found that parents chose names that echoed conscious or unconscious wishes and conflicts rooted in their experience of self in relation to the other. These wishes and conflicts were related to themes of belonging and individuality; ideal perceptions of self; choice and control. In addition, the name of the child corresponded to the parent's experience of his or her own name. While the name of the child evoked a positive connotation, the parents' relationship with their own name proved more complex and ambivalent. Discussion: Understanding the child's name as an act of self-authorship, in which parents choose names that both establish a similarity between themselves and their child as well as embody their own unfulfilled wishes, has implications for child and family psychotherapy.

Panel

alliance & interpersonal process

A close look at the therapeutic relationship in severe mental illnesses such as schizophrenia

The therapeutic alliance in psychiatric case management: outcome and process research in a naturalistic study in Switzerland

Agnes von Wyl, Zurich University of Applied Sciences; Aureliano Cramer, Zurich University of Applied Sciences; Silvia Passalacqua, Zurich University of Applied Sciences

Objective In the field of psychiatric case management (CM), limited research into the process of therapeutic alliance between psychiatric patients and their case managers has been conducted. In this study, we aim to describe the development of the therapeutic alliance during CM and to examine the assumed relation between the establishment of a significant therapeutic relationship and an effective outcome. Method A naturalistic study including 80 outpatients of Case Management Services, aged between 18 and 63, with a psychiatric diagnosis and a GAF score ≤ 50 , was carried out. Included patients had a pattern of frequent utilization of psychiatric health care services or complex problems in several aspects of life. Clients and case managers filled out the Scale to Assess the Therapeutic Relationship (STAR), a therapeutic alliance questionnaire commonly used in community psychiatry. Additionally, patient-reported outcome measures (OQ-45, MANSAs) and clinicians-rated outcome instruments (HoNOS, BPRS) were assessed at the beginning of the case management, at 12 months and at end of the CM (maximum 27 months after the CM start). The last post assessment will be held in April 2016. Results Patients and case managers viewed the therapeutic alliance at the beginning of the intervention positively (STAR-P mean total score $M=3.31$ ($SD=0.46$); STAR-C mean total score $M=2.88$ ($SD=0.43$)). In the subscales "positive collaboration" and "positive clinician input", patient ratings were significantly higher than those by the case managers. Negative aspects of the therapeutic alliance

assessed in the subscales "emotional difficulties" (case manager) and "non-supportive clinician input" (patients) were significantly more negative in the patient ratings. However, the patients' STAR mean total score was significantly more positive than that of the case managers. Additionally, associations between patient and case manager ratings of the therapeutic relationship and outcome will be presented and discussed. Discussion Case management relationship in intensive treatments may have a lot in common with psychotherapy relationship, especially in patients with severe mental illnesses. However, it is important to discuss the differences in tasks and clinical roles between different settings

Helping alliance and unmet needs in the treatment of people with severe mental illness across Europe: results of a prospective longitudinal multicentre study

Bernd Puschner, Ulm University, Germany; Katrin Arnold, Ulm University, Germany; Benjamin Mayer, Ulm University, Germany; Mike Slade, University of Nottingham, UK; Sabine Loos, Ulm University, Germany

Aim Few studies have investigated the longitudinal relationship between the helping alliance and outcome in the treatment of people with severe mental illness. The present study examined from patient and staff perspectives whether: (1) an increase in HA is associated with fewer unmet needs over time; and (2) change in HA precedes change in unmet needs. Methods 588 people with severe mental illness and paired staff participated in the CEDAR study which took place in 6 European countries. Helping alliance and unmet needs were rated at seven assessments over the course of one year using standardized instruments (Helping Alliance Scale, HAS; and Camberwell Assessment of Need Short Appraisal Scale, CANSAS). Data were analyzed using mixed-effects regression models. Results Patient- and staff-rated unmet needs reduced over time. Reduction of patient-rated unmet needs was slower in patients with higher patient-rated helping alliance across time points ($B=0.04$, $p<.0001$), whereas rate of reduction in staff-rated unmet needs was not affected by staff-rated helping alliance. Improvement in both patient-rated and staff-rated helping alliance over time was associated with fewer subsequent patient-rated ($B=-0.10$, $p<.0001$) and staff-rated ($B=-0.08$, $p=0.018$) unmet needs respectively. Discussion With positive changes in the alliance preceding a reduction of unmet needs, results confirm the importance of a good helping alliance for treatment outcome in people with severe mental illness. Findings point to a causal effect of the helping alliance on unmet needs. The issue of an "optimal dose" of the helping alliance in long-lasting patient-staff-relationships will be discussed.

Dangerous knowledge? Clinician's lack of knowledge of avoidance goals in patients with schizophrenia spectrum disorders is accompanied by a better therapeutic relationship

Stefan Westermann, University of Bern, Switzerland; Franz Maurus Caspar, University of Bern, Switzerland; Raphaela Tschümperlin, University of Bern, Switzerland; Vivienne Gantenbein, University of Bern, Switzerland; Marialuisa Cavelti, University of Bern, Switzerland

As they are the motivational basis of experience and behavior, approach goals (e.g., being valued by others) and avoidance goals (e.g., avoid losing independence) are relevant in daily life and also in the interaction of clinicians and patients in therapy sessions. We tested the hypothesis that a better therapist's knowledge of a patient's motivational goals is associated with a better therapeutic relationship in treatment of psychosis. Therapy relationship and patients' motivational goals were assessed in therapist-patient-dyads from a university hospital. Patients were diagnosed with non-affective psychosis and treated in the inpatient or outpatient setting. All received routine psychiatric treatment, some of them were additionally treated with cognitive-behavioral therapy for psychosis. The concordance of patients' self-reported goals and therapist's view of the patient's goals was quantified using correlational methods. Preliminary analysis with $N=15$ dyads revealed that the concordance was significantly higher with regard to approach goals compared to avoidance goals. In avoidance goals, therapists systematically underestimated the importance of avoiding Dependency/Autonomy-Loss and Loneliness/Separation. In addition, they overestimated the importance of the avoiding Accusations/Criticism and Vulnerability. Contrary to our hypothesis, the patient's rating of the therapy relationship was negatively associated with higher concordance of avoidance goals. Therapists seem to have difficulties to identify important avoidance goals in patients with schizophrenia

spectrum disorders. Unexpectedly, a higher concordance seems to be accompanied by a worse therapy relationship. Explanations for this finding, such as an accidental identification of an avoidance goal by violating it and thereby endangering the relationship, will be discussed.

Therapeutic relationship and change: The perspective from clients with a diagnosis of schizophrenia

Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; Marianella Abarzua, Pontificia Universidad Católica de Chile, Santiago; Macarena Silva, Pontificia Universidad Católica de Chile, Santiago; Daniela Navarro Gonzalez, Pontificia Universidad Católica de Chile, Santiago; Carolina Altimir, Pontificia Universidad Católica de Chile, Santiago

Background: Although the importance of the perspective of the participants in psychotherapy research is widely recognized, some groups of clients have received less attention. This is the case of people with a diagnosis of schizophrenia, on whose experience of psychotherapy is the focus of this work. Aim: The particular contribution of this study is to deepen our understanding of those aspects of the therapeutic relationship which are related to therapeutic change, from the subjective experience of those involved. Method: This is a qualitative multiple case study, which included semi-structured interviews to four clients that had long experiences of psychotherapy. The interviews focused on the evaluation of psychotherapy, the characterization of the process and of the therapeutic relationship, the meanings related to illness and wellbeing and the interventions leading to change. Data analysis was carried out using Grounded Theory. Results: Results show the importance of understanding the process of change as a progressive reintegration of self into a biographical continuity. This is possible in as much the client establishes a trusting relationship with his therapist that allows the development of a shared language. Differences and similarities of therapeutic changes of this group, in comparison to other groups of clients are discussed.

Discussant: Franz Caspar, University of Bern, Switzerland;

Panel
psychotherapy integration

Using arts in psychological assessment and research: A theoretically integrative and multi-cultural approach

Pictorial Phenomena in Mother-Infant Relationship Drawings of Women in their Third Trimester of First Pregnancy Demonstrating Signs of Depression

Liat Cohen-Yatziv, University of Haifa, Israel; Sharon Snir, Tel Hai College and university of Haifa; Dafna Regev, University of Haifa, Israel

Images have been used to understand maternal representations of pregnant women. However, as yet, we do not know of research that has focused on the maternal representations of pregnant women experiencing signs of depression, despite Perinatal Depression being a common complication for pregnant women. The present study examined the pictorial phenomena manifested in an art-based assessment of women in the third trimester of their first pregnancy demonstrating depressive symptoms. Methods: Eighteen women in the third trimester of their first pregnancy took part in a Mother-Infant Relationship Drawing, filled out a questionnaire assessing their level of depression symptoms during pregnancy (EPDS), and attended a semi-structured, in-depth interview. The drawings of the eight women who received above the minimum cut-off score (≥ 10) in the questionnaire were examined using a Phenomenological Analysis with principles from the Grounded Theoretical Model combined with verbal references from the semi-structured interview to identify the pictorial phenomena shared by them. Results: Four pictorial phenomena were identified: (1) Limited use of color and the combination of blue and yellow shades, (2) Selection of rectangular format, (3) Lack of environment and details in the drawing, and (4) The expression of the connection between represented objects. Discussion: The results were interpreted as recurring themes of feeling reduction, possible conflict between positive and negative feelings, and concern over separation between mother and infant. The findings of this study can help clinicians better understand the content arising from drawings of pregnant women, and of depressed clients, as well as to better understand the parameters of this specific type of depression. Keywords: Art-Based Assessments, Mother-Infant Relationship Drawing, Maternal Representations, Pictorial Phenomena, Perinatal Depression, EPDS.

Using a Single Image to Assess the Relationship between Stress Situations, Stress Reactions, and Coping of Social Practitioners

ephraim huss, Ben Gurion University, Beer Sheva, Israel

Aim: The issue of stress, burnout, compassion fatigue, and secondary trauma in social practice are endemic, requiring a continuing search for strategies that can facilitate coping and support, and that help to build 'resilience.' However, there is little literature describing social practitioners own definition of their stress and coping, and most importantly, of the connection they see between stressors, stress reactions, and coping. **Method:** Eighty social workers were asked to draw a stressful situation at work, identify their stress reaction through compositional elements in the art, and also identify their strengths and coping skills by adding them to the image if needed. **Analyses** used mixed methods, pointing to most central symbols, themes, contexts, and also to the inter-relationship between the stressors and the coping as defined by the participants. **Results:** The findings point to the problematic connection between the stress situation that is defined as systemic versus the stress reactions and efforts to cope that are based on the individual practitioner, with a tendency to self-blame and an effort to be generally stronger, rather than addressing the systemic problems that cause the stress. The use of a single image to integrate stressors, stress reactions, and coping helped to understand and to define the participants own perception of their stressors and coping reactions in a more nuanced way than measuring stress or coping alone or by relying on more traditional methods such as questionnaires. **Discussion:** The findings point to the usefulness of a collaborative arts-based tool to self-assess the relationship between stress and coping within work contexts, for social practitioners: The findings also illuminate stressors affecting social practice that is of relevance to supervisors, managers, and policy makers. **Keywords:** Arts-based assessments, Social practitioner stress Coping and resilience

Do self-figure drawings reveal the drawer's cultural values in addition to personal characteristics? The case of Thais vs. Israelis

Dita Federman, Hifa University, Israel

Aim: Internal culture includes our way of thinking and perceiving; it contains the values and beliefs unconsciously learned while growing up in a particular culture. The influence of culture is well documented as emerging in children drawings (Kindler & Darras, 1997). This study's central question is whether cultural values and symbols will be apparent in a comparison of two cultures, Thais vs. Israelis adults' self-figure drawings. **Methods:** A convenience sample of 12 Israelis and 12 Thais young adults were recruited. The two sub-groups were matched according to age, gender, and level of education. They were asked to draw two separate drawings on an A4 paper sized: a self-figure drawing, and how am I perceived by either Eastern or Western people. A Phenomenological Analysis was conducted; to identify the pictorial phenomenon - indicators such as figure size and shape, facial expression and cultural symbols that were shared by each group. **Results:** Significant differences between the groups' self-figure drawings were found. Thais were found to draw a bigger sized self-figure, and omitted legs, as well as adding more cultural symbols compared to Israelis who all drew the whole body, and none added overt cultural symbols. In the second drawing, Thais compared to Israelis, also drew smiling faces. **Discussion:** The results indicate that cultural values are internalized into self-figure drawings as well as in overt culture drawings- and are an inherent part of how we perceive of self. **Keywords:** Self-figure drawing, Cultural values and internalized stereotypes

Assessing a Traumatic Event through the Interplay of Body and Mind

Dita Federman, Hifa University, Israel

Aim: the present study explores the relationship between the body's nonverbal expressions and the emotional verbal narratives of people who have experienced a traumatic event. A significant by-product is in the development of an easy-to-use movement assessment tool based on LMA that may have considerable utility in the DMT field and beyond. **Method:** Participants were 50 individuals who have experienced a traumatic event. Each participant described a traumatic and non-traumatic experience. A comparison between the traumatic and non-traumatic stories was made to explore both verbal and nonverbal expressive elements. Interviews were videotaped then coded into verbal and movement units and analyzed statistically. **Results:** Five verbal categories and twenty four movement categories were identified. Major

findings: (a) Traumatic stories are longer and richer than non-traumatic stories; (b) Traumatic stories showed twice the number of movement expressions as opposed to non-traumatic stories; (c) The most significant results for the description of the traumatic event were characterized by illustrative movements of actions or situations (84%), illustrative movements of emotions (80%), and unspecified gestures (80%). Discussion: The results indicate a rich and complex body-mind interplay, with a crisscross of verbal and non-verbal dimensions and expressions, underlying the stories of various traumatic experiences. The research's findings contribute to therapists' ability to listen and observe the verbal and non-verbal expressions of traumatic experiences, thus offering wider understanding and possibilities for interventions and for research of traumatic events. Key words: trauma, nonverbal, assessment, Laban Movement Analysis (LMA), psychotherapy

Panel

alliance & interpersonal process

Moderators: Omar Gelo, University of Salento, Sigmund Freud University; Johann Roland Kleinbub, University of Padua

A dynamic systems approach to psychotherapy: Empirical evidence

Verbal pattern formation and treatment outcome in experiential psychotherapy of depression

Omar Gelo, University of Salento, Sigmund Freud University; Enrico Ciavolino, University of Salento; Marcello Gallucci, University of Milano-Bicocca; Erhard Mergenthaler, Ulm University, Germany

According to a dynamic systems (DS) approach to psychotherapy, the therapeutic process is an open complex system characterized by self-organization. This latter takes place by means of pattern formation, through which increasing levels of order ("effect-of-order") are produced over time at different levels (e.g., clients' and therapists' subjective experience of the sessions or nonverbal behavior). Several studies have shown that self-organization is predictive of and/or associated with positive treatment outcome. In the present work, we aim at testing the effect-of-order hypothesis at the level of verbal behavior. We expect that, in good outcome treatments, the psychotherapeutic conversation is characterized by increasing levels of order (Verbal Pattern Formation; VPF) over time both at an intraindividual (i.e., patient and therapist considered alone) and interindividual (i.e., patient and therapist together). The sample was comprised by respectively six good outcome and six poor outcome cases of experiential therapy for depression. Speech production was assessed by means of the Therapeutic Cycle Model. VPF was operationalized by means of a measure of order derived from information theory. In sum, it was possible to confirm the hypothesis of an increase of VPF as characteristic of good outcome cases for the therapist and the dyad, but not for the client. The findings' implications for research and clinical practice are discussed.

Physiological synchrony in therapy micro-processes

Johann Roland Kleinbub, University of Padua; Enrico Benelli, University of Padua, Italy; Emanuele Pick, University of Padova, Italy; Arianna Palmieri, University of Padova, Italy
Skin conductance (SC) synchrony has been associated to higher levels of empathy in clinical dyads (Marci et al., 2007; Kleinbub et al., 2012; Messina et al., 2013).

Nevertheless, other studies argue that dyadic concordance does not necessarily imply just empathic relation, but also more complex patterns of interaction (Thomsen & Gilbert, 1998; Hernandez et al., 2014; Seikkula et al., 2015), as well as therapy outcome (Ramseyer & Tschacher, 2014). The idea that traumatic experiences dysregulate interpersonal patterns and have detrimental effects on the body are supported by influential neuroscientific models such as Damasio's somatic markers and Porges' polyvagal theory. Yet no study has thoroughly investigated the precise relational and clinical correlates of these physiological and behavioral linkages. This study is meant to contribute to the existing literature on psychotherapy research by providing an in-depth microanalysis of the relationship between specific physiological interactions and the clinical process. To fulfill this aim we simultaneously measure SC levels of the therapist-patient dyad during two 16-sessions psychodynamic psychotherapies. Lagged synchronization between the two signals of each session is computed through windowed cross-correlation (Boker et al., 2002) to identify the clinical moments characterized by high and sustained synchrony. The videos and the verbatim transcripts of these timeframes are then analyzed and categorized through a phenomenological approach and a psychodynamic theoretical framework. The results

highlight the importance and potential insights of integrating the body in the hermeneutic of psychotherapy, in order to enrich and evolve theoretical models with non-reductionists empirical observations.

How to conceptualize psychotherapy as a complex dynamic process - theory, practice, neurodynamics, and feedback technology

Guenter Karl Schiepek, Paracelsus Medical University

In this presentation, a concept of psychotherapy integration and change dynamics will be outlined. It covers different approaches to the science-practice link: theoretical modelling: the nonlinear network dynamics of common factors is modeled by coupled difference equations leading to a computer simulation of change processes. Therapy monitoring and internet-based therapy feedback: high-frequency time series (daily measures) are acquired during the process, continuously analyzed by implemented methods of nonlinear time series analysis, and fed back to clients and therapists. This is part of process control in every day routine practice. The method allows for a combination of individualized and standardized measurement procedures with the world of big data. Neural Network Dynamics: Repeated fMRI sessions are done during the change process applying a combined standardized / individualized stimulation paradigm and resting state dynamics in order to identify neural and mental phase transitions.

Therapeutic Cycle Model in experiential therapy for depression: linguistic analyses from the perspective of complex systems.

Giulio de Felice, Sapienza University of Rome, Italy; Franco Orsucci, University College London; Omar Gelo, University of Salento, Sigmund Freud University

Aim: A new model to study change in linguistic patterns is to look at the psychotherapeutic process as a complex system (Orsucci, 2015; de Felice, 2015) characterized by a sequence of chaotic and stable states. Instead of expecting linear change, psychodynamic scene is seen as successive stages of integration, disintegration and back, ultimately reaching new linguistic configurations (Loewald, 1960 ; Winnicott, 1940). With this aim, a single case study was conducted to observe critical fluctuations during the patient's transitions between linguistic configurations. The focus was on the evolution of the variability pertaining to the therapeutic field and on the non-linear dynamics of change concerning linguistic-patterns. Method & Analyses: A good-outcome and a poor-outcome case of experiential psychotherapy for depression were compared considering the following variables: positive emotional language (ETpos), negative emotional language (ETneg), abstract language (AB), patterns of cognitive-emotional regulation (relaxing, reflecting, experiencing, connecting). Cluster analyses of linguistic variables for each segment of session were conducted through k-means algorithm and analysed in terms of transition probabilities. The Markov Transition Matrix gave the opportunity to visually understand how the different linguistic patterns characterising the segments of sessions interact. Discussion: Complexity Science provided a new methodology to study change in linguistic patterns making a comparison between variables pertaining to different domains possible.

Panel

alliance & interpersonal process

Dyadic interpersonal dynamics in psychotherapy

Client and therapist mutual transition from dissociation to dialectics and its relation to treatment outcome

Nehama HaCohen, Bar Ilan University, Ramat Gan, Israel; Dana Atzil-Slonim, Bar Ilan University, Ramat-Gan, Israel; Rivka Tuval-Mashiach, Bar-Ilan University, Ramat Gan, Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel

The study examine two mental processes regarded as major change mechanisms by contemporary relational theories-- the intrapersonal shift from dissociated to dialectic (Bromberg, 1991), and the interpersonal processes client and therapist undergo as two subjects in treatment (Mitchell, 1993). The APES scale (Stiles, 2011), was expanded into two-person APES (TPA) in order to investigate the development of multiple self-states in both partners of the therapeutic dyad. The goals were to analyze whether client TPA levels progressed throughout treatment from lower dissociative levels to higher dialectic levels between multiple self-states, and whether it relates to higher synchronicity between client and therapist TPA levels and treatment outcome. Nine

good versus nine poor outcome cases of psychodynamic treatment dyads were analyzed. Clients completed pre-post extensive symptom measures, as well as briefer measures before each session. For every dyad, 5 sessions representing five phases were rated using the TPA scale for both client and therapist. Only the good outcome cases showed a quadratic TPA pattern of change: more conflict at the beginning, avoidance on the middle phase, and toward the end back to high levels of conflict and even dialectic between multiple self-states. That is, towards the end of treatment clients demonstrated greater ability to tolerate different self-states and to create an internal dialogue between them. Synchronicity between client and therapist TPA levels was also significant. These findings emphasize the importance of working with dissociative processes in the context of dyadic relationship, in order to create a fertile ground for psychological development and growth.

Client-Therapist Emotional Coregulation and its Association with Treatment Outcomes

Dana Atzil-Slonim, Bar Ilan University, Ramat-Gan, Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Hadar Fisher, Bar-Ilan University, Israel; Eshkol Rafaeli, Bar Ilan University

There is a growing consensus among psychotherapy theoreticians and researchers that emotions and their regulation are an interpersonal phenomenon and should be studied as a dynamic system that interacts over time not only within the client at the intrapersonal level but also between the client and the therapist at the interpersonal level (cf., Aron & Harris, 2014; Fosha, 2001; McCullough et al., 2003). However, despite numerous studies that explored the contribution of clients' emotional processes and of therapist interventions that focus on clients' emotions to psychotherapeutic outcomes (for a review see Greenberg, 2010), surprisingly little research has addressed how the therapists' own emotions interact with the clients' emotions during the process of change. The current study aims to explore how client-therapist emotional coregulation facilitates favorable treatment process and outcomes. The sample consists of 100 client-therapist dyads engaged in medium length (20 sessions or more) psychodynamic psychotherapy. Clients are asked to complete self-report questionnaires regarding their emotion regulation and symptoms both pre- and post- treatment, as well as before each session. Coregulation is assessed using the clients' and therapists' session-by-session self-reports of their emotions. The data is analyzed by a two-level MLM (Hox, 2010). This study can contribute to the theory of change as a process that occurs within the context of dyadic emotional dynamics, enable a better understanding of the mechanisms of change that account for positive treatment outcomes and may have important clinical implications in terms of the therapist's role in helping clients to regulate their painful emotions.

The Alliance and the therapist's characteristics: Patterns of changes, ruptures, and repairs

Rivka Shir, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel

Research findings show that ruptures in the alliance predict poor outcome (Safran, Muran & Eubanks-Carter, 2011), and rupture resolution, or repair, facilitates good outcome. However, studies have not looked at therapist factors associated with rupture or repair, and their relations to patient process. The present study aims to 1) characterize the process of rupture and repair from the therapists' point of view and their relation to patients' reports of the alliance and their levels of distress. 2) Examine therapists' individual characteristics and how they relate to therapists' reports of rupture and repair. The study is based on 13 short term supportive --expressive therapies that were conducted and videotaped as part of a research seminar at the Hebrew University. Therapists filled the Post Session Questionnaire following every session (PSQ; Muran, Safran, Samstag, & Winston, 1991). Patients and therapists filled the WAI (Horvath, & Greenberg, 1989) after each session. Outcome was assessed using the Outcome Questionnaire-45 (OQ-45; Lambert et al, 1996) before each session. Therapists were administered the Big Five Inventory (BFI; John, & Srivastava, 1999), the ECR to assess attachment style (Experiences in Close Relationship Scale; Brennan, Clark, Shaver, 1998), and the IIP to assess their interpersonal relationships (Inventory of Interpersonal Problems, IIP-SC-32; Soldz, Budman, Demby, & Merry, 1995). Results demonstrate a relationship between therapists' reports of rupture's intensity and patients' ratings of the alliance and outcome. Moreover, there were significant

relationships between some personality characteristics, attachment style and interpersonal relationships -- and therapists' ratings of ruptures.

Therapeutic Presence: Neurophysiological Mechanisms Mediating Feeling Safe in Therapeutic Relationships

Shari Melissa Geller, York University, Canada; Stephen Porges, University of North Carolina at Chapel Hill

Therapeutic presence involves therapists using their whole self to be both fully engaged and receptively attuned in the moment, with and for the client, to promote effective therapy. In this paper, we present a biobehavioral explanation of how therapeutic presence can facilitate a sense of safety in both therapist and client, to deepen the therapeutic relationship and promote effective therapy. The polyvagal theory is used as a guide to explain how specific features of therapeutic presence trigger a neurophysiological state in both client and therapist within which both perceive and experience feelings of safety. The polyvagal theory proposes that a state of safety is mediated by neuroception, a neural process that may occur without awareness, which constantly evaluates risk and triggers adaptive physiological responses that respond to features of safety, danger, or life threat. According to the theory, when safety is communicated via expressed markers of social engagement (e.g., facial expressions, gestures, and prosodic vocalizations), defensiveness is down-regulated. Cultivating presence and engaging in present-centered relationships can therefore facilitate effective therapy by having both client and therapist enter a physiological state that supports feelings of safety, positive therapeutic relationships, and optimal conditions for growth and change.

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

Moments of Meeting in Holocaust Testimonies. Empirical Approaches

Panel

quantitative & qualitative method

Dyadic dynamics in memorizing the Shoah. A Single Case Study of interpersonal movement dynamics in videographed conversation with a Holocaust survivor.

Veronika Heller, Freie Universität, Berlin, Germany

Aim Although Stern (1985, 2010) suggests his concept of vitality contours for understanding the global phenomena of temporal unfolding in human experiencing, further investigations in the interactional dynamics are still widely missed. We argue that besides analyzing verbal information, looking only at static aspects of body attitudes such as posture or countable gestures is still insufficient to capture motivation and affects of interacting human beings. Investigations on the non-verbal interplay between First Generation Survivor Mrs K. and Second Generation Interviewer are made scrutinizing the temporal dynamics on short movement sequences. The goal is to detect temporal patterns of the non-verbal interplay to provide a deeper understanding of scenic memory of the Shoah. Methods This approach to non-verbal communication is based on the principles of Laban Movement Analysis. LMA provides us with approved parameters for examining the qualitative aspects of whole body movement. Preselected by a full automated, computerized method (MEA, Ramseyer 2010) highly synchronized and desynchronized sequences are proved in terms of effort and shape. This analysis is linked to the results of the hermeneutic assessment presented by Bleimling and the Therapeutic Cycles Model by Mergenthaler. Results Tradition of the traumatic memory must also be regarded as bilateral proceeding, where certain information is coded dynamically. The dynamic code can be found in temporal processes of unfolding movement qualities in the dyade. Motion response behavior of the interviewer must be understood as a main component in the scenic memorization of the Shoah. Discussion The methodical and conceptual approach can also be discussed in respect to phenomenological and ethical implications.

Scenic memory of the Shoah -- A microanalytical examination of interpersonal emotional reactions in conversations with Holocaust Survivors

Jasmin Bleimling, Tel Aviv, Israel

Aim Relevant moments of interpersonal emotional reactions between the interviewer and the interviewee in videographed survivor conversations are evaluated. The aim is an empirical quantification of the hermeneutical understanding of the unconsciously re-enacted psychoanalytical scene. Moments of extra-ordinary countertransference, as identified retrospectively by the interviewers, are related to the results of objective

methods. Methods A mixed methods approach was chosen. Verbal and nonverbal content was measured in a single case in comparison to five interviews. Motion Energy Analysis (MEA, Ramseyer 2010), a computerized nonverbal movement analysis, was conducted to quantify nonverbal movements and the nonverbal synchronicity between two interacting conversation partners. Verbal content was measured with a textanalysis of the transcripts (Textanalysis System TCM, Mergenthaler 2008). An external validation with a group of psychoanalytically trained participants was lead via the use of a countertransference questionnaire (PCQ, Countertransference Questionnaire, Westen 2005) and a hermeneutic group assessment. Results Moments of rupture were found to be an important indicator for the traumatic re-enacted scene. In comparison to as neutral rated sequences, those were found nonverbally in less synchronicity between the interacting dyad, in less movements whilst using an increased shielding behavior, particularly on the side of the interviewer. In emotional relevant scenes more emotional and especially more abstract words were used verbally, no significant differences were found in the use of concrete or abstract narrative style. Intraclass Correlation between the single methods revealed no strong consistency in identifying relevant moments. Discussion Findings of the study support clinical evidence for psychoanalytic diagnosis and treatment technique in contact with traumatized patients, indicating the possibility of identification of key moments by nonverbal moments of ruptures and splitting and the verbal use of defense mechanisms of Intellectualization and Rationalization.

Long Term Cognitive Emotional Regulation of Traumatic Experiences - A Textanalytical Approach to an Interview with a Holocaust Survivor.

Erhard Mergenthaler, Ulm University, Germany

Aim To find themes and topics that represent unresolved, resolved or obscure traumatic experiences, and to demonstrate how the findings can inform psychotherapies with trauma survivors. Method Based on the Resonating Minds Theory, a school independent approach to psychotherapeutic processes and, seen from a more general point of view, to intra- and interpersonal communication processes, Emotional Tone, Abstraction and Narrative Style of the interview will be assessed and mapped onto four Emotion-Abstraction Patterns called Relaxing, Reflecting, Experiencing, and Connecting and also will be represented as (therapeutic) cycles using the computer assisted text analysis tool Cycles Model (CM). Results Eight topics were identified that cover a total of 54 themes. The themes within a topic were found to be heterogeneous with regard to their cognitive emotional regulation. E.g. the topic of "Family" was shown to cover themes relating to relatives and friends of the family that were presented as Relaxing, whereas themes that relate to mother, father, brother and death were presented as Reflecting indicating an unresolved trauma. In contrast themes that dealt with the life in the concentration camps and suffering were presented as Experiencing. Retrospective moments were presented as Connecting indicating a normal and intact regulation. Furthermore it also will be shown that the interviewer has an impact on the way the interviewee presents her memories. Discussion The results of this single case study suggest that CM allows to identify themes and topics and to categorize them along the line of unresolved towards resolved trauma.

Discussants: Gaby Shefler, Hebrew University, Jerusalem, Israel; Andreas Hamburger, International Psychoanalytic University, Berlin;

Preventive Interventions for children and families affected by natural disasters, community and political violence

Preventive intervention to promote the quality of mother-toddler relationship under the stress of exposure to repeated rocket fire

Esther Cohen, Interdisciplinary Center, Herzliya, Israel; Cory Shulman, Hebrew University, Jerusalem, Israel

Aim: In this project we examined the relationship between mothers and their toddlers before and after participation in a preventive program for families living under the stress of repeated rocket fire. Methods: We videotaped 30 minutes of mother-child play interactions prior to and following participation in a group intervention focused on promoting attachment and playfulness in parent-toddler relationship. Videotapes from 37 dyads were analyzed using the Emotional Availability Scales (Biringen, 2010) and the

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Test of Playfulness (Bundy, 2011).The mothers also completed questionnaires related to their SES; their own and their child's exposure to traumatic events; their own PTSD symptoms; and the child's behavior problems. Results: Trauma exposure of mother and of child and maternal PTSD symptoms were significantly linked to reduced maternal emotional availability and to reduced child playfulness in mother-child interactions. The rate of reported behavior problems was reduced following the intervention. Analyses of Mother-Child videotaped play sessions revealed a significant increase in emotional availability and a small increase in playfulness. Significant correlations were found between parents' education and child playfulness. Maternal emotional availability was related to parents' age. Discussion: Contrary to one prevailing view that early interventions are not advisable for those under recurrent, stressful or traumatic conditions, our findings indicate that a proactive preventive approach has beneficial effects on child behaviour and maternal responsiveness. Preventive interventions should be tailored to the needs of the affected population.

The PANDA-BEAR program for enhancing emotion regulation in children affected by community violence

Ruth Pat-horenczyk, Hebrew University, Jerusalem, Israel

Aim: To construct and evaluate the effectiveness of a group intervention program for enhancing emotion regulation capacities in children affected by community violence. The PANDA-BEAR is a theory-based program focuses on strengthening self-regulation in the physical, emotion, cognitive and interpersonal domains. The 8 sessions are geared for school-age children (7-12) and include psychoeducation, mindfulness and creative experiential exercises. Method: Six groups of children (N=48, age 9-11) are currently under evaluation with pre and post questionnaires filled out by the participating children and the group facilitators. The measures include: Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA) (Gullone & Taffe, 2012), Child and Adolescent Mindfulness Measure (CAMM) (Greco et al., 2011), and the Connor-Davidson Resilience Scale (CD-RISK) (Connor & Davidson, 2003). Additionally, the children respond to several hypothetical vignettes describing challenges for self-regulations and are asked to select their most likely response to such circumstances. Results: The children showed interest and enjoyment of the program and the facilitators reported high attendance and collaboration with the various activities throughout the program. The children seem to adapt new ways of handling stressful situations. Conclusions: There is a need to substantiate replicate and adapt evidenced-based programs for enhancing regulation capacities as part of building resilience for children in the context of traumatic events.

Moral, political and religious dilemmas in children's play narratives following a natural disaster.

Sandra Rafman, Université du Québec à Montréal; Marjorie Villefranche, Maison d'Haïti

Aim: Young children's moral competence is often underestimated. We hypothesized that moral dilemmas would intertwine with attachment, loss, and trauma motifs in children's play narratives following a natural disaster. Methods. Following the 2010 earthquake, preventive interventions were offered to children who had either been in Haiti or in Canada at the time. Applying categories relevant to moral, trauma and attachment dimensions, the play narratives of ten children, aged 4 to 7 years, were analyzed. These measures had been developed to analyse the narratives of 30 children, 15 of whom had lost a parent to political violence. Results: Children's play narratives of trauma and loss were interwoven with the conflicting religious, cultural, political and historical explanations. Children feared for the lives of family still in Haiti and expressed in play the terror at the experience of being in an earthquake. They struggled to find their place in ruptured and changing family constellations as dilemmas regarding the interrelation of good and evil and strength and weakness recurred. Causation ranged from the devil, to God or colonialism (the whites) or to the self. The narratives of children who had experienced a natural disaster are compared to those who had experienced parental death or disappearance in war. Discussion: Presented in a fragmented or chaotic manner, the moral dilemmas in children's narratives may thereby reflect paradoxical features in societal discourse. Acknowledging children's struggle with moral disruption would enhance their feeling of being understood and hopefully the effectiveness of preventive interventions..

Discussant: Danny Brom, ;

Therapists' attachment, interpersonal values and therapeutic alliance

Who sits behind the telephone? Interpersonal characteristics of volunteer counselors in telephone emergency services

Isabelle Rek, Heidelberg University, Germany; Ulrike Dinger, Heidelberg University, Germany

Background: Telephone emergency services (TES) play an important role in suicide prevention across different healthcare systems around the world. However, little is known about the telephone counselors who often volunteer to provide free and confidential help for people in emotional crises. The current study aims to examine the interpersonal values of volunteer counselor trainees and further investigate their personality traits, quality of life and expectations regarding their future counseling style. Method: We recruited 261 volunteer trainees within the German nationwide organization TelefonSeelsorge at the beginning of their paraprofessional training. Interpersonal values were described according to the Interpersonal Circumplex Model with the Structural Summary Method. Results: Compared to a large non-clinical reference group, trainee counselors reported a significantly lower magnitude of interpersonal values on most circumplex scales except harmony (LM) and social acceptance (NO). A cluster analysis revealed three distinct groups of trainees, which can be described as predominantly assertive, submissive-reserved and friendly-harmonious. The three groups further differed in the Big Five personality traits extraversion, neuroticism and agreeableness, mentalization, attachment anxiety and avoidance, but not in quality of life. Furthermore, the groups differed with regard to their expected future counseling style. Conclusion: The findings contribute to an understanding of interpersonal goals and motives of volunteer counselor trainees in TES.

Resolution of alliance ruptures, adaptiveness to patient personality, and treatment outcome

Johannes C. Ehrenthal, Universität Kassel, Germany; Corinna Reck, University of Munich, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Christoph Nikendei, University of Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany

Background: The successful working through and resolution of alliance ruptures is a central element of effective therapies. However, there is a lack of knowledge on the interaction of patient personality and related therapist strategy, or "what works for whom". Method: In a sample of 44 depressed patients from an RCT on an eight-week inpatient vs. day clinic treatment program, weekly sessions with the individual therapist were audiotaped and rated with regard to alliance ruptures using the 3RS (Eubanks et al., 2014). Therapist resolution interventions were assessed with the 3RS as well, and therapist overall strategies with on directiveness and emotional arousal with the related subscales of the PTRS (Fisher et al., 2000). Assessment of patient personality was conducted by self-report on levels of personality functioning and interpersonal problems. Results and Discussion: Preliminary results point toward a relationships between patient personality and successful resolution. The results will be discussed against models of adaptive relationship formation in the face of lower levels of personality functioning.

Therapists' attachment representations and therapeutic alliance in psychotherapy for Anorexia nervosa

Ulrike Dinger, Heidelberg University, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany

Background: The formation of a positive therapeutic alliance can be a challenge to both patients and therapists in psychotherapy for anorexia nervosa, because patients are often ambivalent about the goals of treatment. Until now, little is known about personal characteristics of psychotherapists that might facilitate the alliance formation with anorectic patients. The current study aims to test, whether therapists' attachment representations predict the course of the therapeutic relationship. Method: Thirty-one cognitive-behavioral and psychodynamic therapists that participated in the ANTOP trial (Zipfel et al., 2013) were interviewed with the Adult Attachment Interview and filled out self-report questionnaires on their attachment styles. Patients indicated the quality

of the therapeutic relationship throughout the year-long treatment. Multilevel models are used for the statistical analyses. Results: Therapists were had predominantly secure attachment representations. Further results on the association with patient-rated alliance will be reported in the presentation. Discussion: For the discussion of the influence that therapists' personal attachment characteristics might unfold in the therapeutic process, specific attention will be devoted to their capacity to mentalize as well as their capacity to react flexible in the sense of therapist responsibility.

Discussant: Brin FS Grenyer, University of Wollongong, Australia;

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alliance & interpersonal process

Treatment termination in open-ended therapy: A qualitative look at client initiated versus forced terminations

The Importance of Agreement in the Termination Process and its Association with Therapeutic Relationship and Change

Julieta Olivera, Universidad de Buenos Aires, Argentina

Clinicians and researchers are still discussing about who should decide the termination of a therapeutic treatment. Moreover, there is no consensus among different therapeutic approaches on valid motives for termination when therapy does not have a prefixed duration. The present study assessed former client's perspective of therapy termination in a non-probabilistic sample of Buenos Aires Metropolitan Area. 73 semistructured interviews, lasting approximately 60 minutes each, were conducted with participants that had finished a therapeutic treatment or dropped-out. They were asked about several aspects of therapy, including their experience of termination: who decided to terminate, if there was agreement on termination or not, and their thoughts on the whole process. All interviews were transcribed and analyzed using a qualitative approach, based on Consensual Qualitative Research (CQR) adapted for big samples. Results show that typically clients unilaterally decided to finish their treatment and most of them would have liked a more active attitude from their therapists regarding termination. However, among those clients, there was a substantial difference between agreed terminations and sudden decisions, in terms of the changes they perceived and their overall evaluation of their therapy process. Furthermore, agreement on termination emerged as a central aspect for clients, and it was associated with good therapeutic relationships. Implications for research and clinical practice are discussed.

Termination behaviors and emotional reactions in transfers and full terminations

Yoshinobu Kanazawa, Meiji Gakuin University

Aim: In open ended therapy, treatment may be terminated when therapists leave the agencies, regardless of the client's state (i.e., forced termination). In certain clinics, clients are offered an opportunity to continue therapy with a different therapist (i.e., transfer). Whereas some clients choose to transfer, others terminate therapy in the clinic altogether (i.e., full termination). Previous studies of forced terminations have addressed therapists' and clients' emotional reactions, but only after termination has occurred. In the present study we sought to examine termination processes as they occur in final sessions of treatment. In particular, we were interested in comparing emotional reactions and termination behaviors within forced terminations, between transfer cases and full terminations. Method: Two researchers observed and consensually coded 15 (nine transfer, six full termination) videotaped final sessions of psychotherapy conducted at a training clinic of a large public university in the U.S. Results: Preliminary results indicate that there are no significant differences between full terminations and transfers in emotional reactions, atmosphere and depth of termination discussion. Most of the termination behaviors discussed in the literature (e.g., review of the treatment, sharing feelings about termination) were demonstrated in both groups. Qualitative results are being analyzed based on Consensual Qualitative Research (CQR). Discussion: Implications for research and therapist training will be discussed.

Emotional reactions and termination behaviors: Differences between client initiated terminations and forced terminations

Naama Shafran, University of Maryland, College Park, USA

The process of treatment termination (TT) elicits certain behaviors and emotional reactions among therapists and clients alike (Shafran et al., 2015). Previous studies

have shown that the source, or initiator, of termination affects the kind of reactions and behaviors in the TT (Fortune et al., 1992; Baum, 2005). However, the findings regarding TT are mostly based on post-treatment reports by clients or therapists. The present study examines final sessions of treatment in order to compare emotional reactions and termination behaviors observed among clients and therapists. We seek to compare between client initiated terminations and forced terminations (i.e., due to therapists leaving the clinic). Teams (two to five) clinicians observed and consensually coded 38 (23 client initiated and 15 forced) videotaped final sessions of treatment, conducted at a psychology training clinic of a large public university in the U.S. Data is currently analyzed based on Consensual Qualitative Research (CQR). Preliminary results indicate that therapists were more sad and clients more grateful in forced terminations, compared to client initiated terminations. No significant differences were observed in negative emotional reactions, or termination behaviors. Implications for research and therapist training will be discussed.

Discussant: Clara Edith Hill, University of Maryland, College Park, USA;

Panel
alliance & interpersonal process

Looking at countertransference from different perspectives

Therapists' emotional reactions, and their relation to rupture and repair and use of technique

Tal Klang, Hebrew University Jerusalem; Orya Tishby, Hebrew University, Jerusalem, Israel

Research findings show that therapists' awareness of their emotional reactions during psychotherapy sessions and their ability to use their reactions constructively, play an important role in the therapeutic process. When therapists are unable to recognize emotional reactions evoked during the session, this may contribute to ruptures in the therapeutic alliance, poor therapeutic outcomes and patient dropout. Although there is evidence suggesting that learning and training therapist how to recognize and work with countertransference and negative processes leads to better outcomes, there is still insufficient research on the effects of the therapist's feelings on therapeutic processes and therapist's choice of technique. In this study we examine the relations between the therapists' emotional reactions in sessions and ruptures and repairs in the therapeutic alliance. In addition, we will examine the relations between therapists' feelings and the therapeutic interventions he used during sessions. The analysis is based on 8 cases of supportive-expressive short term psychotherapy, for moderate depression and anxiety, which were videotaped. Therapists' emotional reactions were assessed using the feeling-word checklist (FWC-24). Therapists' interventions were assessed using the MULT, rated by objective observers. Rupture and repair was rated by objective observers, using the 3 RS manual. Outcome was assessed by the OQ-45, the Target Complaints and the IIP short form, which were completed after each session. Results of this study can help us gain a better understanding of psychotherapy process, and how therapists' emotional reactions affect the choice of technique and the alliance.

Countertransference types in the course of a year of therapy

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

Hayes (2007, 2011) defined 5 components of countertransference: origins, triggers, manifestations, effects and management. In this paper I present 5 ct types, as defined in previous papers (Tishby & Vered, 2011; Tishby & Wiseman, 2014). These types are emotional, sometimes unconscious internal reactions derived from unresolved conflicts with parents ("origins") and triggered by clients. The ct types precede the actual response towards clients (the manifestation). Aims: 1) To identify recurrent ct types and less frequent ones 2) To examine changes in contents and in flexibility of these types in the course of a year of psychodynamic therapy. Method : Analyses are based on data collected from 27 therapists, and 70 patient-therapist dyads engaged in a year long psychodynamic psychotherapy. The Core Conflictual Relationship Theme Method was used to identify therapists' relational patterns with their parents prior to beginning therapy. They were then asked to provide narratives about their clients at three time points (sessions 5,15,28). Results: Therapists' narratives about their patients revealed CCRT components that were similar to the CCRTs with their parents. The most frequent ct types were: responding to patients as they had responded to their parents,

or repeating a negative parental response in the therapy relationship. Relational patterns with parents were repeated with more than one client. Therapists' perceptions of themselves and their patients grew more flexible in the course of the year, as they felt less distant and less helpless. These results illuminate the complexity and dynamic nature of countertransference.

The therapist's countertransference and patient characteristics

Hanne-Sofie J Dahl, Vestfold Hospital Trust; Randi Ulberg, University of Oslo; Per A Høglend, University of Oslo, Norway

Objective: The aim of this study is to examine the relationship between therapists' feelings, an aspect of the countertransference, and patient characteristics. More specifically we are interested in how therapists' response associates with different patients characteristics when adjusted for the therapist's typical pattern of feelings together with patients. We would like to see if we replicate earlier findings that indicate higher associations between therapist feelings and patients' relational variables than symptomatology. Method: One hundred outpatients seeking psychotherapy for depression, anxiety, and personality disorders were included in a psychotherapy study, designed to examine the effect of transference work. They were offered weekly sessions for one year. Countertransference feelings were assessed with a self-report questionnaire, the Feeling Word Checklist-58 (FWC-58), after each session, by seven therapists. In this study the FWC-58 includes four subscales; confident, inadequate, parental, and disengaged. Patient characteristics are measured using interviews and self-reports before and after treatment. Results: The preliminary results show that there are several significant relationships between therapists' feelings and patient characteristics when controlled for each therapist's idiosyncratic way of reporting feelings.

Discussant: Jeffrey A Hayes, Penn State University, University Park, USA;

Panel

practice-training-research networks

Narrative in Therapy- Understanding therapeutic processes using the narrative lens

Narrative coherence in the therapeutic dialogue and its relation to treatment outcome

Kinneret Shapira, Bar Ilan University

The ways in which an individual structures his or her narrative have important implications for mental health. Coherence is one of the ways to assess the unifying function of narratives. In the clinical context, the coherence of personal narratives has been empirically linked to improvement (e.g., Lysaker et al., 2005). The vast majority of research on narrative coherence has focused mainly on retrospective accounts. Recently, an examination of self-narratives that were written by clients between every subsequent treatment sessions, did not find consistent patterns of change in narrative coherence over time, nor association with improvement in mental health (Adler, 2012). We suggest that narratives of a whole session, with its unfolding dynamics may present a clearer pattern of coherence. In the current study the role of coherence in narrating change experiences is being explored via the therapeutic dialogue itself, in a naturalistic outpatient treatment setting. Aim: to analyze whether narrative coherence increases over the course of treatment in successful cases, and whether it relates to symptomatic decrease session by session and to treatment outcome. Method: nine good versus nine poor outcome cases of psychodynamic treatment sessions were analyzed. Clients completed extensive pre-post symptom measures, as well as briefer measures before each session. For every treatment, 5 sessions representing five phases were rated by two reliable raters using Baerger and McAdams (1999) coherence coding system. Results are expected to capture the patterns of change in the narrative coherence while it is being evolved. Findings will be discussed applying their conceptual, methodological and clinical implications.

Hope, inter-subjective needs and agency in narrative films of traumatized military veterans

Rivka Tuval-Mashiach, Bar-Ilan University, Ramat Gan, Israel

During their daily routines, people maintain the ability to construct coherent, meaningful, and dynamic life stories. Trauma shatters this sense of continuity and flow of daily life (Tuval-Mashiach et al., 2004). This affects narrative processing on three

levels: At a specific level, there is disruption of the narrative of the traumatic event; on a more general level, there is disruption of the whole life story of the individual. The third level refers to the disruption of the ability to communicate the trauma narrative with others. Aim: To present the content and form analyses of films produced by trauma survivors during a videotherapy intervention. Methods: Qualitative content and form analyses (Lieblich, Tuval-Mashiach, & Zilber, 1998) of 70 short films, produced collaboratively by US military soldiers and veterans who experienced service related trauma, and participated in a four day intensive therapeutic workshop, in which they were invited to articulate aspects of their service experiences. Pre- and post-workshop surveys indicated that this intervention was effective in reducing post-traumatic stress symptoms for the majority of participants. Results: Themes of agency, loneliness, anger, guilt, and inter-subjective needs were identified as frequent in the films. Hope was the most frequent plot. Form analysis revealed a prototypical narrative form focusing in the present, without reference to the past and only a subtle reference to the future. Discussion: The findings will be discussed, together with the value of collaboration and using films as a tool for expressing trauma narratives. The clinical implications of the findings will be described.

Title- Acquiring the Talent of Narrative Inquiry: Narrative Research Capacities for Clinicians

Jacob Stein, Bar Ilan University

"Every counselor is a researcher: for every time we form an understanding of what is going on for a client, and work with that, we are testing out a hypothesis, and altering our activity in the light of evidence" (McGuire, 1999, cited in Moddley, 2001, p. 21). It then stands to reason that clinicians may benefit from acquiring research capacities, and seek to be informed of innovative analytical perspectives. Aim: Given the fact that most clinical interactions involve the solicitation of narratives, in the current presentation I would like to highlight three narrative analytical perspectives that may be put to use in therapy. Methods: I will describe and illustrate the three analytical perspectives: 1) The Labovian (Labov, 1972) approach which may guide the seeking out of the evaluative component of clients' narratives. 2) The speech act perspective (Polkinghorne, 1988), involving the seeking out of the performative and purposive aspects of clients' narratives. 3) The identification of mechanisms of selection (Spector-Merzel, 2011) guiding the identification of end-points and claimed identities of clients' narratives. Results and discussion: Explicating the analytical observations offered by these approaches to narrative and exemplifying their utilization via a clinical vignette, I hope not only to enrich the clinical discourse, but also to provide clinicians with tools to further investigate the stories brought forth by their clients.

Discussants: Tuvia Peri, Bar-Ilan University; Laurie Heatherington, Williams College, Williamstown, MA;

Mentalization: assessment and clinical importance in psychotherapy

Convergent Validity of several Measures of Mentalisation and their predictive validity for Borderline Personality Disorder Features

Tobias Nolte, University College, London, UK

A person's mentalising capacity is conceptualised to consist of several social cognitive domains. Here we explore the convergent validity of different measures capturing different aspects of mentalising (self-report, via the Movie Assessment of Social Cognition, derived from the Adult Attachment Interview, and based upon modelled parameters in interpersonal neuroeconomic paradigms). Furthermore, these measures will be tested in order to incrementally predict aspects of borderline personality features in a combined PD and community sample (N=450).

Importance of Mentalization as the link between Adult Attachment and Interpersonal Behavior

Markus C. Hayden, Alpen-Adria Universität Klagenfurt

Aim: Studies on mentalization have been promoted for the last decades, yet its impact on different fields of human perception and behavior has not been examined sufficiently. As our previous research has already suggested links between mentalization, attachment and interpersonal distress, we targeted to analyze the specific associations between the three concepts in more detail, in order to detect

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attachment & development

precise patterns of connections that are relevant in psychotherapeutic practice. Methods: Data was being assessed in a nonclinical population and in two different medical centers that use different therapeutic approaches. We examined patients having different kinds of mental disorders and students of different disciplines. Patients were treated in the context of psychosomatic or psychiatric rehabilitation and were examined at the beginning and at the end of therapy as well as six months posttreatment. All subjects were being examined both by questionnaires (Mentalization questionnaire, Experience in Close Relationships and Inventory of Interpersonal Problems) and structured interviews (Adult Attachment Interview, Brief Version of the Reflective Functioning Interview). Results and discussion: Data suggests that mentalization has a mediating effect on the association between adult attachment and interpersonal distress. Furthermore, we assume specific associations between the ability to mentalize, attachment patterns, and the types of interpersonal problems that are experienced. We also assume that different patterns of connection will predict different therapeutic outcome. Findings will be discussed at the conference in the light of mentalization theory.

Relationship between early childhood traumatic experiences, attachment and mentalization

Sylke Andreas, Alpen-Adria Universität Klagenfurt

Objective: The mentalization-concept, first described by Fonagy et al. (1997), has become increasingly important for the treatment of patients with mental disorders. Many studies show the effectiveness of mentalization-based treatment (MBT) for borderline-personality-disorder and its usefulness is described for a number of other mental disorders. The aim of the MBT is the improvement of reflective functioning of patients with mental disorders. The aim of the study is to examine the relationship between early childhood traumatic experiences, attachment patterns and self- and expert rated mentalization. Method: In a sample of $n = 50$ inpatients and $n = 60$ undergraduates we collected data on mentalization (Mentalization-Questionnaire), symptom severity (Brief Symptom Inventory), early childhood traumatic experiences and attachment styles (Relationship-Questionnaire) at the beginning, at the end and at a six month follow up of treatment (inpatients). Furthermore, we conducted interviews on reflective functioning (the Brief Reflective Functioning Interview and the Adult Attachment Interview). Results and discussion: Empirical results on the relationship between mentalization, traumatic experiences in early childhood and attachment will be presented at the conference and discussed in line of the empirical results of other studies.

Mentalization mediates the relationship between early maltreatment and potential for violence in adolescence

Paul Schroeder, Heidelberg University, Germany

Aim: The present study investigates the role of attachment representations and mentalization as a protective influence on the relationship between early maltreatment and potential for violence in adolescence. Methods: For the current study, 161 adolescents, aged 14 to 18 years, were recruited from high schools and youth psychiatry. Early maltreatment was assessed by the Childhood Experiences of Care and Abuse Questionnaire, attachment was assessed using the Adult-Attachment-Projective Picture System, mentalization was coded with the Reflective-Functioning-Scale (RF) from Adult Attachment Interviews. Potential for violence was composed of the Reactive Proactive Aggression Questionnaire and the presence of conduct disorder assessed by the Structured Clinical Interview for DSM-IV. Using structural equation modeling, RF and attachment were tested as mediators on the main effect of early maltreatment on potential for violence. Results: The main effect of early maltreatment on potential for violence could be replicated. Furthermore, this direct effect was partially mediated by RF but not by attachment representations. Discussion: Results contribute to the idea that mentalization serves as a protective factor that may suspend the pathway from early maltreatment to violence in adolescence. Because of the transformation of attachment patterns into generalized cognitive models of attachment, attachment in adolescence may have a less pronounced effect on violence in this specific developmental phase. Future studies should test for gender differences which was not possible in the present study due to the limited sample size.

Panel
evidence-based psychotherapies

Discussant: Svenja Taubner, Heidelberg University, Germany;

New Developments in Psychotherapy Research for Borderline Personality Disorder

Why do patients with borderline personality disorder drop-out from treatment early?

Shelley McMain, University of Toronto, Canada; Natalie Stratton, University of Toronto, Canada; Mariana Mendoza, Center for Addiction and Mental Health; Ryan Barnhart, Centre for Addiction and Mental Health

Dropout from treatment for Borderline Personality Disorder (BPD) is common and associated with negative psychosocial outcomes. However, the reasons why patients with BPD drop-out from treatment are not well understood. Understanding the patterns and predictors of dropout is necessary to guide clinical interventions for those at-risk. To date, most studies on predictors of drop-out have examined static factors. The present study explored the role of static and dynamic factors associated with dropout. Forty-two individuals with BPD at high risk for suicide were randomized to 20-weeks of Dialectical Behaviour Therapy (DBT) skills training. Assessments were completed at baseline, 5 weeks, 10 weeks, 15 weeks, 20 weeks, and 32 weeks. Static predictors of dropout assessed at baseline included demographic variables, clinical severity, and comorbidity. Dynamic predictor variables included changes in impulsivity, anger, depression, mindfulness, group alliance, and coping skills. A post-hoc two-stage logistic regression analysis was conducted to predict dropout propensity. The findings revealed that participants receiving disability benefits were more likely to drop out earlier into treatment than their counterparts. Increases in impulsivity significantly heightened the risk of dropout, whereas increased mindfulness significantly decreased the probability of dropout. Our findings imply that clinicians may reduce the risk of drop-out by prioritizing interventions that reduce impulsivity and strengthen mindfulness.

What predicts improvement in the capacity to work after psychotherapy for borderline personality disorder?

Brin FS Grenyer, University of Wollongong, Australia

Early change of emotion regulation in responsive treatments for borderline personality disorder: a mediation analysis

Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland

Discussant: John Ogradniczuk, University of British Columbia, Vancouver, Canada;

Panel
child & family

Meaning Construction in the Face of Loss, Grief and Cancer

Meaning Centered Group Psychotherapy with Cancer Patients: Adaptation to Israeli setting and preliminary results.

Gil Goldzweig, The Academic College of Tel-Aviv Yaffo; Ilanit Hasson-Ohayon, Bar-Ilan University, Israel; Reut Wertheim, Bar-Ilan University, Israel; Gali Elinger, Bar-Ilan University, Israel; Anat Laronne, Assuta Medical Center, Israel; Noam Pizem, Sheba Medical Center, Israel

AIM: The MCGP is a manualized intervention, provided in a group format, aimed to help patients with advanced cancer to sustain or enhance a sense of meaning in life. MCGP was proved to be potentially beneficial for advanced cancer patients in several researches. The purpose of the current study is to address issues in adapting MCGP to different cultural settings and to present preliminary results concerning the effectiveness of the MCGP among Israeli cancer patients. Methods: After translation and cultural adaptation of the MCGP manual we conducted two pilot groups. One group included 6 advanced lung cancer patient and the other included 7 advanced cancer patients. Patients were evaluated before the interventions, 4 times during the interventions and 3 months after the intervention. Evaluation included measures of meaning- Life Regard Index (LRI), Self-Concept Clarity Scale (SCC), anxiety & depression - Hospital Anxiety and Depression Scale (HADS) and a narrative evaluation of intervention interview. Results: Preliminary quantities findings indicated improvement in all measure. Qualitative findings related to adaptation of evidence based

interventions given unique aspects of the Israeli society. Specific themes that were discussed during the group sessions included the significance of Holocaust, terror and war survivorship in the Israeli society. The findings emphasize the importance of culturally adapting the protocol. Discussion: We will discuss the results in light of the concepts of cultural competence and cultural humility. We draw general conclusion concerning intervention adaptations. Also we'll discuss the processes of individual and group meaning construction while facing death threat.

Narrative Reconstruction for Prolonged Grief Disorder

Tuvia Peri, Bar-Ilan University

Aims: In this presentation, we suggest a somewhat novel therapy module, narrative reconstruction (NR), for the treatment of intrusive phenomena in bereaved patients. The rationale for the implementation of NR for Prolonged grief disorder (PGD) and a case demonstration will be presented. **Background:** PGD is a potentially disabling condition affecting approximately 10 percent of bereaved people. Grief-focused cognitive behavior therapy (CBT), including cognitive restructuring and exposure, is effective for treating PGD. It has been suggested that the impaired integration of the loss memory, expressed in recurrent memories of the loss, and the disorganization of the memory are involved in the development of PGD. NR, originally designed for the treatment of Post-Traumatic Stress Disorder (PTSD) in an integrative therapy module, involves exposure to the loss memory, detailed written reconstruction of the loss memory narrative, and the elaboration of the personal significance of that memory for the bereaved. **Method:** The rationale for the implementation of NR for PGD as well as a case study of the treatment with a woman suffering from PGD will be presented. Evaluations were conducted before and after treatment and at a three-month follow-up and included PG-13, BDI, CAPS and spontaneous narrative analyses. **Results:** NR reduced symptoms of PGD and depression as well as intrusion. The analysis of spontaneous narratives recorded before and after treatment showed increased organization of the narratives. **Discussion:** The results provide preliminary support for the effectiveness of NR for PGD. The advantages of NR for PGD and its limitations will be discussed.

The process of couple therapy connected with grief issue. Mentalisation and reflective- functioning rating as the analytical tool. Methodological considerations.

Bernadetta, Elżbieta Janusz, Jagiellonian University, Kraków, Poland

In the presentation the authors want to discuss some methodological dilemmas and questions connected with the possibilities of using Reflecting Functioning Scale for researching the process of grief in the course of couple therapy. The aim of the research was to investigate the changes of the RF - level in the relation with the dead child and the mental state of each partner connected with loss as the indicators of going through a grieving process. Qualitative content analysis of therapeutic sessions was done in order to extract basic themes and categories of the sessions. In the next stage the Reflective Functioning Manual Version 5 (Fonagy, Target, Steele, Steele, 1998) was adapted to rate the changes in reflective functioning of each parent in the course of the therapeutic process. The main categories that emerged from the qualitative analysis were connected with: the relationship of each parent with the dead child, the emotional state of each parent connected with the loss, return to normal functioning both in private and professional roles. We are going also to discuss the general problem of constructing versus co-constructing of utterances in the process of couple therapy, and methodological problems connected with RF rating that follow this issue. Especially we are interested in the specifics of co-constructed answers that belong rather to the couple than to the each member of the therapy. Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). Reflective-functioning manual. Version 5 London, UK: University College London

Effects of Meaning-Centered Grief Therapy on Continuing Bonds among Parents Who Lost a Child to Cancer

Wendy Lichtenthal, Memorial Sloan Kettering Cancer Center

Title: Effects of Meaning-Centered Grief Therapy on Continuing Bonds among Parents Who Lost a Child to Cancer **Authors:** Wendy G. Lichtenthal, Elizabeth Slivjak, Stephanie Lacey, Elizabeth Schofield, Corinne R. Sweeney, Kailey E. Roberts, and William

Breitbart **Aim:** Bereaved parents often yearn to feel a sense of connection with their deceased child, yet their profound emotional pain often interferes with activities that

support experiencing their continued bond. Continuing the bond to the deceased child is considered adaptive in most cases (Field, Gao, & Paderna, 2005). However, for some parents, this is a challenge. The purpose of this study is to examine the effects of Meaning-Centered Grief Therapy (MCGT) on enhancing bereaved parents' continuing bond with their child, exploring whether attachment style moderates effects. Methods: As part of an ongoing multiphase National Cancer Institute-funded intervention development study, parents bereaved by cancer with elevated prolonged grief symptoms are being randomized to receive 16 sessions of MCGT, a cognitive-existential grief intervention, or supportive psychotherapy (target n = 66 parents; data collection ongoing). Sessions are conducted through videoconferencing. Parents complete baseline, mid-intervention, post-intervention, and follow-up questionnaires on grief, attachment style, and continuing bonds. MCGT participants also complete exit interviews about their therapy experience. Interviews are transcribed and coded using thematic content analysis (Morse, 1994). Results: We will calculate pre-/post-treatment change scores and effect sizes for grief and continuing bonds measures. We will also examine whether attachment style is a moderator of treatment effects. Qualitative findings related to parents' sense of connection with their child at the conclusion of therapy will also be presented. Discussion: We will discuss the importance of fostering a continued connection to the deceased, particularly among bereaved parents, and review strategies for maintaining adaptive attachments in bereavement. Keywords: child & family, attachment & development, psychotherapy integration

Panel
child & family

Change Processes and Relational Experiences in Child and Adolescent Psychotherapy

What changes during psychotherapeutic process with children? A qualitative approach from the perspective of therapists, children and family members

Nicolle Alamo, Pontificia Universidad Católica de Chile, Santiago; Claudia Capella, Universidad de Chile, Santiago; Lucía Nuñez, Universidad de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Background: Despite increases in the research of child psychotherapy process during last years, these types of studies are still scarce (Carlberg et al., 2009; Midgley, 2004; Russell, 2008). It has been raised as a challenge to continue focusing on the mechanisms of change (Midgley, 2007; Odhammar et al., 2011; Shirk & Burwell, 2010), but also in its content, from a qualitative process approach, and including the perspective of all the participants (therapists, children and family members). Aims: To reconstruct the conceptualization of change in children that have psychotherapists with different theoretical orientations, from their view of specific processes. To reconstruct the subjective experience of change lived by the consultants (children) and their families during the psychotherapeutic process. Methods: A descriptive qualitative research was carried out with 4 therapeutic processes. Semi-structured interviews were used with participants: therapists, children (aged 6 to 11 years old) and their family members. A total of 12 interviews were developed, after the end of the therapy. Drawings were also used with children. The analysis was done guided by the grounded theory model (Glaser & Strauss, 1967; Strauss & Corbin, 2002). Results: The main contents of change are described from the perspective of all the participants, which are related to the child and his/her context. These changes involve different dimensions of the child development: changes in intrapsychic, behavioral, symptomatic and relational levels are reported. Furthermore, it includes the immediate context: changes in the family and at school. It is possible to find similarities as well as differences between the interviewees in the change described and the dimensions considered. Discussion: The relevance of developing child psychotherapy process research is discussed, focusing not only in mechanisms of change, but also in its content. Also there is a need for a qualitative research approach, which considers the perspective of the different participants involved in the child psychotherapy process. The contribution of using drawings to approach to the subjective experience of children is also discussed.

Subjective Change in Psychotherapy from the perspective of adolescents, therapists and external observers

Ana Maria Cortes, Chile; Henry Daniel Espinosa, Pontificia Universidad Católica de Chile, Santiago; Claudia Capella, Universidad de Chile, Santiago; Olga María Fernandez, Chilean University; Santaigo Chile; Catholic University, Santiago Chile; Marcela Mendoza, Universidad de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Abstract**Aim:**The goal of this presentation is to characterize convergences and divergences on the content of therapeutic change from the perspectives of adolescents with depressive symptoms, their therapists and external observers.**Method:** This is a multiple case qualitative study. In four short-term integrative therapies with adolescents with depressive symptoms, the subjective change was studied through three perspectives. A semi structured follow up interview was conducted with adolescents and therapists, with the intention of evaluating the psychotherapeutic process and change. Then both interviews were analyzed with content analysis. At the same time, recorded videotapes of sessions of the four therapies were analyzed through generic change indicators (GCIs) and then with content analysis. **Results:** The points of agreement and divergence between the categories that were generated by these three perspectives are presented. Convergences and divergences on the content of therapeutic change were found, as well as in the evaluation of psychotherapy. Some aspects show more agreement between the adolescent and the therapist, but others between the therapist and external observers. The notions of psychotherapeutic change implied in these different views are discussed. **Discussion:**The results show the relevance of including different points of view for a deeper understanding of the complexity of change in psychotherapy. The qualitative methods could be a contribution for the investigation and comprehension of the subjective perspective of adolescents and their therapists. **Keywords:** Change Process, Adolescent Psychotherapy and Depressive Symptoms.

Relational Experience and Therapeutic Process in Adolescent with Depressive Symptoms

H-Daniel Espinosa-Duque, Pontificia Universidad Católica de Chile, Santiago; Ana Maria Cortes, Chile; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Aim: Relational experiences and psychological task of adolescence may have a considerable influence in the therapeutic process. Few researches have studied the impact of relational transitions in the development in psychotherapy. The goal of this presentation is to determine the characteristics of relational experience in adolescent patients and their expression in the therapeutic process. **Method:** The research is a process study. Ten short-term therapies from different theoretical approaches (5 integrative and 5 CBT therapies) for adolescents presenting depressive symptoms were examined. Moreover, different observer methodologies focused on the patients experiences were used: (1) Core Conflictual Relationship Theme (CCRT) (Relationship Experiences of adolescents) and (2) Change, Stuck and Rupture Episodes (Relevant Episodes of the Therapeutic Process). The sample analyzed was composed by 402 Relationship Episodes, 65 Changes, 27 Stuck and 97 Ruptures. **Results:** In the context of the developmental tasks, results indicate that family relationships have lower levels of harmony in the Responses than extra-family relationships. In addition, psychotherapies with higher 'Change Episodes Index' have an upper harmony level in 'Responses of Self'. Finally, in therapies with higher proportion of Stuck Episodes and Withdrawal Ruptures were found similar relational trends characterized by 'distancing'. **Discussion:** This study examines how the relational experience of adolescents may be linked with relevant aspects of the therapeutic process. The detachment process of family relationships typical of adolescent transition can be found empirically in relational narrative of the psychotherapy. Besides this, through different analysis it is possible to find links between the characteristics of the psychotherapies and the relational tendencies of the patients. The clinical implications of these findings are discussed.

Discussant: Olga María Fernandez, Chilean University; Santaigo Chile; Catholic University, Santiago Chile;

Panel

quantitative & qualitative method

Moderator: Olga María Fernandez, Chilean University; Santaigo Chile;

Termination of Psychotherapy and evaluation of the psychotherapeutic process from different perspectives

Failure in psychotherapy from the experience of patients diagnosed with depression.

A qualitative-comparative study included subjective evaluation of psychotherapy, drop-out rates, OQ-45.2 and BDI quantitative criteria.

Nicolás Suárez, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago
Between 5% and 10% of clients get worse at the end of psychotherapy (Lambert & Ogles, 2004), and dropout rates in psychotherapy are estimated at 46.86% (Wierzbicki & Pekarik, 1993). However, there is a publication bias, in the sense that successful therapies are over-represented (Lambert, 2011). Consequently, the failure of therapies has not received enough attention in literature. Additionally, the perspective of clients regarding failure of therapy has not been sufficiently considered (Elliott & Williams, 2003; Valkonen, Hänninen, & Lindfors, 2011). The aim of this study is to capture the meanings of negative experience of therapy from the perspective of patients who have experienced unsuccessful psychotherapeutic processes and compare with success. Then, compare this subjective experience with external measures (including quantitative criteria for failure). Method: The study included 48 patients diagnosed with depression and treated at semi-funded institution of mental health (6, 8 or 12 session pre-assigned, depending severity). Data collection included follow-up semi-structured interviews performed with the clients and their therapists after finished or dropped-out psychotherapy. Also, it was applied BDI and OQ-45.2, prior to initiating psychotherapy and at follow-up. Data analysis was carried out according to Grounded Theory procedures, including open, axial and selective coding (Flick, 2004). Results identify the criteria used by clients to determine when a psychotherapeutic process is unsuccessful. Furthermore, they permit to develop a comprehensive model of failure in psychotherapy from the clients' point of view. Then it was possible to compare these results with external criteria to patient's experience. Namely: Drop-out/clinical termination, OQ-45.2, BDI, etc. Discussion: The contribution of this research to clarifying the concept of failure in psychotherapy is analysed. Implications for clinical practice, specifically for monitoring -and possibly re-orienting- ongoing therapeutic processes are discussed.

Subjective understanding of psychotherapy termination from the perspective of adolescents and their therapists *

Olga María Fernández, Chilean University; Santaigo Chile; Catholic University, Santiago Chile

Breaking up is hard to do: The challenge of treatment termination

Hadas Shaharabani Saidon, Bar Ilan University, Israel; Hadas Shaharabani Saidon, Bar Ilan University, Israel

Treatment termination an non-response of inpatient psychotherapy in Germany

Laurence Reuter, PHB Berlin

Panel
culture & identity

Local or Global: Improving well-being and mental health in diverse community and cultural contexts

Intra-culturality and depressive symptoms: variations in emotional expressiveness and in the value system in a Chilean population sample

Alvaro E. Carrasco, Instituto Milenio para la Investigación en Depresión y Personalidad; María Isabel Gaete, Universidad de Chile, Santiago; Marcia Olhaberry, Pontificia Universidad Católica de Chile, Santiago; Francisca Pérez, Universidad Alberto Hurtado; Catalina Undurraga, Pontificia Universidad Católica de Chile, Santiago; Cristina Amezaga, Universidad de Chile, Santiago; Pamela San Cristobal, Pontificia Universidad Católica de Chile, Santiago

Aim To explore the value system and emotional expressivity in a Chilean population sample and the association of those factors with depressive symptomatology. Methods This study assesses emotional expressivity (BEQ), the value system (Schwartz Values Survey) and depressive symptomatology (BDI-I) in a Chilean sample. The relation between those variables was explored, considering gender and educational level. This was a convenience sample of 239 Chileans living in Santiago, between 18 and 90 years old. Descriptive and correlational statistics analyses were performed. Results Gender differences in values and emotional expressivity were found.

The educational level also shows relation with emotional expressivity and with some of the values explored. Similarly correlations were noticed between depressive symptoms and some values, as well as with some of the dimensions of emotional expressivity. Discussion The results show the complex relation between psychopathology and culture. Although Chile is a small country, because of the huge social inequalities, there are different cultures that could play a role in psychopathology and its treatment.

Depression among Turkish and Moroccan groups in Western European Countries

Gabriela A. Sempertegui Vallejo, Tilburg University

AimTo examine and map the available knowledge, relevant for appropriate clinical practice, regarding depressive disorders and symptoms among adult Turkish and Moroccan migrant populations in the Western European countries. **Methods**We conducted a systematic review of literature published between 1970 and 2015 available through the databases PubMed, PsychInfo, Web of Knowledge and Science Direct. Two reviewers assessed the quality of each study based on the criteria of the Quality Assessment Tool for Quantitative Studies and the Quality in Qualitative Evaluation Framework. Fifty-three peer-reviewed articles were included covering the topics prevalence, symptom profile, risk and protective factors and treatment methods and outcomes. **Results**The majority of the studies reported on first generation, Turkish migrants of low social economic status. The prevalence of depressive symptoms was the highest among older, Turkish women compared to natives. The symptom profile of depression for Turkish and Moroccan appeared broader than the one specified by the DSM-IV and -5. Next to well-known risk factors (i.e. female gender, unemployment) discrimination, mourning, marital problems, lost faith in Allah, among others were aspects related to depression. An integrational acculturation strategy and strong sense of control were found among protective factors. Solution focused therapy and group CBT showed mild effectiveness. Often a cooperative approach with social institutions is needed. **Discussion**Clinicians should be alert for population-specific characteristics when working with Turkish and Moroccan migrant patients with depression. In addition, they should be aware of other diversity features, besides ethnicity, determining the experience of depression and effectivity of treatments.

Discovering new Frontiers for promoting mental health and social development: An exploration on the Impact of basic Listening Workshops on personal and community wellness in rural communities of Ecuador

William Hernández, Fedc Ecuador; Soti Grafanaki, Saint Paul University, Ottawa, Canada

Aims * To study the potential benefits of bringing basic therapy skills (e.g. pausing, silence, attending, reflecting, focusing) to lay people from different cultural groups, as a way to reduce violence, promote mental health and empower marginalized rural groups and communities. * To explore the perceived impacts of Basic Listening Workshops on community, family and personal wellness in rural communities of Ecuador. **Methods**Qualitative data were collected through surveys, individual and focus group interviews. In total 21 semi-structured individual interviews and 3 focus group interviews were conducted with workshop participants from two culturally distinct rural communities of Ecuador. 4 semi-structured interviews were conducted with workshop facilitators. **Results**The introduction of simple Listening workshops in vulnerable communities positively contributes to the reduction of community tensions, family and gender violence. Learning to Listen and Pause can support changes in attitude and behavior that have a positive impact on self-esteem, mental health, productivity, leadership, family and community relationships. **Discussion**Implications for human development projects and mental health promotion. Reflections on the importance of bringing simple psychotherapeutic practices beyond the confines of traditional academic and psychotherapy settings to the world that surrounds us, as a way to promote positive change and social transformation in diverse cultural contexts.

Discussant: Marrie HJ Bekker, Tilburg University;

The potential of case study methodology in psychotherapy research: exploring the possibilities

Panel

practice-training-research networks

A systematic single case study of dissociative identity disorder: memory integration without working with alters?

Reitske Meganck, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium; Ruth Inslegers, Ghent University, Belgium; Shana Cornelis, Ghent University, Belgium; Jochem Willemsen, University of Essex, UK

Aim: Dissociative identity disorder (DID) has always captured fascination, yet remains a highly debated diagnosis. Debate centers on the veracity of the diagnosis. The dominant model considers trauma as a direct etiological factor and proposes a therapeutic model where alter personalities are directly addressed. In this paper we question the necessity of working with alters to facilitate integration. **Method:** A theory-building single case study is proposed where theoretical assumptions concerning interventions addressing integration can be examined in detail. Session transcripts of a successful psychodynamic psychotherapy of a patient with DID will be analyzed using the Consensual Qualitative Research method (Hill, 2012). **Results:** Detailed analysis of turning points in therapy show that elaborating conflicts and preserving space for the fundamental division of human psychic functioning result in an integration of memory and a disappearance of anxiety and the dissociative episodes. **Discussion:** We conclude that fine-grained analyses of single cases allow moving beyond general theoretical statements and question taken for granted ideas about effective therapy approaches for specific disorders like DID. The case study illustrates that, at least in this case, working with unconscious conflicts rather than addressing alters dissolved dissociative symptomatology.

How psychotherapy case studies contribute to practice-based evidence

Mattias Desmet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium; Jochem Willemsen, University of Essex, UK; Shana Cornelis, Ghent University, Belgium

Aim: Contemporary psychological research is more and more confronted with severe methodological problems, such as incapability to replicate findings. This presentation will show that these problems are based on a more fundamental problem at the level of measurement of psychological phenomena. In its turn, this is related to a fundamentally wrong implicit assumption on the nature of psychological phenomena. Specifically, mainstream academic psychology starts from the nomothetic paradigm (i.e. relying heavily on standardized measurement of psychological phenomena in group designs and computing correlations between the different measurements) and conceives psychological phenomena as static systems. **Method:** A review of the most important findings on validity and reliability of measurement in the nomothetic paradigm and concrete examples from psychotherapy research. **Results:** The results of empirical research clearly show that psychological phenomena are structured, not as static systems, but as complex and dynamic systems. **Discussion:** We argue that academic psychology will have to move to research methods adequate to investigate complex and dynamic systems. This inevitably implies a focus on the level of the single case (since, in complex and dynamic systems, it makes no sense to separate a single characteristic from the totality of the system to which it belongs) and focus on narrative and mathematical description instead of quantitative description. Furthermore, implications of the required paradigm shift at the level of academic psychology's ambition to generalize and to predict will be discussed.

Interactions between symptomatic and interpersonal changes during supportive-expressive psychodynamic therapy: Integration of four theory-building case studies

Shana Cornelis, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium; Ruth Inslegers, Ghent University, Belgium

Aim: In contemporary psychotherapy literature, the symptom specificity hypothesis (SSH; Blatt, 2004) claims that specific types of neurotic symptoms are related to specific modes of interpersonal functioning. Yet, findings from cross-sectional group studies on symptom specificity don't converge (Desmet, Vanheule & Verhaeghe, 2006), possibly indicating an underestimation of the complexity of associations. Integrating the findings from four evidence-based, theory-building case studies, this paper aims at refinement of the classical SSH through suggesting complexities. **Method:** Standardized outcome and process data, and session transcripts from four empirical case studies (different patients, same therapist) were systematically compared with respect to the

longitudinal clinical interplay between symptomatic and interpersonal changes throughout supportive-expressive psychodynamic therapy (Luborsky, 1984). Consensual Qualitative Research for Case Studies (CQR-c, Jackson, Chui, & Hill, 2011) was used as an overarching data-analytic method. Interpersonal functioning was assessed by means of the Core Conflictual Relationship Theme method (Luborsky & Crits-Cristoph, 1998). Results: For all patients, close associations were observed between interpersonal and symptomatic changes throughout therapy, and psychodynamic interventions focusing on interpersonal dynamics proved effective in reducing symptomatology. Complaints were strongly embedded into disturbing struggles in the interpersonal sphere: bodily symptoms largely co-varied with dependent interpersonal styles, for obsessional complaints, strong ambivalences between autonomy and dependency were observed. Discussion: Preliminary results indicate a higher complexity in associations between neurotic symptoms and interpersonal dynamics than predicted by the classical symptom specificity hypothesis, especially for obsessional complaints, suggesting a need for refinement. Conceptual and methodological considerations, limitations and future research indications are discussed.

Discussant: Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan;

Panel

psychotherapy integration

Toward Psychotherapy Integration

TOWARD PSYCHOTHERAPY INTEGRATION

Yona Teichman, Tel-Aviv University & Inter Disciplinary Ctr.

The ineffectiveness to integrate the psychotherapy theories is substantial. This is probably due to obstacles and resistance connected with creation of one cohesive theoretical construction which would be the base and justification for practice. The reasons for psychotherapy to be stuck on the prescience stage could be emotional, economical, as well as theoretical. Concerning this last, probably it is impossible to create common theory of treatment and counseling. Although there are some similarities of actions, the differences are too great to build one cohesive system of assumptions. The construction of independent theoretical systems -- one for psychotherapy understood as helping people (counseling) based on humanistic knowledge (psychology, sociology, anthropology), the second concerning treatment of different disorders, referring to psychopathology and evidence based medicine - seems to be the chance for solution and progress of science.

Panel

alliance & interpersonal process

Interpersonal process in couple therapy: Understanding patterns of change in alliance and outcome

Treatment response in couple therapy: Relationship adjustment and individual functioning change processes

Lynne M. Knobloch-Fedders, Northwestern University, Evanston, USA; William M. Pinsof, Northwestern University, Evanston, USA; Claudia Haase, Northwestern University, Evanston, USA

This study, a naturalistic investigation of the process of change in relationship adjustment and individual functioning during conjoint therapy, examined the first eight sessions of a multisystemic model of couple therapy, Integrative Problem Centered Metaframeworks (IPCM; Breunlin, Pinsof, Russell, & Lebow, 2011; Pinsof, Breunlin, Russell, & Lebow, 2011). The sample included N = 125 heterosexual couples who reported on their relationship adjustment and individual functioning before every session using the Systemic Therapy Inventory of Change (STIC; Pinsof et al., 2009; Pinsof, Goldsmith, & Latta, 2012). Data were analyzed using dyadic latent growth curve and cross-lagged models. For both men and women, relationship adjustment and individual functioning showed nonlinear change, increasing from sessions 1 -- 4 and stabilizing during sessions 5 -- 8. No gender differences existed in initial levels of individual functioning, nor in the change trajectories of relationship adjustment or individual functioning. Higher relationship adjustment predicted positive change in individual functioning for men (but not for women). Results demonstrate the importance of examining the processes by which relational and individual pathology respond to couple-based interventions.

Multiple alliances in couple therapy: Moving beyond the concept of balanced vs. split alliances

Adam Horvath, Simon Fraser University, Burnaby, Canada; Christoph Flückiger, University of Bern, Switzerland

There is a considerable theoretical literature as well as empirical work on the impact on therapy outcome if the quality of the therapist' alliance with each client is similar (balanced) as opposed to the case when the therapist's alliance is stronger with one client and weaker with the other (split). Much of the empirical research is based on observations made at a single point of time using only one of the participants' perspective. We argue that all aspects of the therapy relationship are dynamic in two senses: they evolve over time and reveal different facets of the relationship from each participant's perspective. To address these dynamics we examine 32 time-limited couples therapies provided by professional therapists. Alliance is measured twice; in the beginning of treatment and at the mid point. Alliance measures are obtained from the clients' perspective in three facets: their own alliance with the therapist, their estimate of the partner's alliance, and "Our alliance with the therapist as a couple." Outcomes were measured at the end of treatment and at three month follow-up. A model of an interactive, dynamically evolving alliance is developed, and its impact on various aspects of outcomes are discussed.

Change in couples' interpersonal behavior predicting change in depression and relationship distress across sessions of couple therapy

Stephanie J. Wilson, Penn State University, University Park, USA; Lynne M. Knobloch-Fedders, Northwestern University, Evanston, USA

Depression is strongly co-associated with distress within intimate relationships. Interpersonal theories of depression (e.g., Coyne, 1976; Joiner, Alfano, & Metalsky, 1993) postulate that depressed individuals and their partners engage in repetitive interactional sequences marked by interpersonal hostility, control, and distance; these sequences serve to perpetuate depression symptomatology. Therefore, interpersonal processes may represent important treatment targets for couple psychotherapy. The goal of this study is to evaluate interpersonal theories of depression by testing whether change in couples' interpersonal behavior predict change in depression and relationship distress across sessions of couple therapy treatment. This study employs data from a naturalistic trial of 16 sessions of conjoint Integrative Problem-Centered Therapy (Pinsof et al., 2013; Breunlin et al., 2013) for couples with depression and relationship distress (n = 61). After every other session, couples rated their in-therapy interactions using the Structural Analysis of Social Behavior Intrex questionnaire (Benjamin, 2000). Couples also completed the Dyadic Adjustment Scale (DAS; Spanier, 1988) and the Beck Depression Inventory-IA (BDI-IA; Beck & Steer, 1993) after every session. Data will be analyzed using latent difference score modeling (McArdle & Hamagami, 2001) within a structural equation modeling (SEM) framework to capture the coupling of dynamic processes and accommodate the non-independence inherent in dyadic data. Change in couples' interpersonal behavior (operationalized using SASB's dimensions of affiliation and autonomy) will be evaluated for its ability to predict change in relationship distress and depression across sessions. Results will be used to enhance the utility of couple therapy interventions for relationship distress and depression.

Discussant: Laurie Heatherington, Williams College, Williamstown, MA;

Values and Client Well-being

Values in therapy: Research and clinical perspectives

Marilyn Fitzpatrick, McGill University, Montreal, Canada

Because values have a major impact on human motivation, clarifying and behaving congruently with values has important therapeutic implications. Research on the structure of values and on values and well-being is well developed. Much less research addresses how clients work on articulating, changing, or enacting values in treatment and extending those processes in their lives. This paper will address questions of how values are defined and operationalized and how clinicians can access values in sessions to increase motivation for change. A review of well validated research instruments such as the Schwartz Values Inventory (Schwartz, 1992), popular measures such as the

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VIA-IS measure of character strengths (Peterson & Seligman, 2004) and clinical measures such as the Valued Living Questionnaire (Wilson, Sandoz, Kitchens, & Roberts 2010) will clarify how therapists can help clients to articulate their values. Research from Acceptance and Commitment Therapy (ACT) will be used to highlight the therapeutic usefulness of values and techniques that are currently developing rapidly to work with them in treatment. Implications for including values work in research and across therapeutic modalities will be discussed.

The relationship between attachment styles and subjective well-being in emerging adulthood: Exploring the role of personal values and gratitude as potential mediators

Vera Romano, McGill University, Montreal, Canada; Robin Grumet, McGill University; Marilyn Fitzpatrick, McGill University, Montreal, Canada

Aim. The relationship between attachment security and subjective well-being (SWB) is well established. Understanding the mediating variables in this relationship is valuable, as it may inform the development of interventions aimed at fostering SWB. The current study examines personal value priorities and gratitude as potential mediators in the relationship between attachment security and SWB. There is preliminary evidence linking anxious attachment style to increased materialistic values, and avoidant attachment style to reduced self-transcendent values, however the research is limited. Some evidence also supports the relationship between attachment security and enhanced gratitude, and between gratitude and reduced materialism. **Method.** Pilot data was collected from a sample of young adults online using a CrowdFlower, a crowd-funding service. Participants completed the Experience in Close Relationships Questionnaire (Brennan, Clark, & Shaver, 1998), Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988), Short Schwartz Values Survey (Lindeman & Verkasalo, 2005), Materialistic Values Scale (Richins & Dawson, 1992), and Gratitude Questionnaire (McCullough, Emmons, & Tsang, 2002) to assess attachment style, SWB, value priorities, and gratitude respectively. Multiple regression and mediation analyses explored the relationships between attachment styles and SWB, and the role of personal values and gratitude as mediators. **Results and discussion.** Preliminary results will be presented and the role of gratitude and values as promising targets of intervention will be considered.

Exploring Changes in Values Following Violence

Thea Comeau, McGill University, Montreal, Canada

Panel

practice-training-research networks

Bringing Spiritually Oriented Psychotherapies into the Health Care Mainstream: A Call for Worldwide Collaboration

Bridges: The Creation of a Practice-Research Network (PRN)

P. Scott Richards, Brigham Young University, Provo, USA

On November 15 and 16, 2012, the Consortium for Spiritually Centered Psychology and Education at Brigham Young University sponsored a think tank for researchers and practitioners with interests in bringing spiritually oriented therapies into the healthcare mainstream. Twenty-nine outstanding researchers and practitioners attended the think tank representing seven academic institutions and twelve mental health treatment sites from around the United States. During the think tank the participants agreed to create a practice-research network dedicated to bringing spiritually oriented treatment approaches into the healthcare mainstream. We named the practice-research network, Bridges, because its mission is to build bridges between spiritual and secular approaches to psychotherapy and to help bridge the research-practice gap in the healthcare profession. Resources for collaboration between members of Bridges will be described.

CAMOS Online Psychotherapy Research System

Peter W. Sanders, Brigham Young University, Provo, USA

The CAMOS (Clinically Adaptive Multidimensional Outcome System) is an internet-based system for assessing the processes and outcomes of psychotherapy (Richards, Sanders, McBride, & Lea, 2014). The CAMOS system includes two research measures. First, a Clinically Adaptive Client Outcome Measure (CA-COM) that has items

for assessing clients' most salient concerns on 6 clinically relevant dimensions, including therapy expectations, relationship distress, psychological distress, physical health distress, spiritual distress, and work/school distress. The CAMOS also includes a Clinically Adaptive Therapist Session Checklist (CA-TSC) that enables therapists to document what clinical issues they explored and what interventions they used during each session. The CAMOS's unique approach is called "clinically adaptive assessment" and involves making a small subset of items required for all administrations, while allowing other items to be optional. Treatment facilities and psychotherapists can tailor the CA-COM and CA-TSC to their site and even to specific clients by choosing from an existing item pool or writing their own unique items relevant to individual clients. This adaptability increases the relevance of the CA-COM and CA-TSC for clients and psychotherapists and fosters a more collaborative approach to the implementation of the outcome assessment system. Like other ROM systems, the CAMOS reporting system provides real-time feedback to clinicians that aids in treatment planning and outcome monitoring for individual clients.

Templeton Foundation Grant and Funding Opportunities

Daniel K. Judd, Brigham Young University, Provo, USA

In 2013, we were awarded a sizable internal grant from Brigham Young University to begin a research program on spiritually oriented treatment approaches. To date, we have used that funding to conduct practice-based evidence research studies in four different treatment settings. In 2014, we were awarded a planning grant from the John Templeton Foundation to prepare for a project titled, "Bringing Spiritually Oriented Psychotherapies into the Healthcare Mainstream: An International Grant Competition." This project aims to answer the question "Can the wisdom, values, and spiritual practices of the world's great religious traditions improve the effectiveness of psychotherapy and other forms of mental health treatment?" If approved, the project will fund primarily practice-based evidence research designs that engage in the routine monitoring of treatment processes and outcomes of spiritually oriented treatment approaches as they naturally occur in actual mental health treatment sites. We will provide more information about the 3-year RFP grant competition during this presentation.

Practice-based Evidence Findings of Bridges

G. E. Kawika Allen, PhD, Brigham Young University, Provo, USA

In this presentation, we will summarize the findings from several practice-based evidence studies recently completed in several treatment settings by members of Bridges to illustrate the breadth and richness of the process and outcome data that is possible through collaborative psychotherapy research. We will conclude our panel presentation by describing how interested researchers and practitioners can join Bridges and participate in this practice-research network. We also offer general suggestions and recommendations about how to form and facilitate successful practice-research networks for other domains of psychotherapy.

Panel
child & family

Think Systemically, Act Empirically: Varda Shoham's Legacy for Psychotherapy Research

From Paradox to Experimental Therapeutics: Varda Shoham's Contributions to Psychotherapy Research

Michael J. Rohrbaugh, George Washington University

Shoham's scientific interests evolved from an early focus on individual processes (e.g., psychological reactance) and mechanisms of change (e.g., compliance vs. defiance-based paradoxical interventions) to more interpersonal (systemic) patterns of problem maintenance and problem resolution, where the unit of analysis and intervention involves more than one person. The latter included studies of ironic processes (when solutions maintain problems), symptom-system fit (when symptoms stabilize relationships), and communal coping (when we-ness helps people change) -- constructs that form the basis of Shoham et al.'s family consultation (FAMCON) approach to change resistant health and behavior problems. Other notable contributions were to attribute x treatment interaction research, and most recently, to funding opportunities for psychosocial treatment development research at NIMH in

the framework of "experimental therapeutics."

Teaching Therapists to Think Systemically: A Case Simulation Approach

Florencia Lebensohn-Chialvo, University of San Diego; Michael J. Rohrbaugh, George Washington University

Two studies -- one a multi-site community effectiveness trial of family therapy for adolescent substance abuse and one an investigation of case simulation methods for teaching evidence-based therapies to clinical psychology graduate students -- employed case formulation exercises to assess therapists' conceptual skills before, during, and/or after training. As expected, expert ratings of systemic thinking by family therapists increased during the course of training and correlated with concurrent assessments of behavioral skills. In the clinical trial, acquisition of systemic case formulation skills during training predicted a therapist's future case outcomes, with the strongest associations involving proscribed (non-systemic) formulations of the problem. In the university training clinic, links between students' conceptual and behavioral skills were stronger for simulations of family systems therapy than for individual cognitive-behavior therapy.

Parallel Processes in Family Therapy Implementation Research: The Adventures of BSFT

Viviana Horigian, University of Miami; Joan A. Muir, University of Miami; Jose Szapocznik, University of Miami

Treatment fidelity is at the heart of good psychosocial intervention research and replicable dissemination. Owing largely to poor fidelity, outcomes were disappointing in a large multi-site effectiveness trial comparing Brief Strategic Family Therapy (BSFT) for adolescent drug abuse to treatment as usual. A crucial lesson was that sustainable fidelity depends not only on the implementation skill sets of BSFT therapists but also (and perhaps more importantly) on processes in the immediate social/organizational context where implementation occurs. Accordingly, we now provide BSFT in a multi-level, parallel-process framework through which Model Managers address organizational obstacles to implementation using many of the same principles we use with families around the presenting system of adolescent problem behavior.

Measuring the Unmeasurable? Interactional Concepts and the Process of Psychotherapy

Laurie Heatherington, Williams College, Williamstown, MA; Carlos Sluzki, George Mason University

Systemic therapy practice rests on a conceptually and historically rich set of constructs and clinical observations about the patterned, sequential nature of human communication and interactional processes. Some said that these could not be operationalized and studied empirically, but Varda Shoham, with others, devised creative ways to do just that, marrying systemic theory with empirical methods to advance our understanding of change through interaction. This paper will discuss the contributions of research on relational communication and other interactional processes to our understanding of psychotherapy, as well as limitations and directions for future research.

Panel

quantitative & qualitative method

Bridging the Research-Practice Gap with a Clinically Adaptive Internet-Based Outcome System

Development of the CAMOS: Theoretical Framework and Generation of the Initial Item Pool

Peter W. Sanders, Brigham Young University, Provo, USA

In this presentation we will describe the theoretical and philosophical framework for the CAMOS measurement system and how we generated the initial item pool for the CAMOS outcome and process measures. Despite the benefits of ROM, the percentage of psychotherapists utilizing routine outcome data is quite small. Some of the most common reasons for psychotherapists' lack of usage are: (1) lack of relevance to client population; (2) not feeling ownership in the measures; and (3) time-burden/feasibility concerns. Given the logistical issues of developing psychometrically rigorous assessments for every site, the approach researchers often take is to either ignore

psychotherapists' concerns or view them as attitudinal barriers to be overcome through educational efforts. Such an approach does little to promote collaboration between practitioners and researchers. We discuss how the CAMOS framework and approach help resolve these challenges.

Development of the Intake and Short Forms of the CAMOS

Jason A. McBride, Brigham Young University, Provo, USA

This presentation describes the psychometric validation of intake and short form versions of the CAMOS client outcome measure. Our studies found evidence for the validity and reliability of the CAMOS intake and short forms. The intake client outcome measure can provide a broad assessment of client's level of distress in six important clinical domains, including psychological distress, relationship distress, physical health distress, spiritual distress, work distress, and therapy progress concerns. The short form of the client outcome measure can serve as the basis for the CAMOS's unique tailoring system. Our research to date indicates that the novel features of the CAMOS help overcome common barriers to the implementation of routine outcome monitoring systems in clinical practice and research and will help accomplish the APA's goals in relation to evidence-based practice in psychology.

Development of the Therapist Session Checklist: An Online Psychotherapy Process Measure

P. Scott Richards, Brigham Young University, Provo, USA

The CAMOS includes a Therapist Session Checklist (TSC) that enables therapists to document what clinical issues they explored and what interventions they used during each session, as well as other important process information such as therapist intentions and client insights and change events. The TSC takes therapists only 1 -- 2 minutes to complete and they find it helpful for quickly recording the major focus and approaches they used during each therapy session. This presentation describes the development of the TSC and reports process findings from three different treatment sites where therapists have used this measure.

Multicultural Adaptations and Advantages of the CAMOS System

G. E. Kawika Allen, PhD, Brigham Young University, Provo, USA

In this presentation we discuss the findings of a study we conducted in Hawaii with diverse clients and therapists in an effort to broaden the multicultural relevance and adaptability of the CAMOS system and measures. For the CAMOS client outcome measure, subscales measuring concerns about cultural issues and discrimination and perceptions of therapeutic multicultural sensitivity were developed. For the CAMOS therapist session checklist, therapists were asked to indicate what types of multiculturally adaptive interventions they used in each session. Our findings provide support for the multicultural relevance and adaptability of the CAMOS philosophy, system, and measures.

Panel

alliance & interpersonal process

The rediscovery of slowness in psychotherapy

Slow Questioning: The effects of administration setting on the reduction of self-reported symptoms

Blerta Bodinaku, University of Tirana, Albania; Lediona Braho, University of Tirana, Albania; Dan Pokorny, Ulm University, Germany

AIM. Being characterized of the ability to depict the subjective experience of clients, self reporting instruments have gained an essential importance in the provision of mental health services. However, nowadays mental health professionals are facing an increasing pressure to provide time-economic services, which has transformed client-focused measuring into a challenge even for well-established services. The aim of this presentation is to introduce the results of a study which investigated the effect of the measure administration setting in reducing self-reported symptoms in a student sample. METHODS. The sample (N=147) included four randomly assigned groups in 2x2 design. Subjects were administered CORE-OM in a test-retest procedure. The administration setting was manipulated in respect to two factors: a) researcher-subject communication during the measure administration, and b) information of the subject on the retest. Each group was administered the questionnaires in different settings:

group A - administration of the questionnaire with communication and information; group B -- administration with communication; group C -- administration with information; group D was the control group. RESULTS. The study confirmed the effect of the researcher-subject communication. CORE-OM values decreased significantly by the retest administration in groups A and B. The study results support the understanding of the psychometric measurement as a dynamical inter-personal process. DISCUSSION. We will discuss the benefits of the client-focused measuring versus the time and service-focused one. Differently from the latter, the client-focused measuring provides to the client a relational context, increased focus on intrapersonal experiences, and may serve as an introduction to the process of psychotherapy. KEY WORDS: slowness, administration effects, administration settings, CORE-OM, self-report.

Slow drawing: Taking time during the projective procedure "tree and dream tree"

Helga M. Kiefer, Ulm University, Germany; Slobodan Stojanovic, Ulm University, Germany; Hanna Kiefer, Ulm University, Germany; Ludvik Betak, Psychotherapeutic practice, Brno, Czech Republic; Dan Pokorny, Ulm University, Germany
AIM. Imaginations are autonomous processes, which cannot be controlled by instruction when and how they should appear. Hence, the dreamer needs time enough to experience her/his imagination and moreover time enough after the imagination to elaborate these experiences during the elaboration phase. The imaginations are valuable sources allowing to come on the symbolic level closer to dreamer's feelings, attitudes, stereotypes, and relationship conflicts and patterns. This is true also for the "soft" within the investigated diagnostic procedure (Betak): The client is asked to draw "a quite usual leaf tree" and thereafter "a second, completely different tree, which possibly even cannot exist". After the drawings are finished, the client describes the trees verbally, and the therapist guides the client to her/his feelings and finally to proposals of possible interpretations. METHODS. The drawings of 21 clients and 21 will be evaluated by three independent experts. Moreover, participants are asked to answer some standard questionnaires and name adjective for estimation of relationship patterns with real persons and imagined tree objects. RESULTS of the currently running study will be presented on the conference. The evaluation of time parameters will be included. DISCUSSION. According to our experiences from the study, it is essential, let the client take the time and hence the space to explore her/his trees and the contained symbols. The patient and sensitively time dosed questioning enables to overcome possible resistance and defense mechanisms and establish a productive working alliance between the therapist and the client. KEY WORDS: slowness, dream tree, projective tests.

Slow dreaming: Verbal activity and inner processes in guided imaginations

Dan Pokorny, Ulm University, Germany; Michael Stigler, Practice for psychiatry and psychotherapy, Lausanne, Switzerland
AIMS. From the point of view of the external observer, the imaginations performed within the GAI therapy (Guided Affective Imagery) seem to proceed very slowly: The verbal production of the client and therapist measured in token words is considerably lower than in standard therapy parts. From the point of view of the client -- dreamer, the imagination plot proceeds quickly and is often full of rapidly changing elements. Dreamer usually estimate the imagination duration longer than it really was. According to generally shared feelings, imaginations seems to be both sparse in wording and rich in the content. The aim of the contribution is to demonstrate these assumption on the empirical material statistically. METHODS. The audio records of the single case study of the GAI therapy was transcribed completely. The parameters verbosity (number of token words), primary process (by the Regression Imagery Dictionary RID) and unit duration in 13 standard sessions and 6 imagination parts were compared. RESULTS. (i) The verbosity (word per minute) in 6 imaginations was significantly lower than in 13 standard sessions (Mann-Whitney exact U-test). (ii) The relative proportion of primary-process words was significantly higher in imaginations. DISCUSSION. The assumption of the low verbosity and richness of primary process related content was confirmed in this single case study, as it will be demonstrated on text examples, too. The result support the conjecture that the slow acting during the daydream guided activated the primary process. KEY WORDS: slowness, imagery, primary process.

Slow moving in MetaSystemic psychotherapy: Hurry up slowly and you will be faster

Andrzej Nehrebecki, Polish Institute for Integrative Psychotherapy, Krakow, Poland

MetaSystemic psychotherapy is a new psychotherapeutic approach whose inspiration can be found in Dzogchen, Buddhism, Christian mysticism, practical philosophy of Bert Hellinger. In studies of psychotherapy, we ask ourselves what cures. After a period of fascination with the techniques, we appreciate the importance of the non-specific factor, which is a psychotherapist. The consequence of MetaSystemic theory is that neither a psychotherapist nor a method is a cure factor. Healing comes from the transcendent dimension of reality that if it can reveal in the therapist leads the patient to health, love and fulfillment. From this perspective, the effectiveness of psychotherapy depends mainly on the development of the psychotherapist, his wisdom and humility to something bigger, the lack of professional narcissism. The key point is to create conditions in which the healing process may reveal and cover both patient and psychotherapist. An important requirement is the lack of time pressure, or planning. Consent to it that the phenomenon could appear in its rhythm. Not in the rhythm anticipated by a psychotherapist or insurance companies. The results of the WisdOM (Nehrebecki), CORE-OM, SCL-90, before and after MetaSystemic psychotherapy. Finally, the video record of a fragment of one session MetaSystemic psychotherapy intervention will be presented. Reported problem was destructive due to the relationship jealousy. We will see how properly asked question, and time comfort lead patient to healing insight. Key words: slowness, MetaSystemic approach, WisdOM.

Panel

culture & identity

Moderator: Bernadetta, Elżbieta Janusz, Jagiellonian University, Kraków, Poland

Gender of the Therapist

Gender in psychotherapy: potential profits for men, women, patients and therapists

Laura E Kunst, Tilburg University; Marrie HJ Bekker, Tilburg University
Although many sex differences exist in psychopathology, the focus on gender in psychotherapy and its corresponding education appear to be steadily decreasing. We argue that this development may be disadvantageous: Numerous studies have shown important sex differences in symptomatology, risk factors and diagnostic artefacts of psychological disorders, including depression, anxiety, schizophrenia, addiction and personality disorders. In addition, many authors argue that men and women may struggle with different issues during their lifetime, and that knowledge of these themes is crucial to understand a patient of the other sex. As part of a national project on gender and health, we have been integrating gendersensitive knowledge into clinical psychology education in the Netherlands. In our experience, many teachers had not incorporated gender into their courses, because they lacked knowledge on the topic or did not recognize its relevance for psychotherapy (especially in courses on cognitive behavioral therapy). Yet, when we discussed findings on gender and psychopathology, we often (though not always) found that teachers and therapists were interested and open to collaboration. The current presentation will describe our experiences within the education project, and depict recent and remarkable findings on gender and psychopathology. In doing so, we will highlight the importance of gender within the context of psychotherapy. A gendered approach in psychotherapy may offer profits to both men and women, and both patient and therapist.

Gender in psychotherapy in the Polish cultural context

Barbara Jozefik, Jagiellonian University, Kraków, Poland

The meaning of gender in psychotherapy has been the subject of worldwide research since the 70s. The research projects have covered a number of issues such as how gender impacts a therapeutic alliance, topics covered during therapy, and the effectiveness of therapy. In Poland, for various reasons, gender problems have been generally avoided for decades. Strong position of the Catholic Church that is very actively present in the everyday social and political life being one of those. This special context hindered any discussion on problems such as domestic violence, sexual harassment, and other gender-related issues. Any critical debate on such matters seemed to be considered a threat to traditional family values embedded in the Catholic religion. Polish political, social, and cultural transformation of 1989 and incorporation of Poland into the European Union structures have created new space for discussion on phenomena that were previously marginalized. Since the mid-90s, Polish universities have been offering gender studies, have conducted gender-related research and organized seminars. Although gender analyses developed in numerous

academic disciplines such as sociology, philosophy, anthropology of culture, literature, they have not penetrated into psychiatry and psychotherapy in the same degree. Reasons for this phenomenon are very complex. They seem to be related, among other things, to the saturation of psychotherapy with medical discourse. Medical discourse causes sociological and cultural perspective to be in a tension against the biological perspective. This is particularly visible while examining gender-related issues. Additionally, gender problems are usually associated with a feministic perspective, which for the general audience in our country causes ambivalence, prejudice or an open hostility. The language used in gender studies with its changes in the understanding of concepts, certain profoundness and some radicalism in the depiction of gender-related issues does not help the situation. In consequence, gender analyses are subject of psychotherapists' consideration and their research and studies only in a limited degree. The aim: The aim of the presentation is to discuss the results of a survey conducted among Polish psychotherapists and family therapists. The survey was intended to establish to what degree gender-related elements are subjects of their consideration both in their therapeutic and supervisory roles. Survey questions were aimed to examine how matters related to one's own gender and gender-related roles influence therapy process and to what degree this influence is identified. The analysis incorporated the impact of therapist's age, sex, job seniority, used therapeutic approach as well as practiced forms of therapy. One of the important questions concerned gender-related family assumptions identified by the psychotherapist.

Therapist's gender at the first session of family therapy and couple therapy.

Bernadetta, Elżbieta Janusz, Jagiellonian University, Kraków, Poland; Barbara Jozefik, Jagiellonian University, Kraków, Poland

In psychotherapy, there are some factors that play significant role in the preliminary establishing of a relation during the first session. These include institutional context, appearance related to the socioeconomically status, gender and others. Significance of therapists' gender is particularly important in family therapy and couple therapy where their cultural and personal beliefs are directly triggered and which impact their perception of gender roles in family and couples. The aim of the present research was to establish if and how therapist's gender impacts the first session of family therapy and couple therapy. Another research question focused on how a therapist defines the basic gender roles of woman, man, mother, father, daughter, son, spouse. The presentation will show one example of family therapy and one example of couple therapy presented from the perspective of a dialogue at a therapeutic session. The examples will be accompanied by a description of the sessions prepared by the therapists using the Interpersonal Process Recall method. Both the session and the interview transcripts were subsequently subjected to content analysis and conversational analysis. The presentation will show the results of the analysis demonstrating the influence of the therapists gender on: the manner of conducting a conversation with a: woman, man, mother, father, child expressed by: providing particular conversation members space during the session, specific intervention types, the impact of the beliefs related to gender on therapeutic interventions. The research also accounts for the emotional reactions of the therapist connected with particular engagement in relations resulting from gender, as well as sharing some specific beliefs associated with gender roles. The analysis also considered the mutual interaction between the personal self connected with the therapist's gender and their professional self.

Discussant: Laurie Heatherington, Williams College, Williamstown, MA;

Panel

quantitative & qualitative method

Neurofeedback and Psychotherapy Research

The Self-Regulating Brain and Neurofeedback: Clinical Promise and Psychotherapy Research

Amir Raz, McGill University, Montreal, Canada

This presentation will show why neurofeedback is in vogue and highlight a host of methodological and interpretational caveats that pervade the relevant scientific literature. Although neurofeedback draws on a diverse array of imaging methods, rudimentary questions regarding key concepts, such as sustainability and specificity, continue to linger largely unaddressed. While neurofeedback appears to help some participants gain the capacity for brain modulation, the relative contribution of specific

feedback compared to ulterior factors remains unclear. The take-home message will contextualize how neurofeedback may constitute a clinical treatment vehicle.

Neurofeedback: A Tool in Neuro-Rehabilitation

Anat Barnea, Clinic for Neurofeedback

This presentation will focus on ADHD, PDD, depression, and TBI. Dr. Barnea will review EEG Biofeedback in psychopathology with special attention to psychopathology and present a clinical point of view fueled by scientific and methodological findings. Her presentation will focus on bringing together her technical training in EEG with some 20 years experience as a clinical neuropsychologist. She will present data supporting the efficacy of EEG biofeedback in some, but not all, clinical cases, commenting on why therapeutic successes may sometimes be phenomenal while at other times minor, evanescent, or non-existent. Dr. Barnea will touch upon the issues of clinical sensitivity, scientific objectivity, long-term follow-ups, and ethical considerations that interfere with strict criteria of scientific control. She will argue that it is critical to design studies led by experienced clinicians and established scientists with no conflict of interests.

Brain-Machine Interface for locked-in patients

Niels Birbaumer, University of Tübingen

After two decades of brain-machine interface (BMI) communication research in locked-in patients it became clear that invasive or non-invasive EEG based BMIs do not allow reliable communication in the completely locked state (CLIS). The reasons for this failure are mainly due to a theoretical problem with instrumental learning after complete elimination of the motor system. The new BMI system is based on classical conditioning and is using metabolic instead of neuroelectric parameters. The EEG is combined with Near Infrared Spectroscopy (NIRS) to detect sleep and lack of vigilance during training. Dr. Birbaumer will present data from CLIS patients who communicated successfully over months of daily BMI brain communication. Consequences for quality of life are discussed.

Brief Paper Session *culture & identity*

Culture & Identity

Religious and Spiritual Struggles Appear To Impede Psychotherapy Process and Worsen Outcomes

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BACKGROUND AND OBJECTIVE. At least 47 studies have documented a link between religious and spiritual struggles and a range of psychosocial problems including anxiety, bereavement, bipolar disorder, child abuse, depression, parenting problems, partner violence, posttraumatic stress, schizophrenia, and substance abuse. However, the role of religious and spiritual struggles in psychotherapy has not been examined. We examined religious and spiritual struggles and psychotherapy process and outcome among religious clients. METHOD. We searched a university counseling center treatment archive for religious clients who had completed the 45-item Outcome Questionnaire (OQ; Lambert et al., 2004) and the 42-item Presenting Problems Checklist (PPC; Research Consortium for Higher Education, 1991). We found 17,487 such clients: 57.9% were women; 14.1% were ethnic minorities; mean age was 22.4 years (SD = 3.9). The PPC assesses distress about 42 problems that college students may commonly experience, in categories including academics, career concerns, emotional distress, psychiatric symptoms, family problems, physical health, appearance and eating, individuation, peer and romantic relationships, religion and spiritual concerns, sexuality, and so on. RESULTS. Distress scores for 2 of the 42 PPC items, "confusion about beliefs and values," and, "religious and spiritual concerns," yielded a face-valid, internally consistent religious and spiritual struggles scale (Cronbach's $\alpha = .77$). Of the 17,487 clients, 7,519 (43%) described mild or greater distress about religious and spiritual struggles. Before and after controlling for 44 available competing predictors (gender, age, minority status, initial OQ score, and distress about the 40 PPC items other than the 2 religious and spiritual struggles items), distress about religious and spiritual struggles reliably predicted attending significantly more psychotherapy sessions, reporting more symptoms and more severe

symptoms at termination, including more frequent, ongoing suicidal ideation at termination. DISCUSSION. Between 40% and 45% of religious clients can be expected to experience some degree of distress about religious and spiritual struggles. Considered independently and with other predictors, religious and spiritual struggles predicted longer therapies with poorer outcomes among the religious clients studied in this sample. These results suggest that psychotherapists should assess religious and spiritual struggles among their clients and plan to deal with distress about such religious and spiritual struggles during treatment.

The impact of social identities of clients and therapists on the quality of working alliance and diagnostic accuracy during the mental health intake

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Across countries, common mental disorders are often more prevalent among members of disadvantaged (e.g., ethnic minorities) compared with advantaged group members. For example, in Israel, the prevalence rates of common mental health disorders among Mizrahim (Jews of Middle Eastern descent) is doubled the size of the rate among Ashkenazim (Jews of European/American descent). Although these disparities constitute a heavy challenge to national health organizations as well as clinicians seeking to provide culturally appropriate care, there is little empirical evidence to help account for the mechanism underlying them. In the current study, conducted in four community mental health clinics across Israel, we aimed to illuminate processes, rooted in the clinical encounter that may contribute to mental health disparities. Particularly, we focused on psychological processes on part of therapists that include the quality of their rapport with their clients and the accuracy of their diagnostic decisions during the initial intake session. A convenience sample of therapists who self-identified as Ashkenazi (N=20) and clients who presented for a new episode of care and who self-identified as either Mizrahi (N=33) or Ashkenazi (N=25) participated in the study. Immediately following the intake session clients completed structured diagnostic interview (MINI) with an independent therapist, and the Working Alliance Inventory, while therapists completed a form detailing the client's diagnosis according to DSM-IV and the Working Alliance Inventory. Therapists' diagnostic decisions following the initial intake with their client were compared with independent structured diagnostic interview of the client. Results revealed that therapists reported significantly more positive working alliance with Ashkenazi clients ($M=5.06$, $SD=.95$) relative to the quality of working alliance reported with Mizrahi clients ($M=4.52$, $SD=1.04$), while no significant differences were observed in clients' evaluation of the working alliance as a function of their ethnicity. Moreover, therapists were twice as likely to misdiagnose mental illness when their client was a member of a disadvantaged relative to advantaged group (Mizrahi: 48%, Ashkenazi: 24%). Implications for the quality of mental health services that members of disadvantaged groups receive are discussed.

Use of Language Interpreters in Psychotherapy: Inclusion in Professional Training Programs

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Psychotherapy continues to be underutilized by racial and ethnic minorities in North America (Smith & Trimble, 2015). Studies point to the language gap between limited English proficiency (LEP) clients and psychotherapists as one of the factors maintaining that gap. Despite professional mandates that require professionals in healthcare to provide and use language interpreters in giving care, psychologists rarely make use of professional interpreters when conducting psychotherapy. Most clinicians have little experience providing mental health treatment across differences in language, and they usually receive little or no training on how to address those difference. "Psychologists would benefit from further knowledge and skills in working with interpreters, [which] should be included in graduate courses on multiculturalism as well as practica and internships" (Searight & Searight, 2009, p. 449). This study involved a national survey of APA-accredited programs to ascertain how the use of language interpreters in psychotherapy is currently being handled in professional training programs. Of the 102 participants completing the survey (55% response rate), 95 were from APA accredited PhD programs in Clinical (59%) and Counseling (41%) psychology, with 7 not reporting program type. Not quite half of the programs (44%) provided some limited form of training, but methods varied widely (from brief discussion to in-class practice). Despite

several formidable barriers listed (e.g., time, available resources), programs indicated willingness to include additional training in the future. There was consensus on the most important elements of ethical language interpretation training to promote competency in student trainees, with nine competencies evaluated and reported. Those nine competencies should inform psychotherapy practice.

The Therapy Relationship in Multicultural Psychotherapy

Jairo Nelson Fuertes, Adelphi University, New York, USA

The most consistent and robust predictor of outcome in psychotherapy is the quality of the client-therapist relationship (Lambert, 2013). While we know that therapists' overall competence and client factors, such as motivation, are relevant and important to treatment, the client-therapist relationship is considered essential to effective treatment, at least in most therapies. This may be particularly true for those of who work with diverse clients, defined here as persons who identify or are identified by others as different from the prevailing dominant culture on the basis of race, ethnicity, culture, and/or other human diversity characteristics. One prominent way of conceptualizing the therapy relationship is in terms of a working alliance (i.e., agreement on goals and tasks, and an emotional bond), a real relationship (i.e., perceptions that befit the other as a person and an ability to be genuine), and the configuration of transference/countertransference (i.e., distortions, displacements from the past brought into the relationship; Gelso & Hayes, 1998). In this paper presentation, I will highlight how the client-therapist relationship is particularly important in multicultural therapy and how each of these three dimensions of the relationship is relevant to it. I will discuss important therapist factors, such as knowledge, attitudes, and skills that foster the development and strengthening of the relationship. The presentation will make use of clinical examples and cases that highlight how each of these relationship dimensions can help prevent, ameliorate, and in fact enrich therapy where the participants represent different racial/cultural groups and in particular, when these racial/cultural groups have had between them a history of enmity and prejudice.

Are Autonomy and Intimacy types meaningful in culturally diverse environments?

Conceptual considerations and the application to therapy

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Aim:Developmental and psychotherapy theorists regard autonomy and intimacy to be essential for the well-being of the individual. Cultural and feminist scholars have contested the universality of these dimensions. Variations in autonomy-intimacy configurations were examined as they relate to ecology, cultural orientation, attachment and well being. **Methods:**Participants were 181 Muslim and 220 Jewish emerging adult women from Northern Israel. Those completed questionnaires assessing emotional autonomy, self-agency, self-governance; intimacy to five close relationships; attachment; cultural orientation, background and mental health.

Results:Analyses of subgroups representing four autonomy-intimacy patterns derived from cluster analysis showed variations between Muslim and Jewish women. Muslim women concentrated within a low autonomy and high intimacy group that was also high on attachment anxiety whereas more Jewish women were found in a high autonomy and low intimacy group. Jewish women also doubled Muslim women's numbers in the group low on both terms. High Autonomy High Intimacy group revealed a profile that is largely rural, low educated parents, from densely populated homes and religious. Women who were low on autonomy and high on intimacy levels displayed both anxious attachments and high levels of personal distress.

Discussion:This study provides therapists a conceptual and empirical framework for clinical formulation and therapeutic aims. The autonomy-Intimacy configuration illustrates the importance of both features in two cultures, though their balance and relevance is different. In the globalized reality of today's therapy room, culturally sensitive, well informed therapists are a necessity.

pragmatic RCT

Johannes Mander, University of Heidelberg, Germany; Paula Kröger, University of Heidelberg, Germany; Christoph Flückiger, University of Bern, Switzerland; Wolfgang Lutz, University of Trier, Germany; Hinrich Bents, University of Heidelberg, Germany; Thomas Heidenreich, University of Esslingen, Germany

Mindfulness is a specific form of attention that is non-judgmental, purposeful, and focused on the present moment. It has been well established in psychotherapy by investigating manualized group programs such as mindfulness-based stress reduction and mindfulness-based cognitive therapy. However, there is scarce research evidence on the effects of mindfulness as a treatment element in individual therapy. To fill in this research gap, we designed the PrOMET Study. In our study, we investigate the effects of brief, audiotape-presented, session-introducing interventions with mindfulness elements conducted by trainee therapists and their patients at the beginning of individual therapy sessions in a prospective, randomized, controlled design. A total of 150 patients with depression and anxiety disorders in a large outpatient training center will be recruited. We expect positive effects of the session-introducing intervention with mindfulness elements on therapeutic alliance and general clinical symptomatology in contrast to the session-introducing progressive muscle relaxation and treatment-as-usual control conditions. We will conduct multilevel modeling to address the nested data structure. The study is now running for one year and about 60 patients have been recruited. After presenting the study design last year in Philadelphia, we will present data on the current development of the study and discuss potential implications.

Ashtanga yoga promotes psychological well-being

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Aim: Yoga is gaining in popularity as a useful intervention to promote psychological well-being. Although the benefits of several types of yoga have been examined, no study to date has investigated a comprehensive array of psychological variables and none have examined the benefits of Ashtanga yoga. Ashtanga may be particularly beneficial as it aims to induce a meditative state through the coordination of breath, movement and gazing point while performing poses of increasing difficulty. The goal of this study was to examine the impact of Ashtanga yoga on self-esteem, anxiety, depression, negative affect, interpersonal problems. Methods: 31 participants were offered 18 free Ashtanga classes taught by two Yoga Alliance registered teachers. Classes were held twice weekly and lasted 75 minutes. The first 10 classes consisted of technical instruction and practice for one half of the poses and their transition constituting the primary series. The remaining eight classes focused on practicing and perfecting the series. Participants completed online surveys at time 1 before the first class, at time 2 after the 10th class, and at time 3 after the final class. Results: After Bonferonni corrections, global trait self-esteem, state social self-esteem, state and trait anxiety, and interpersonal difficulties improved significantly from times 1 to 2 (all $p < .033$) and remained stable from times 2 to 3. In contrast, performance self-esteem remained stable from times 1 to 2 and improved significantly from times 2 to 3 ($p < .038$). Depression decreased steadily from times 1 to 2 ($p = .002$), and from times 2 to 3 ($p = .019$). Finally negative affect and appearance self-esteem improved significantly only from times 1 to 3 ($p = .004$). Discussion: These results suggest that Ashtanga yoga confers rapid benefits for depression, anxiety, global trait and state social self-esteem, and interpersonal difficulties, all of which improved significantly after only five weeks. On the other hand, improvements in negative affect, and performance and appearance self-esteem required longer involvement in the practice. Future research is warranted in the mechanisms by which Ashtanga yoga improves psychological well-being.

Mindfulness-Based Eating and Awareness Training (MB-EAT) for Obesity: Helpful Aspects and Qualitative Outcomes

Bao-Chau Du, University Health Network; Susan Wnuk, University of Toronto, Canada; Carla Willig, City University London; Angela Cole, University of Toronto, Canada; Lynn Tremblay, University Health Network; Jessica Van-Exan, University Health Network; Anna Wallwork, University Health Network; Katie Warwick, University Health Network; Sanjeev Sockalingam, University of Toronto, Canada

OBJECTIVE: To examine helpful aspects and qualitative outcomes of an eight week mindfulness-based eating and awareness training program (MB-EAT) for patients who are one or more years post-bariatric surgery. **METHOD:** Participants (N=28) were recruited from the Toronto Western Hospital's Bariatric Surgery Program (TWH-BSP). Participants received eight weekly MB-EAT sessions that each lasted two hours. To evaluate outcomes, participants completed a questionnaire packet that included measures of Body Mass Index (BMI), anxiety, depression, mindfulness, binge eating and self-compassion and prior to MB-EAT, post-MB-EAT, and at 4 months follow-up. Participants also completed brief measures at the end of each session that assessed amount of mindfulness homework completed, satisfaction with the session and helpful aspects of the session. Finally, individual telephone interviews were conducted post-treatment to obtain qualitative feedback examining the change processes of MB-EAT. **DESIGN:** A single-group pre-post treatment design was used with a follow-up of 4 months to establish the durability of post-intervention outcomes. Individual interviews were conducted to collect qualitative data about participants' experiences. **RESULTS:** Preliminary results indicate that MB-EAT is effective in helping participants maintain their weight loss and there were improvements in administered measures, with significant improvements in emotion regulation and emotional eating. Furthermore, participants found mindfulness meditation exercises during the treatment, including eating, sitting, self-compassion, and yoga to be most helpful. **CONCLUSIONS:** MB-EAT for bariatric surgery patients highlights the need for the practice of mindful eating and self-compassion in the maintenance of weight loss, emotional regulation and reduction in eating psychopathology.

Brief Paper Session

evidence-based psychotherapies

Brain & Body

Routine process and outcome monitoring in group psychotherapy for somatizing patients: a preliminary report

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Aim: Routine outcome monitoring (ROM) and feedback have been widely studied in individual psychotherapy, but their use in group psychotherapy has been little studied. Implementing ROM in groups poses various practical challenges, but also promises advantages such as real-time group level measurement and ad-hoc feedback of dynamic group processes. Furthermore, studying possible mediating effects in group therapy may enhance insights into processes of change, as all participants undergo the same intervention by the same therapists. **Methods:** In this pilot study we describe the implementation and experience of working with routine monitoring of outcome measures (such as OQ and PWB), together with weekly process measures (such as HSCL, group alliance, and mindfulness scales), in group therapy for patients with various functional somatic and conversion disorders. The therapy described is based on integration of psychoanalytically oriented dance-movement-therapy (DMT) and mindfulness practice, applied in short-term courses (~18 sessions) in small groups (5-10 patients each), in the outpatient clinic of a public mental health center. **Results:** A qualitative description of the implementation process, together with preliminary quantitative results summing the first therapy courses will be presented. Various analyses will estimate how the different process variables affect each other and outcome change. As in individual psychotherapy, the group working alliance generally shows inverse relation to symptom severity. Pain measures strongly correlate with mental symptoms. Feedback of average group measures is felt by the co-therapists to be highly informative of session dynamics, to a greater degree than in individual therapy. **Discussion:** ROM has great potential in group psychotherapy and has been little studied. We hereby present our unique clinical and research experience and preliminary results from implementing varied process and outcome measures in the setting of an integrative group psychotherapy for somatizing patients in a public mental health center.

Patterns of salivary cortisol level in anxiety disorders and personality disorders and changes in salivary cortisol level after psychotherapy

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Jagiellonian University, Kraków, Poland; Krzysztof Tokarz, University Hospital in Krakow; Jerzy Sobanski, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Krakow, Poland; Katarzyna Cyranka, Jagiellonian University Medical College, Krakow, Poland

Objectives: Most data suggests elevated CAR in anxiety disorders, but there are studies indicating opposite pattern (flat CAR). Aim: goal of this study was to determine whether patients with anxiety and personality disorders show a specific daily cortisol patterns and whether this pattern changes after 12 weeks of intensive predominantly psychodynamic combined group and individual psychotherapy. Method: The studied population comprised 53 patients, mainly females (67%), with primary diagnosis of anxiety disorder 40,9% or personality disorder 59,1%. The Symptom Checklist „O” was used to assess the pre- and post-treatment levels of patients' symptoms. Pre- and post-treatment cortisol levels were measured in three saliva samples collected during one day (at awakening, 30 min after awakening, at 22.00). Results: The obtained results were partly similar to previous research. We found four different daily CAR patterns: decreased (drop 30 min after awakening), flat (rise 0-49% 30 min after awakening), normal (rise 50-75% 30 min after awakening) and elevated (rise over 75% 30 min after awakening), two of them (flat and elevated) were considered as typical for anxiety disorders. Groups of CAR pattern differed significantly only in the level of sleep symptoms. There were also changes in the cortisol pattern after psychotherapy. Conclusions: Anxiety disorders and personality disorders are characterized by more than two specific daily salivary cortisol patterns. The question arises, what determines particular cortisol pattern and how particular cortisol pattern influences patients' symptoms and treatment outcome.

Hyperprolactinemia in neurotic and personality disorders and its changes during the psychotherapy

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Objectives: Increased prolactin level (PRL) is described as clinical observations in some patients, usually with a diagnosis of borderline personality disorder. In the international literature there is lack of broader description and information of clinical implications of this phenomenon. Aim: The aim of the study is to evaluate the prevalence of hyperprolactinemia in patients with diagnoses F40-F69 according to ICD-10 and an evaluation of the changes in PRL after psychotherapy. Methods: The study population comprised 34 patients, mainly females (72,7%), with primary diagnosis of neurotic or personality disorder. The Symptom Checklist „O” was used to assess the pre- and post-treatment levels of patients' symptoms. Prolactin level was measured during the first and last week of the psychotherapy. Between the measurements patients underwent intensive short-term (12 weeks) group psychotherapy in a day hospital for neurotic and behavioral disorders. Results: Hyperprolactinemia was found in 33,3% of males and 41% of females in the study group. Further 37,5% males and 33,3% of females had normal levels of PRL but close to the cutoff point. After psychotherapy reduction in prolactin level was observed in 67,5% of patients. Conclusions: Hyperprolactinemia is observed in almost 40% of patients with neurotic and personality disorders. After intensive psychotherapy we observe changes in prolactin level.

Assessing a Traumatic Event through the Interplay of Body and Mind.

Galit Zana Sterinfeld, Haifa University, Israel; Dita Federman, Haifa University, Israel

Abstract Aim: the present study explores the relationship between the body's nonverbal expressions and the emotional verbal narratives of people who have experienced a traumatic event. A significant by-product is in the development of an easy-to-use movement assessment tool based on LMA that may have considerable utility in the DMT field and beyond. Method: Participants were 50 individuals who have experienced a traumatic event. Each participant described a traumatic and non-traumatic experience. A comparison between the traumatic and non-traumatic stories was made to explore both verbal and nonverbal expressive elements. Interviews were videotaped then coded into verbal and movement units and analyzed statistically. Results: Five verbal categories and twenty four movement categories were

identified. Major findings: (a) Traumatic stories are longer and richer than non-traumatic stories; (b) Traumatic stories showed twice the number of movement expressions as opposed to non-traumatic stories; (c) The most significant results for the description of the traumatic event were characterized by illustrative movements of actions or situations (84%), illustrative movements of emotions (80%), and unspecified gestures (80%). Discussion: The results indicate a rich and complex body-mind interplay, with a crisscross of verbal and non-verbal dimensions and expressions, underlying the stories of various traumatic experiences. The research's findings contribute to therapists' ability to listen and observe the verbal and non-verbal expressions of traumatic experiences, thus offering wider understanding and possibilities for interventions and for research of traumatic events. Key words: trauma, nonverbal, assessment, Laban Movement Analysis (LMA), psychotherapy

Brief Paper Session

practice-training-research networks

Practice-Training-Research Networks

APA Guidelines for Supervision: Implications for Supervisees and Supervisor Supervision Competencies

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All too often, little attention is given to the process of clinical supervision, particularly with regard to the evaluation of supervisors' competence (Bernard & Goodyear, 2014). Historically, a dangerous assumption has existed within supervision that the supervisor is competent and ethical (Fouad et al., 2009). The American Psychological Association's recent publication, Guidelines for Clinical Supervision in Health Service Psychology (American Psychological Association Board of Educational Affairs, 2014), sets forth guidelines to define, assess, and evaluate supervisors to promote competence. The guidelines are organized in seven domains: supervisor competence, diversity, supervisory relationship, professionalism, assessment/evaluation/feedback, problems of professional competence, and ethical, legal, and regulatory considerations. Although these guidelines are imperative, there appears to be a key concept missing from a larger whole: How do these guidelines impact the supervisee? This presentation will discuss implications of the APA Guidelines on Supervision (2014) for supervisees, and introduce a new construct: supervisees' supervision competencies. After covering each domain, the presenter will explore how each domain affects supervisees directly and indirectly and discuss ways to empower supervisees to maximize their clinical supervisory experiences. Further, she will explore what to do when these guidelines are not met, and discuss how to handle potential problems with professional competence. Ultimately, understanding these guidelines from the supervisee's perspective will empower supervisees in their training while simultaneously minimizing potential harm to the supervisee and clients. The goals of this presentation will be threefold: first, to identify how supervisees can use the guidelines to advocate for themselves and make the most of their supervision experiences, second, to provide supervisees with the knowledge, attitudes, skills, and information to empower themselves in supervision, and third, to address a void in the literature and promote supervisees' supervision competencies.

Facilitators of optimal therapist development: Highly regarded therapists' perceptions, experiences and beliefs regarding supervision.

Sandra Elisabeth Stewart, Monash University, Melbourne, Australia

Objective: Within a recently conducted larger study examining the contexts and processes surrounding optimal therapist development, participants discussed supervision as their most important developmental influence, ahead of professional development, personal therapy, formal training, life-experience and reading, respectively. The aim of this paper is to report on those therapists' beliefs, experiences and perceptions regarding supervision. Method: Using theoretical sampling, highly regarded therapists at three points in the career were recruited using peer-nomination and snowballing: 11 advanced therapists (< 15 years' experience), 6 intermediate therapists (7 -- 10 years' experience) and 6 beginners (< 5 years' experience). Therapists participated in a 90-minute interview about their practice and development. Questions tapped four broad spheres of influence on professional development, one of which was developmental influences. Interviews were manually transcribed and inductive thematic analysis was undertaken. Results: Overall, therapists

reported supervision as positive, although negative supervision experiences were also discussed. Five advanced therapists reported an ongoing supervision relationship lasting at least 10 years. Therapists were discerning regarding their choice of supervisor, and a number sought external supervision in addition to workplace supervision. The ideal supervision relationship was described as challenging yet supportive, and therapists reported having different needs from supervision at different times in their careers. The main purposes of supervision were to facilitate deepening self-awareness, monitor and manage the impact of life events and countertransference on therapeutic work, and support strategic decision-making to enhance professional growth. Therapists within this sample were highly interconnected via past and present group and individual supervision relationships. Within those interconnections, a parallel process was identified, in which supervisors tended to provide supervision modelled on their own experiences of supervision. Conclusions: Supervisors learn how to supervise primarily through their own experience of supervision. Therapists are highly influenced by the peer and supervision connections they form within their therapeutic community. Therapeutic expertise appears to reside within practice networks, and is transferred primarily by supervision relationships. The study provides insight about the positive contribution supervision can make to professional development. The lack of prominent models or frameworks to guide the provision of supervision was highlighted.

"Training of Psychodynamic Interventions using Role-play and Standardized Patients --Trainee's Evaluation and Transfer to Patient Treatment"

Christoph Nikendei, University of Heidelberg, Germany; Julia Huber, University Hospital, Heidelberg, Germany; Johannes Ehrenthal, University Hospital, Heidelberg, Germany; Jobst-Hendrik Schultz, ; Henning Schauenburg, University Hospital, Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany
Objective: Innovative teaching models for to promote helpful therapist behavior have come more and more into psychotherapeutic research focus. This study investigated a training in psychodynamic intervention skills with peer Role Play (RP) and Standardized Patients (SP). Methods: 20 graduate students in psychotherapy (18 psychologists, 2 medical doctors; 17 female, 3 male; mean age 36 years, mean training experience 3.48 years) took part in the intervention skills seminar comprising of 10 training units at a psychodynamic psychotherapy training institute. For quantitative evaluation participants provided pre-post self-efficacy, post acceptance, and post subjective learning success measures. Frequency and competence of psychodynamic intervention skills were assessed in a subset of 11 seminar participants by blinded observer ratings from audiotaped outpatient psychotherapy sessions before and after the training. 4 weeks after the seminar a subset of 10 seminar participants were interviewed with a focus on training experiences and transfer of acquired intervention skills to patient treatment. Interviews were analysed using qualitative inductive content analysis. Results: Trainees' self-efficacy for each of the trained interventions was significantly raised after the training. RP and SP were both well accepted and led to a subjective learning success. A transfer effect of training was seen in a more frequent and competent usage of the intervention clarification after training within psychotherapy sessions with real patients. Based on qualitative analyses, training affected trainees' reflection and self-awareness in patient treatment, excited trainees' intervention use and promoted the development of therapeutic self-confidence and --understanding. Conclusions: The findings contribute to the evidence that SP training can assist psychotherapist development. It seems reasonable to implement RP and SP training regularly and continuously in psychotherapy training.

Therapists' experiences of the implementation and use of CORE Net -- barriers and critical perspectives

Mattias Bjornstrom, Sodra Alvsborgs Hospital
Aim: The use of routine outcome monitoring (ROM) in psychotherapy has been shown to have positive effect on treatment results and can be of use to the care provider to assess whether (different) treatments are effective or not. The implementation of ROM is often challenging in a therapeutic context. CORE Net, a system for routine outcome measurement, was implemented at ten psychiatric services/teams in Sweden offering a variety of therapeutic interventions. This study aims to investigate therapists' experiences of the implementation and use of CORE Net at these services/teams with focus on barriers and critical perspectives. Previous research has shown that a number

of factors, e.g. time restraints, heightened administrative work load and costs to be barriers in implementing ROM. This study aims to provide a more specific focus on the therapist's experiences of barriers to using ROM. Methods: Data will be collected through use of semi-structured interviews with a small strategic sample of 8 therapists working at psychiatric services/teams. The interviews will be analyzed using interpretative phenomenological analysis (IPA). Results and discussion: Preliminary findings will be presented and discussed at the conference.

Ethical and Professional Aspects of Working with Personal Materials in Psychotherapy Supervision

Hilla Calderon, University of Haifa, Israel

In this presentation, we report on ethical and professional aspects of working with therapist personal materials in psychotherapy supervision. Ninety six psychologists in various stages of their professional development participated in this research. Participants completed measures of demographic factors; attitudes toward working with personal materials; attitudes toward the ethics of working with personal material; evaluation of supervision; and narratives of experiences in supervision with personal material. Results showed that work with personal materials can lead to significant personal and professional growth of the supervisee. However, the research also underscored limited acknowledgement of the ethical complexity involved and how this complexity is not sufficiently taken into account.

The effect of a relational characterized supervisory relationship on supervisee's self efficacy and their recovery-oriented work in mental health

Amit Yamin, Haifa University, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel

The effect of a relational characterized supervisory relationship on supervisee's self efficacy and their recovery-oriented work in mental health (MH) Authors: Amit Yamin (presenter), Hanoch Yerushalmi, Orya Tishby, David RoeAbstract Aim: The goal of this study was to explore the contribution of relational characteristics in the supervisory relationship to the development of professional interpersonal therapeutic skills and to the supervisee's self efficacy. The purpose of this study was to promote understanding and development of recovery oriented models of training and supervising MH professionals working with persons dealing with severe mental illness (SMI). Methods: One hundred and fifty four supervisory dyads in MH rehabilitation services in Israel completed the following measures: The Supervisory Working Alliance Inventory, the Relational Supervision Style Questionnaire, the Alliance Negotiation Scale (supervisor and supervisee) and the Counselor Activity Self-Efficacy Scales (supervisee). Results: There was a strong positive correlation between the use of relational characteristics in supervision and in therapeutic relationship in recovery-oriented work. This correlation was moderated by self efficacy. Supervisory working alliance was not found to moderate between a relational supervisory relationship and supervisee's self efficacy. Discussion: The results support the theoretical assumption of a direct link between relational components in the supervisory relationship and therapeutic relationships (Frawley-O'dea & Sarnat, 2001). The importance of a relational supervisory relationship for the enhancement of supervisee's self-efficacy will be discussed. Keywords: relational supervisory relationship, SWA, self-efficacy, recovery oriented supervision

Brief Paper Session *child & family*

Couple & Family Therapy

When significant others suffers: German validation of Burden Assessment Scale (BAS)

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Aim: There is a need of an economical, reliable and valid instrument in German-speaking region to measure the burden of relatives who care for mentally ill persons. In this study, we translated the Burden Assessment Scale (BAS, Reinhard et al. 1994) into German and conducted a psychometric study. Methods: We used confirmative factor analyses (CAF, Maximum-Likelihood Method) to examine the dimensionality of the German BAS in a sample of 215 relatives (148 women; M = 31.86 years, SD = 13.72; 64% married/ in partnership, 52% with a college degree, 90%

employed or students) of mentally ill persons (M = 32.32 years, SD = 12.88; 65% depression, 37% interpersonal sensitivity, 30% anxiety, according to the Brief-Symptom-Inventory, BSI). Cronbach's Alpha determined the internal consistencies. We examined construct validity with the BSI and the Experience In Social Systems Questionnaire (EXIS). Results: A four-factor model showed best fit ($\chi^2(146) = 287.08$, $p < .001$, $\chi^2/df = 1.97$; CFI = .92; RMSEA = .07, 90% CI [.06, .08]; AIC = 413.08). The factors included Disrupted Activities, Personal Distress, Time Perspective and Guilt. The internal consistency revealed excellence for the total score, and excellence to satisfaction considering the factors ($\alpha = 0.74$ bis 0.92). The German BAS showed discriminant correlations to the BSI and EXIS. Discussion: This study gives first evidence for good psychometric qualities of the German BAS. As soon as there is more evidence for the convergent validity of the BAS, the scale can be used in the German-speaking region.

Working with Tenderness and Vulnerability in Emotion-Focused Couples Therapy: Recent Task-Analytic Developments

Rhonda Goldman, Illinois School of Professional Psychology at Argosy University; Corie Todd, Argosy University, Schaumburg, USA; Erica Veach, Argosy University, Schaumburg, USA

Task analytic research was conducted on a sample of 32 couples all of whom completed 12 sessions of Emotion-Focused Couples Therapy as part of the York University Emotional Injury Project (Greenberg, Warwar, & Malcolm, 2010). Through task analysis, a refined model of tenderness expression at a partner's expression of vulnerability was derived. Validation of the model included a study that examined the relationship between tenderness expression and both session and therapy outcome. Three process measures were used to measure tenderness expression: the Client Vocal Quality scale, the Client Emotional Arousal Scale -- III, and the Client Emotional Productivity Scale -- Revised. Outcome measures used were the Session Evaluation Measure, Couples Session Report -- Self, and Couples Session Report -- Partner and the Couples Emotional Assessment Pre/Post Measure Results showed at least partial support, for the model of tenderness, suggesting that partner's verbal and non-verbal expressions of tenderness is a valuable process on the path toward resolution of emotional injuries. Implications and limitations to this study will be discussed.

The impact of a grief intervention with bereaved families: a thematic analysis of therapy transcripts

Naomi Moller, The Open University, UK; Andreas Vossler, The Open University, UK; Rachel Willcox, ; Victoria Clarke, University of the West of England
Aim -- The aim of this research was to examine the impact of a grief intervention for bereaved families in which they are asked to tell the story of the death at several points in therapy; the study analysis examines the narrative coherence of the stories told at the beginning and end of therapy. This grief intervention is based on attachment theory and assumes that having the therapist facilitate a more coherent family story of the death will improve the family's adaption to their bereavement. This assumption is based on Adult Attachment Interview (AAI) research which equates lack of narrative coherence around loss with attachment insecurity; since parental attachment insecurity predicts attachment insecurity in their children, narrative coherence appears important for family functioning. Method -- The pre/post therapy transcripts of five families were analysed using a theoretically informed thematic analysis which included codes derived from the 'unresolved with respect to loss' section of the AAI coding manual as well as codes generated in response to the data. Results -- The analysis identified markers of attachment incoherence in the families' stories as well as ways in which greater coherence was achieved in the later stories. The role of the therapist in facilitating this increased coherence was also examined. Discussion -- Clinical implications of the study findings for therapy with bereaved families are examined. In addition, the methodological value for counselling and psychotherapy research of a) theoretically informed thematic analysis and b) qualitative analysis of therapy transcripts, is discussed.

A couple therapists' qualitative study of the experience of women who are violent in their couple relationships from a phenomenological perspective.

Wayne Bodkin, University of East London

Approaching this couple problem by focusing on the female perpetrator and excluding

the viewpoint of the partner was taken for ethical and pragmatic reasons. While this position may be criticised for offering a partial view of a complex interactive phenomenon, it is suggested that deepening our understanding of the woman's experience will contribute to the broader understanding of the increasing numbers of domestic violence cases presenting for help in the western world where the woman is described as the more violent partner. This qualitative research draws on Interpretative Phenomenological Analysis (IPA) but differs from this approach because it will recognize the co-constructed nature of the interview data. I employed open-ended questioning designed to elicit spontaneous associative accounts. In this respect it has features drawn from IPA and Free Association Narrative Interview (Hollway and Jefferson). There are five research subjects. This number is broadly in line with sample size recommended by Smith & Osborne (2008). The pilot study tested the viability of the research method including initial questions and subsequent prompts. Transcribed data from interviews is analysed using thematic analysis (TA) based on Braun & Clarke (2006) and was chosen as the best fit with the research question that is seeking to explore and understand this violence from the woman's perspective. As a psychoanalytically trained couple therapist I am also looking at the violence through a psychoanalytic prism, with the concepts of transference and counter-transference and the conscious and unconscious.

Brief Paper Session

child & family

Child & Family

Therapist Interventions and Parent In-Session Collaboration in Attachment-Based Family Therapy

Menachem M Feder, Ben Gurion University, Beer Sheva, Israel; Gary M. Diamond, Ben Gurion University, Beer Sheva, Israel

Aim: Collaboration, one behavioral manifestation of the therapeutic alliance, refers to clients' moment to moment productive participation in the therapeutic process. The aim of this study was to examine which therapist interventions are associated with a rupture in client collaboration and which therapist interventions are associated with clients' returning to a collaborative state after such ruptures have occurred, in the context of attachment-based family therapy (ABFT; Diamond, Diamond, & Levy, 2014). **Method:** Eight suicidal and depressed adolescents and their parents received 12 weeks of ABFT. All parents' speech turns from parent-alone alliance building sessions were observationally coded using an adaptation of the Collaborative Interactions Scale - Patient (CIS-P; Colli & Lingardi, 2009) in order to determine parents' collaboration. Therapist interventions in these same sessions were independently and observationally coded using the Therapist Behavior Rating Scale 3rd version (TBRS-3; Diamond, Hogue, Diamond, & Siqueland, 1998). **Results:** Therapists' active empathic listening predicted the likelihood that parents would respond in a collaborative manner. Therapists' focus on core relational themes and low levels of active empathic listening predicted the likelihood that parents would respond in a non-collaborative manner. After incidents of non-collaboration, therapists' active empathic listening predicted parents' return to collaboration. **Discussion:** Consistent with findings from other studies, our results suggest that therapists' use of challenging, exploratory interventions may temporarily disrupt client collaboration, while the use of supportive interventions helps restore collaboration after such disruptions have occurred. Findings from this study contribute to the growing literature on the link between therapists' interventions and alliance ruptures and repairs.

Associations between demographic and case characteristics on child and young person (CYP) reported shared decision making (SDM) in CAMHS

Daniel Paul Hayes, Anna Freud Center, London, UK; Julian Edbrooke-Childs, Anna Freud Center, London, UK; Jessica Deighton, Anna Freud Center, London, UK; Miranda Wolpert, Anna Freud Center, London, UK; Nick Midgley, Anna Freud Center, London, UK

Aims: Shared decision making is increasingly being suggested as an integral part of healthcare. Its application to CAMHS is relatively new, and research investigating associations between demographic and case characteristics on shared decision making have to date, relied on parent reported shared decision making (Fiks, 2011; Butler et al., 2014; Butler et al., 2015). The aim of this paper was to examine the association

between demographic and case characteristics on child and young person (CYP) reported shared decision making in England. Method: The sample comprised of N = 319 CYP from 12 CAMHS sites involved in the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme in England. Shared decision making was measured using 4 items from the Experience of Service Questionnaire (ESQ). Hierarchical and multilevel regressions were used to examine the association between demographic and case characteristics and CYP reported shared decision making. Results: Hierarchical regressions revealed that increased severity of ADHD, and more contextual problems were associated with lower levels of CYP reported shared decision making, and more presenting problems were associated with higher levels of CYP reported shared decision making. Multilevel regressions revealed that 75% of the variance in CYP reported shared decision making was explained at the service-level, and when accounting for nesting of children within services, no patient-level factors were associated with shared decision making. Conclusions: Findings from the present research suggest that taking into account the nesting of patients within services is important. Further research is needed to understand the high level of service variation in CYP IAPT services, which are supposed to be embedding such shared decision making principles. Limitations and future directions are also discussed.

CHROKODIL-Project -- Chronically ill children and their family quality of life -- Development of a family-oriented intervention

Lydia Morgenstern, University Medical Center Hamburg-Eppendorf, Germany; Benjamin Grolle, Altona Children's Hospital, Germany; Jessika Johannsen, University Medical Center Hamburg-Eppendorf, Germany; Jonas Denecke, University Medical Center Hamburg-Eppendorf; Silke Wiegand-Grefe, University Medical Center Hamburg-Eppendorf, Germany

Aim: Chronic diseases in childhood usually have an impact on the whole family. Children with muscular dystrophy or dependent on medical technologies (e.g. mechanical ventilation and tracheostomy tubes) require special care and support from their families. This can be very stressful for all family members. The CHROKODIL-Project aims to develop, implement and evaluate a family-oriented psychosocial intervention for these affected families. Methods: According to a cross-sectional analysis of the status of health-related quality of life (HRQoL) of families with long-term ventilated children and children with muscular dystrophy (N = 77 families), recruited from two pediatric clinics in Hamburg/Germany, the study group has started to implement the intervention study. The therapeutic effect is evaluated in a pre-post comparison of intervention group and waiting-list control group with a follow-up of 6 months. Health Survey (SF-12), Ulm Quality of Life Inventory for Parents (ULQIE), DISABKIDS and KIDSCREEN are used to assess parental and child's HRQoL. Results: We expect a substantial increase in HRQoL in each individual family member (mothers, fathers, chronically ill children and siblings). In addition, improvements in family relationships and coping are assumed. Discussion: Results of the cross-sectional analysis indicate increased psychosocial strains. Family-oriented psychosocial interventions may be useful, especially for individual development as well as for the whole family system. Moreover, preventive interventions can avoid mental illness in the early stages.

Cognitive-behavioral versus non-directive therapy for preschoolers with nighttime fears: A randomized controlled trial

Michal Kahn, Tel Aviv University; Alan Apter, Schneider Children's Medical Center of Israel; Avi Sadeh, Tel Aviv University

Aim: Nighttime fears (NF) and sleep problems are highly prevalent among young children, cause considerable distress, and require adequate intervention. The aim of this study was to compare the efficacy of a developmentally appropriate cognitive-behavioral therapy protocol for preschoolers with severe NF with a non-directive play intervention, and to explore potential moderators and mediators of treatment. Method: Ninety children aged 4-6 (63% male) with severe NF and their parents were randomized to either cognitive-behavioral therapy including parent involved play (CBT-PIP) or to a structurally equivalent non-directive treatment (TEPT; Triadic expressive play therapy). Treatment conditions were also equivalent in parent and child rated credibility and expectancy, and in therapist rated compliance. Children and parents were assessed at baseline, posttreatment and at 6-month follow-up. Measures included actigraphy, daily sleep logs, structured diagnostic interviews, and

child and parent questionnaires. Results: Both treatments led to significant reductions in NF and objectively and subjectively measured sleep disruptions posttreatment and at the 6-month follow-up. Parent reports indicated more advantageous outcomes for CBT-PIP compared to TEPT, with greater reductions in sleep problems and co-sleeping and a higher posttreatment satisfaction in the former group. Children's need for control was a significant moderator of treatment effects. Discussion: Results provide support for the use of both brief interventions in reducing nighttime fears in preschool children with some evidence for better outcomes of CBT-PIP. The discrepancy between subjective and objective measurement of sleep may be due to a greater reduction in dependency on parents in the CBT-PIP group.

A mixed method study of Animal Assisted child psychotherapy

Tamar Axelrad Levy, Hebrew University, Jerusalem, Israel; Michal Motro, David Yellin Collage, Jerusalem, Israel

Animal assisted child psychotherapy has been shown to be effective for a variety of disorders (Fine, 2000), however research on essential components and change mechanisms of this type of therapy is lacking. Aim: To define and to describe the important variables in Animal Assisted Child Psychotherapy, and to gain an extensive understanding of the therapy process and the triangular relationships (therapist- child- animal), which are formed during the therapy process. Method: The study is a mixed methods study with a concurrent nested design. Ten children and five therapists participate in the study. Therapy is 25-30 sessions, conducted in a research lab, which contains a collection of animals such as: mammals (rabbits, hamsters), birds (e.g. parakeets), and reptiles (snake, turtle). During therapy children are free to choose an animal/s with which to interact, the place in the room and the nature of the relationship with the animal and the therapist. All sessions are videotaped. Therapists fill a structured session report following each therapy hour. In addition therapists and parents fill two questionnaires at four times points: The youth outcome questioner (YOQ; Burlingame et al, 2005), and the emotional regulation checklist (ERC; Shields & Cicchetti, 1997). Correspondingly, I conduct child interviews which are analyzed according to the CCRT method (Core Conflictual Relationship Theme, Luborsky & Crits-Cristoph, 1998). Results: One or two analyses combining qualitative and quantitative data will be presented, to demonstrate the role of the animals in the psychotherapy process. In addition I will examine the child-therapist- animal relationship and how this relationship evolve during therapy.

Brief Paper Session

Group Therapy

Life-crossroads on stage: The influence of using life stories in a dramatherapy group on the mental well-being of elderly people

Shoshi Keisari, Haifa University, Israel; Yuval Palgi, University of Haifa, Israel

Aim: This presentation examines the contribution of a therapeutic intervention of dramatherapy group with older adults in which narrative elements of life stories are used. Life stories become more important in old age, when older adults face their last chance to sum up their life and its meaning. The protocol examined here focuses on working with Life-crossroads as a way of crafting the most rudimentary life story. During the process life-crossroads were animated into dramatic images enacted in front of the group. Within the dramatic space, the individual can examine other ways of looking at major events experienced in his/her life and imbue the memories and the link between them with a new meaning. Method: The study involved 55 subjects. Participants were members of existing groups that meet on a regular basis. To estimate the effectiveness of this protocol, the intervention group (n=27) was compared on key indicators of mental well-being with a control group (n=28) (care as usual), using a before-after study design. Results: In all the indices examined, there was significant interaction between time (before and after) and groups (experimental group vs. control group). Our findings confirm that the therapeutic intervention positively improved measures of depressive symptoms and psychological well-being. Discussion: The contribution of this research lies in the development of a therapeutic intervention that combines narrative therapeutic tools of life story with dramatherapy. The therapeutic intervention has positive affect on mental well-being of older adults and can be used in a focused and short-term group treatment.

Changes of personality functioning and severity of symptoms in patients treated with intensive group psychodynamic psychotherapy

Katarzyna Cyranka, Jagiellonian University Medical College , Krakow, Poland; Michal Mielimaka, Jagiellonian University Medical College , Krakow, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Jerzy Sobanski, Jagiellonian University, Kraków, Poland; Edyta Dembińska, Jagiellonian University, Kraków, Poland
Aim: Analysis of the impact of group psychotherapy on various dimensions of personality functioning of patients measured with the use of clinical and restructured scales, ego strength scale and masculinity/femininity scale of MMPI-2 questionnaire with regard to changes of severity of symptoms. Method: 82 patients treated with intensive group psychotherapy for neurotic and personality disorders (F.40, F.60) were examined twice: at the beginning and at the end of treatment. The following research tools were used: Minnesota Multiphasic Personality Questionnaire - MMPI-2, Neurotic Personality Questionnaire -- KON-2006, Symptom Checklist -- KO "O". Results: A significant reduction in personality dysfunctions was observed in most of the treated patients. The majority of patients are observed to have increased their ego strength. Female patients function in traditional feminine roles more frequently than males. Changes in personality functioning were accompanied by with reduction of neurotic personality symptoms and traits. Discussion: Polish version of MMPI-2 is a useful tool in diagnosis and monitoring of the psychotherapy process. The RCd scale can be considered as an indicator of health/pathology in diagnosis and treatment monitoring of patients with neurotic and personality disorders. Intensive short-term group psychotherapy is an effective, worthy of recommendation treatment method of neurotic disorders and selected personality disorders in women, as well as in men, leading in most patients to favorable changes in personality functioning.

Brief Paper Session *psychotherapy integration*

Psychotherapy Integration

Towards psychotherapy integration

Jerzy W. Aleksandrowicz, Jagiellonian University Medical College; Katarzyna Cyranka, Jagiellonian University Medical College , Krakow, Poland; Michal Mielimaka, Jagiellonian University Medical College , Krakow, Poland

The ineffectiveness to integrate the psychotherapy theories is substantial. This is probably due to obstacles and resistance connected with creation of one cohesive theoretical construction which would be the base and justification for practice. The reasons for psychotherapy to be stuck on the prescience stage could be emotional, economical, as well as theoretical. Concerning this last, probably it is impossible to create common theory of treatment and counseling. Although there are some similarities of actions, the differences are too great to build one cohesive system of assumptions. The construction of independent theoretical systems -- one for psychotherapy understood as helping people (counseling) based on humanistic knowledge (psychology, sociology, anthropology), the second concerning treatment of different disorders, referring to psychopathology and evidence based medicine - seems to be the chance for solution and progress of science.

Experiential Balancing Therapy: An Integrative Approach to Individual Therapy Based in Complex Adaptive Systems Theory

David Pincus, Chapman University

Experiential Balancing Therapy (EBT) is an integrative approach to individual psychotherapy that is grounded in an understanding of biopsychosocial resilience as a complex adaptive system. This therapy essentially works within the framework that psychological health and resilience are built through the optimal balance of flexibility and structural integrity within and among behavioral, cognitive, emotional, and interpersonal system dynamics. Traditional psychotherapeutic techniques (e.g., desensitization, cognitive restructuring, mindfulness- and acceptance-based techniques, emotion-focused techniques, interpersonal process-oriented techniques and psychodynamic techniques) each may be applied within this new EBT framework -- toward the common goal of increasing people's ability to act intentionally with access to the fullest possible range of experiential information. This ability to intentionally shift one's levels of biopsychosocial flexibility to meet life's demands is viewed as the

ultimate goal of psychotherapy, regardless of the more artistic choices around strategy or technique, which will vary across the diversity of clinical situations and clinician styles.

Common Factors as a Therapeutic Approach: What Is Required?

Russ Bailey, Brigham Young University, Provo, USA; Benjamin M. Ogles, Brigham Young University, Provo, USA

The common factors (CF) hypothesis posits that common factors across various therapeutic orientations may explain the therapeutic equivalence observed in the treatment outcome literature. The CF hypothesis was embodied in Frank's contextual model (Frank and Frank, 1991) and briefly described by Norcross (Norcross and Goldfried, 2005) as an approach (among many) to psychotherapy integration. The CF hypothesis and contextual model exist as meta-theory to psychotherapy. Some therapists and researchers have begun to speak of CF therapy as if it were a "bona fide" therapeutic approach and not simply meta-theory. However, taking the CF ideas down a level of theoretical abstraction from meta-theory to a bona fide therapeutic approach requires further attention. Current emphasis on common factors as practice lacks a unifying theory with an associated ritual, as described in the contextual model. In order for the common factors to become a bona fide treatment approach, treatment philosophies and corresponding interventions must be defined. We offer a potential framework to define a CF approach that includes a more coherent, unifying theory. This theory focuses on a theory of change, including a theory of pathology, rationale for addressing pathology utilizing common factors that can be identified with the rationale, and finally the establishment of therapeutic "ritual" or practices to evoke the identified common factors.

Beyond Fear- Narrative Reconstruction as an Integrative Module for Treating Intrusive Memories in PTSD Patients: An Evidence-Based Case Study

Mordehchai Gofman, Bar Ilan University; Zohar Vidan, Bar Ilan University; Tuvia Peri, Bar-Ilan University

PTSD has been conceptualized as a fear-based disorder. Thus, current psychotherapies concentrate on fear extinction and correcting impaired cognitive networks. However, more recently the role of other forms of negative emotion in PTSD, particularly shame, guilt and anger, have been recognized and added to diagnostic criteria (DSM5, 2013). Shame and guilt are both closely related to one's sense of self and result in a devaluation of one's self-concept. The role of these "self-conscious emotions" in PTSD corroborates with findings that conceptualize PTSD as a memory disturbance-based disorder associated with a person's sense of identity (Brewin, 2011). Narrative Reconstruction (NR, Peri & Gofman, 2013) - an integrative a module for treating intrusive memories in PTSD- addresses these issues. NR combines elements of CBT, such as exposure and cognitive restructuring, albeit in a unique way, alongside psychodynamic conceptualizations. Reconstruction of the narrative includes invoking associated memories regarding past traumatic events or past interpersonal relationships that relate to the traumatic event. Method: In a recent randomized control trial, the effect size of NR surpassed the average effect size in the meta-analysis of psychotherapy for PTSD by Bradley et al. (2005) with a dropout rate approaching zero. Results: To demonstrate the integration suggested in NR, an evidence-based case study will be presented of a chronic PTSD patient treated with NR who achieved complete remission. Quantitative and qualitative data will be presented. Discussion: The case study will highlight how shame and guilt in PTSD presentation may suggest a different type of intervention and/or clinical stance.

An integrative, CBT-based treatment approach for individuals with mild Alzheimer's and their caregivers: Results of an RCT

Simon Forstmeier, University of Siegen, Germany; Andreas Maercker, University of Zurich, Switzerland; Egemen Savaskan, Psychiatric Hospital, Zurich University, Switzerland; Tanja Roth, Psychiatric Hospital, Zurich University, Switzerland

About 90% of all mild Alzheimer dementia (AD) cases experience neuropsychiatric symptoms such as depression, apathy, anxiety, and irritability. Although some research has supported the effectiveness of specific psychotherapeutic approaches for mild AD, there are only few attempts to evaluate a multi-component treatment programme. The CBTAC (Cognitive-Behavioral Treatment for Mild Alzheimer's Patients and their Caregivers) study is a randomized controlled trial that evaluates the effect of a

CBT-based psychotherapy programme on the health of patients with mild AD and their caregivers. It consists of 25 weekly sessions, including eight modules: diagnosis & goal setting; psychoeducation; engagement in pleasant activities; cognitive restructuring; live review; behavior management; interventions for the caregiver; and couples counselling. 50 participants and their caregivers have randomized to either the CBT-based intervention group (CBT) or to the control condition group, which receives treatment-as-usual (TAU). Before and after the treatment phase, participants have been assessed. Follow-ups take place at 6, and 12 months post-treatment. The primary outcome is depression in the patient with AD. The secondary outcome measures are other neuropsychiatric symptoms, a quality of life and coping strategies. We present the change of symptoms in the person with AD from pre- to post-test in this presentation. CBT reduces depression significantly more than TAU (interaction: $F = 5.5$, $p < .05$), with a moderate-to-large effect size ($d = 0.77$). There is also a marginally significant advantage for CBT with regard to apathy ($F = 2.6$, $p < .10$; $d = 0.45$) and quality of the relationship to the caregiver ($F = 3.1$, $p < .10$; $d = 0.40$). There is no advantage with regard to other neuropsychiatric symptoms and functional abilities. The results are very encouraging and stimulate an adequately powered multi-center-study.

Brief Paper Session

evidence-based psychotherapies

Evidence-Based Psychotherapies

The effectiveness of three psychotherapies of different type and length in the treatment of patients suffering from anxiety disorder

Paul B Knekt, National Institute for Health and Welfare, Helsinki, Finland; Olavi Lindfors, ; Erkki Heinonen, National Institute for Health and Welfare, Helsinki, Finland; Timo Maljanen, Social Insurance Institution, Helsinki, Finland

Aims. The information on whether long-term psychotherapy is more effective than short-term therapy in the treatment of anxiety disorder is incomplete. The aim of the present study was to address this question in a randomized clinical trial. **Methods.** In the Helsinki Psychotherapy Study, 50 outpatients with anxiety disorder were randomly assigned to long-term psychodynamic psychotherapy (LPP), short-term psychodynamic psychotherapy (SPP), and solution-focused therapy (SFT) and were followed up for 5 years from the start of treatment. The outcome measures were psychiatric symptoms (measured by BDI, SCL-90-Dep, SCL-90-Anx, and SCL-90-GSI), working ability (measured by WAI, SAS-Work, and PPF), realized need for psychiatric treatment (including auxiliary psychotherapy, psychotropic medication, and hospitalization), and remission (based on changes in SCL-90 and use of auxiliary treatment). Also cost-effectiveness was evaluated. **Results.** During the first year of follow-up, no statistically significant differences in the effectiveness between the three therapies were noted for any of the outcome measures used. During the following 3 years, LPP and SFT statistically significantly more effectively reduced symptoms, improved work ability, and elevated the remission rate than SPP. No significant differences between LPP and SFT were seen. At the end of follow-up, the use of auxiliary treatment was relatively low (i.e. 9% in the SFT and 36% in the SPP and the LPP groups). This difference between SFT and the psychodynamic psychotherapies was mainly due to the statistically significantly greater use of psychotropic medication in the psychodynamic therapy groups (i.e. 0%, 32%, and 34% in the SFT, SPP and LPP groups, respectively). The remission rates at the end of follow-up did not statistically significantly differ between the three therapy groups (77%, 63%, and 77%, for SFT, SPP and LPP, respectively), nor did the rates of psychiatric symptoms or working ability. **Conclusions.** During a 5-year follow-up, the difference in effectiveness of LPP and SFT was negligible, whereas SPP appeared to be less effective. Thus the results suggest that the resource-oriented SFT may be a cost-effective option in this patient group. Because of the small number of patients, no firm conclusions can, however, be drawn based on this study. Further studies, based on larger data should be performed. Also studies focusing on factors determining optimal choice of therapy type and length, neglected in this study, should be initiated to give a more balanced picture of the effects of different therapies.

Effectiveness of the psychoorganic analysis: changing experiences and anxiety reduction

Inta Poudžiunas, Baltic Psychoorganic Analysis Center; Armands Brants, Baltic Psychoorganic Analysis Center; Gundega Ulme, University of Latvia

Psychoorganicanalysis (POA) is a relatively new branch of psychotherapy. There is the 2-years-long study, what is created by Baltic Centre of POA (study program director Armands Brants) and supported by the Latvian Association of Psychotherapists of POA. The study aims to determine the possibility to reduce the level of anxiety and general psychological symptoms in the time of 2-years-long psychotherapeutic and educational group. The most important concepts of POA used in the process of the group: three relation forms, micro-macro regulation, triads, contracts. Three relation forms are: the unary form include a symbiotic relation level or "I am", the dual form is the binary and dialogic relation or "I am – YOU are", the ternary form means the relation what is including a structure and the presence of the THIRD. The analysis and the evolution of three forms help to make sense of obstructive psychic occurrences in person in the group. Obstructive psychic occurrences are basis for life contracts, which have been protectively, but become troublesome in the life time. An activation of a micro (auto) – macro regulation is very important in order the transformation of these occurrences. Following triads are used for transformation work: feeling – situation – expression, past – present – future, primary impulse – secondary reaction – compromise. The evolution of three forms are the background for biodynamic work and the appropriate transformative intervention on body, on functioning within triads and on some other objects (such as touch, physical movement, verbal expression etc.). The individual work of group participants (19 participants, 4 of them – men, age 27-47y., mean = 37.42y.) is managed from 9 psychotherapists and it is done following set instructions. Group met once a month on weekends (17 h), at the end of the first year – on 8-days seminar. Every participant wrote a personal memoir, reflecting a personal growth. Changes were evaluated 4 times in the 1st year and 2 times in the 2nd year (the last time – on the end) with State-Trait Anxiety Inventory STAI and Symptoms checklist SCL-90 (both tests adapted in Latvian). The study results (paired Sample T Test) show statistically significant reduction of the level of the trait anxiety of STAI ($t=2.82$, $p=1.28 \times 10^{-2}$) and of following symptoms of CL-90: obsessive-compulsive symptoms ($t=4.13$, $p=7.46 \times 10^{-4}$), anxiety ($t=3.12$, $p=6.62 \times 10^{-3}$), hostility ($t=2.63$, $p=1.82 \times 10^{-2}$), psychoticism ($t=3.13$, $p=6.49 \times 10^{-3}$), distress ($t=2.52$, $p=2.28 \times 10^{-2}$). The reduction of symptoms is related to the group program (themes, exercises etc.) and dynamic (psychotherapists' contribution to creating a psychotherapeutic environment by activating mentally important themes and the ability to transform contracts; the involvement of each participant and the common group dynamic; work with body; visual representation of mental world). We intend to continue the study with various groups.

Support and anxiety social networks of patients with social anxiety disorder

Julian Geigges, Heidelberg University, Germany; Christina Hunger, Heidelberg University, Germany; Jochen Schweitzer, Heidelberg University, Germany

Background: Social anxiety disorders are among the most prevalent anxiety disorders in the general population. Studies investigating support social networks (SN) and anxiety social network (AN) in association with positive and negative social support, and social anxious symptomatology are still missing. Methods: We conducted social network interviews for both SN and AN using Kahn's and Antonucci's hierarchical social network mapping technique with 35 patients ($M = 34$ years, $SD = 14$, range: 18-60). Primary diagnoses referred to social anxiety disorders (SCID), comorbidities included 66% with at least one additional SCID-I diagnosis and 37% with at least one additional SCID-II diagnosis. Social anxiety was measured with the Liebowitz Social Anxiety Scale (LSAS), Social Interaction Anxiety Scale (SIAS) and Social Phobia Scale (SPS). Results: Explanatory analyses revealed a higher number of persons in AN compared to SN ($d = 0.60$). SN included a higher number of private persons ($d = 1.55$) and relationships with stronger sustainability ($d = 0.86$). AN showed more negative social support ($d = 4.26$). Controlling for the network size in SN, negative social support demonstrated prediction of social anxiety (SIAS; $\beta = .51$, $p R^2 = .23$, $p \beta = -1.92$, $p \beta = 2.42$, $p R^2 = .48$, p). Discussion: This study points to the usefulness of the hierarchical social network mapping technique for research and practice. It supports findings which point to the central role of social support for symptom severity. The clinical impact of these findings for therapeutic practice and future research will be discussed.

Early Change in Cognitive Behavioral Therapy and Systemic Therapy for Social

Anxiety Disorders: Preliminary Results of a Pilot RCT

Christina Hunger, Heidelberg University, Germany; Rebecca Hilzinger, Heidelberg University, Germany; Johannes Mander, University of Heidelberg, Germany; Monika Schaub, Heidelberg University, Germany; Ruth Hebsaker, Heidelberg University, Germany; Anja Sander, Heidelberg University, Germany; Hinrich Bents, University of Heidelberg, Germany; Jochen Schweitzer, Heidelberg University, Germany

Background: Social anxiety disorders are among the most prevalent anxiety disorders in the general population. The efficacy of Cognitive Behavioral Therapy (CBT) is well demonstrated. Three studies point to the efficacy of Systemic Therapy (ST) in anxiety disorders, two of them in social anxiety disorders. Ours is the first study to directly compare CBT and ST in a randomized-controlled pilot trial (RCT). Method: A total of 32 patients with a primary SCID-diagnosis of social anxiety disorder were randomized either to manualized CBT or ST (M = 34 years, SD = 14). Comorbidities included other SCID-I and SCID-II disorders. Primary outcome was social anxiety (LSAS, Social Interaction Anxiety Scale (SIAS), Social Phobia Scale (SPS)). Secondary outcomes included general psychopathology (BSI, BDI) and interpersonal functioning (IIP). Results: After 15 hours of therapy, explanatory analyses showed significant reduction of social anxiety, general psychopathology and interpersonal problems. Discussion: This pilot RCT indicates a positive trend towards early change in social anxiety, general psychopathology and interpersonal functioning post CBT and ST in patients with social anxiety disorders. Limitations of this study will be discussed.

Emotion-Focused Sports Psychology

Yehuda Aryeh Gabler, York University, Canada; Sara Miller, York University, Canada

Our talk will introduce an emotion-focused sports psychology. This sports psychology will look at and explore how specific emotions relate to and regulate each other; relate to peak performance in general and specific circumstances more particularly, as well as more broadly look at the process of self-actualizing. We will introduce a model for how emotion can be used to change emotion in the context of performing in sports competition, guided by past research in emotion-focused therapy. Our goal is that this model will help guide efforts to understand how specific emotions seem to interact to determine performance. We will, further, elaborate on how this model can be used to effect emotional change in the moment, while helping us to better understand the messages inherent in our emotional experience (communication between ourselves and our organism). Finally, using firsthand accounts from professional athletes, along with video excerpts from professional sports games, we will present case studies that utilize psychotherapy process measures in order to explore emotional processes in high-pressure performance, with a focus on the functions of joy and adaptive anger (Greenberg, 2002; 2015; A. Pascual-Leone & Greenberg, 2007; Tarba, 2015; Timulek, 2015) for peak performance.

Beyond Regret: Cognitive Strategies for the Self-Regulation of Eating Behavior

Eleni Kanellopoulou, University of Athens, Greece; Walter Mischel, Columbia University, New York, USA; Kevin Ochsner, Columbia University, New York, USA; Hedy Kober, Yale University

This work seeks to contribute to answering the question: which cognitive strategies (i.e. strategic ways of thinking) can facilitate self-regulation in the domain of eating behavior and why? In our first experiment we found that thinking of refraining from overeating during the Thanksgiving dinner as "an act of care towards myself" was effective in limiting overeating; as compared to thinking of overeating as "an act that I will later regret". In our second experiment we found that focusing on a positive future outcome by thinking of how healthy eating will eventually lead to a desirable health goal, resulted in significant weight-loss and healthier eating over a two-week period; whereas focusing on a negative future outcome (i.e. thinking of how unhealthy eating would lead to an undesirable health outcome) did not. Does this mean that a positive frame is always preferable? Not quite: focusing on how an unhealthy food choice in the present actively sabotages a positive future goal (i.e. thinking of how an unhealthy food choice means actively taking a step away from one's healthy weight goal) resulted in significant weight-loss and healthier eating, whereas focusing on how a healthy food choice contributes to the positive future goal (i.e. thinking of how a healthy food choice means taking a step towards one's healthy weight goal) did not - a finding compatible with nutritional science. These findings suggest that strategies that focus

on a desirable future outcome can be effective in motivating healthier eating and weight-management, in comparison to strategies that focus on an undesirable future outcome, and begin to explore in greater detail the best ways for crafting such strategies. This result raises questions on the rationale for employing the focus-on-negative-future-outcomes strategy that public health campaigns have been employing internationally by and large, to tackle self-regulatory challenges in a wide variety of health behaviors, such as overeating, smoking, drinking, etc.

Brief Paper Session

Evidence-Based Psychotherapies

TIDe - Telephone-Intervention for Depression. Improving access to evidence-based treatment for depression in primary care - Study Design

Birgit Watzke, University of Zurich, Switzerland; Elisa Haller, University of Zurich, Switzerland; Thomas Rosemann, University of Zurich, Switzerland; Karl Wegscheider, University Medical Center Hamburg-Eppendorf, Germany; Hans-Helmut König, University Medical Center Hamburg-Eppendorf, Germany

The General Practitioner (GP) is often the one and only contact for patients with depressive symptoms. Referral to psychiatric services is low, in Switzerland approximately 13%. In total two thirds of patients remain untreated, despite the option of effective treatments. Integration of evidence-based and intensity appropriate treatment for depression into primary care implies optimisation of treatment pathways and outcomes. Despite the availability of evidence-based treatments for depression, structural and individual barriers to access treatment exist.

Telephone-delivered therapy could be an effective way of overcoming these barriers, which shows promising results in international trials. However, further effectiveness trials and an implementation in the Swiss health care system need to be conducted. TIDe (Telephone-Intervention for Depression) is a randomized controlled trial aiming at investigating the effectiveness and cost-effectiveness of telephone-delivered psychotherapy compared to treatment as usual (TAU) in primary care. GPs will screen and diagnose patients at risk for depression and invite eligible patients to participate. Patients in the intervention group will receive a short-term manualized CBT consisting of 10-12 telephone sessions, carried out by a licensed psychotherapist. Patients in the control group will receive text messages with information on depression as well as treatment as usual. The primary outcome will be assessed at 12 months follow-up and is defined as change in symptom severity, which will be assessed with the German version of the Patient-Health Questionnaire (PHQ-9). Secondary outcomes include effectiveness of telephone-delivered psychotherapy in terms of response, remission and health-related quality of life as well as its cost-effectiveness. The current presentation will focus on the study design, the work in progress as well as preliminary results.

Change in Emotions for Depressed Patients with and without BPD during Inpatient Psychotherapy

Henning Schauenburg, University Hospital, Heidelberg, Germany; Magdalena Fuchs, University Hospital, Heidelberg, Germany; Johannes Ehrental, University Hospital, Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany

Objective: Experience of intensive negative emotions is possibly a defining feature for Borderline personality disorder and a main therapeutic target in psychotherapy. However, little is known about changes in emotional experience during psychotherapy. Therefore, the aim of the current paper was two-fold. First, we wanted to further differentiate the emotional experience of depressed patients with and without BPD. For this, we concentrate on global emotional categories of active negative (anger, contempt, disgust, envy/jealousy, impulsivity, irritability, self-indulgence, uncontrollability), passive-negative (diffuse anxiety, fear, guilt, helplessness, lifelessness, loneliness, sadness, shame) and positive emotions. Second, we aimed to describe the change in emotions during a time-limited inpatient psychotherapy treatment. In addition to group differences between depressed patients with and without BPD, we tested whether or not this group difference is mediated by the level of personality functioning. Methods: A sample of 80 female patients was recruited from an inpatient psychotherapy unit. All patients had a current MDD, 44 patients fulfilled additional criteria of a comorbid BPD. Patients were treated for 8-10 weeks, and

answered questionnaires at intake and discharge. Emotions were assessed with the Questionnaire for the Assessment of Emotional Experience and Emotion Regulation (EER, Benecke et al. 2008). Structural level of personality functioning was measured with the Operationalized Psychodynamic Diagnosis System Structure-Questionnaire (OPD-SQ, Ehrental et al., 2012). Results: We found more active negative emotions in the borderline group, which was explained by the level of personality functioning and not by depression severity. After treatment, passive negative emotions decreased significantly and positive emotions increased. However, active negative emotions did not decline, and there were no differences in the two clinical groups regarding the rate of change. Discussion: Active negative emotions seem to have a more trait like character, which is of relevance for the planning of therapeutic strategies..

"The Silent Cost of Success": The Effect of Multiple Roles and Personality on Depression and Sexual Satisfaction amongst Female Medical Students

Tal Peleg-Sagy, Beer-Sheva Mental Health Center and Ben-Gurion University of the Negev, Beer Sheva, Israel; Golan Shahar, Ben Gurion University, Beer Sheva, Israel
Female medical students, interns, and residents experience high levels of stress that derive from two primary sources--environmental factors (e.g., a demanding career and role conflict--the need to balance home and work) and personality risk factors--e.g., the tendency to be highly self-critical, feel that one does not know oneself, and the self-silencing of emotions. These two forms of stress are related to two models--the diathesis-stress model, which contends that personal risk factors interact with life-stress and lead to pathology and the main-effect vulnerability model, which posits that personality vulnerability creates pathology independently of environmental-stress factors. This study seeks to examine the relative impact of stress and personality upon distress. The stress factor employed was role-conflict. Three self-processes--self-criticism (the tendency to set elevated standards and adopt a punitive stance towards the self when these are not met), self-concept clarity (the extent to which an individual's self-concept is clearly and confidently defined, internally consistent, and temporally stable), and self-silencing (a pronounced female tendency to suppress certain feelings, thoughts, and actions in order to maintain safe intimate relationships)--were used as personal vulnerability factors. Distress was examined in the form of depressive symptoms, physical symptoms, and dyadic and sexual dissatisfaction. Hoping to shed light on the distinctive type of complex reciprocal association between depression and sexual dissatisfaction amongst female medical students, interns, and residents population, the three studies yielded significant findings. Cognitive-emotional depression directly affected sexual satisfaction. It only became evident--i.e. affected functioning--however, when the participants experienced sexual dissatisfaction. This suggests that self-dissatisfaction serves as a "catalyst" for hidden depression to make its presence felt and reduce functioning amongst high-achieving individuals. Strong support for the main-effect vulnerability model was also evinced, self-vulnerability being shown to function as an important mechanism in creating pathology. Self-silencing similarly functions as a very strong personal risk factor. Viewed collectively, the findings of the three studies indicate that female medical personnel experience high levels of depression that they deliberately hide due to a sense that their inner distress must remain concealed in order to allow them to continue their high level of functioning. Female medical personnel who tend to self-silence also appear to be vulnerable to dyadic and sexual dissatisfaction and physical symptoms. The limitations and implications of the study are discussed

Perceived self-efficacy and coping strategies in patients treated for neurotic and personality disorders - preliminary findings

Michal Mielimaka, Jagiellonian University Medical College, Krakow, Poland; Katarzyna Cyranka, Jagiellonian University Medical College, Krakow, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Jerzy Sobanski, Jagiellonian University, Kraków, Poland; Edyta Dembińska, Jagiellonian University, Kraków, Poland
Aim: To determine coping styles and strategies, as well as the level of perceived self-efficacy of patients diagnosed with neurotic and selected personality disorders (F40.X, F60.X and F61.0 according to ICD-10 classification). Method: 30 patients treated with intensive, short-term, predominantly psychodynamic psychotherapy were examined at the beginning and at the end of treatment with the use of selected measures: Coping Inventory for Stressful Situations (CISS), Brief-COPE, Generalized

Self-Efficacy Scale (GSES) and State-Trait Anxiety Inventory (STAI). Coping styles and strategies have been identified and the level of perceived self-efficacy has been established. Results: Patients diagnosed with neurotic and selected personality disorders differ significantly from the general populations in regard to coping styles and strategies applied to deal with every-day life stressors. In majority of patients the measured level of self-efficacy is lower than the mean value characteristic for general population. Moreover, the measurements performed at the end of treatment reveal significant changes in coping styles and strategies which could be attributed to the psychotherapeutic treatment. Discussion: When confronted with every-day life stressors patients suffering from neurotic and personality disorders more frequently engage coping styles and strategies that are ineffective. Failure leads to intensification of anxiety and often avoidance that impairs engagement in further self-efficacy strengthening experiences. In this neurotic vicious circle the ineffective coping styles are entrenched by neurotic symptoms and vice versa.

Brief Paper Session

Evidence-Based Psychotherapies

Internet-based psychological interventions for the prevention of mental disorders: a systematic review and meta-analysis.

Lasse Sander, Albert-Ludwigs-University, Freiburg; Leonie Rausch, University of Freiburg, Germany; Harald Baumeister, University of Ulm, Germany
Background: Despite progress in developing technologies for health promotion and disease treatment, mental disorders remain highly prevalent. In light of the associated personal and societal burden, primary prevention of new onset disorder is a primary challenge for health care systems and society. Internet- and mobile -based interventions (IMIs) are a promising approach to scale up preventive measures to a population level. Methods: A systematic database search was conducted (CENTRAL, Medline, PsycInfo) by 2 independent reviewers. Studies were selected according to defined eligibility criteria (adult population, internet-based intervention, control group, onset/severity of mental disorder, RCT). Primary outcome was onset of mental disorder. Secondary outcome was symptom severity. Study quality was assessed using the Cochrane Risk of Bias Tool. Meta-analytical pooling of results took place if feasible. Intervention- and study characteristics (e.g. prevention type, sample size, duration, follow-up, attrition rate) were qualitatively described. Results: After removing duplicates, 1169 studies were screened of which 17 were eligible for inclusion. Most studies examined prevention of eating disorders and/or depression and/or anxiety. Two studies on PTSD and two on general anxiety disorder were also included. Overall study-quality was moderate. Only five studies reported incidence data assessed by means of standardized clinical interviews (e.g. SCID). A meta-analysis was conducted for depression severity with a standardized mean difference (SMD) of -0.29 (CI [-0.43;-0.15]) in favor of the Internet-based psychological interventions when compared to waitlist or care as usual. Discussion: Internet-based interventions seem to be a promising approach in preventing mental disorders. While prevention of depression and eating-disorders are well studied, many mental disorders remain under-studied. Results will be discussed using insights from an ongoing own clinical depression prevention trial (PROD-BP) to illustrate the potentials and the boundaries of preventive approaches in mental health care.

The effectiveness of art therapy: A meta-analysis

Robert John King, Queensland University of Technology, Australia; Jayne Orr, Queensland University of Technology, Australia; Claire Edwards, University of Queensland, Australia; Tom O'Brien, University of Queensland, Australia
There is a substantial history of the use of creative arts as a therapeutic intervention. Creative arts may be especially valuable for people, who because of age, cultural or linguistic factors, psychopathology or personal preference are unable or unwilling to use talking therapies. Among therapies that utilize creative arts, music therapy and art therapy in particular are well established professions with training programs and standards and a growing body of research. There are already several meta-analyses of studies investigating the effectiveness of music therapy with different client groups. Findings from these studies indicate robust positive intervention effects. While there have been a number of randomized controlled trials of art therapy interventions and

several systematic reviews, to our knowledge there is no published meta-analysis that reports specifically on pooled outcomes of randomized controlled trials of art therapy interventions. In this paper we discuss some of the challenges associated with a meta-analysis in which both the intervention and the client groups are heterogeneous. We also present the findings from a meta-analysis we conducted in the face of these challenges. We compare effect sizes for art therapy with those found in music therapy meta-analyses and with those reported for talking therapies. Implications for practice, policy and further research are discussed.

The Social Mentality Theory of Self-Compassion: The Interactive Effect of Care-Seeking and Caregiving

Nicola Hermanto, McGill University, Montreal, Canada; David C. Zuroff, McGill University, Montreal, Canada; Allison C. Kelly, University of Waterloo; Michelle J. Leybman, Centre for Addiction and Mental Health

Aim: The psychological benefits of self-compassion are well-documented, but its underlying mechanisms are less understood. Self-compassion is theorized to be rooted in social mentalities (Gilbert, 1989, 2000) which originally evolved to guide interpersonal behaviour, but now also underlie intrapersonal relating. Social mentalities are internal systems that guide cognition, affect, and behaviour for the enactment of adaptive social roles, such as care-seeking and caregiving. Social mentalities are thought to be activated when relating to oneself in the same way they are activated when relating to others. Therefore, self-compassion is viewed as a form of self-to-self relating in which one's own care-seeking mentality signals distress and need for care, and one's own care-giving mentality responds with compassionate thought and emotion directed inward. **Method:** In Study 1, questionnaire measures of self-compassion, care-seeking, and caregiving were administered to 195 students. In Study 2, a daily diary methodology was used to assess self-compassion, received social support, and given social support in 99 students across 7 days. **Results:** In Study 1, results showed that self-compassionate individuals were those who were adept at both care-seeking and caregiving with others. Similarly, in Study 2, self-compassionate individuals were those who exhibited high mean weekly levels of received social support and given social support (between-person interaction). Further, individuals were more self-compassionate on days they received more support than usual and on days they gave more support than usual (within-person main effects). **Discussion:** These findings have implications for working with patients with excessive self-criticism, a personality vulnerability to various psychopathologies. A novel approach may involve targeting a self-critic's interpersonal context to indirectly foster self-compassion.

Psychodrama: Empirical Research and Science

Michael Alexander Wieser, Alpen-Adria-Universitaet Klagenfurt, Austria

Nearly 50 authors enlarge the empirical base of psychodrama. The aim and research questions cover instruments, methods, and social network as well as clinical investigations of children, youth and adults. The last chapter deals with research on supervision, education and training. The contributors used mostly quantitative and mixed-method and some qualitative designs. This ends up in evaluated tools, quality development in treatment, efficacy in supervision, effectiveness in education and training. Some studies were exploratory others rigor and "gold standard". Half of the special issue is written in English or German. Most of them from Germany and Austria but also non German speaking countries in Europe, Asia, Australia, and America. Four people of the special issue Stadler and Wieser (eds., 2011) contributed again and with new results.

Effectiveness of Psychodrama Therapy in Patients with Panic Disorders -- Final Results

Galabina Tarashoeva, Orpheus

In the last years research in psychotherapy has developed a lot and has reached the stage in which the investigators' interest is focused to the process. Yet, in Bulgaria it is the first time to conduct a study on the effectiveness of psychodrama therapy. The final data of this interventional study so far include 40 subjects with anxiety disorders in two groups -- on treatment with psychodrama and pharmacotherapy (n=20) and only on pharmacotherapy (n = 20). Patients receiving parallel treatment with psychodrama and pharmacotherapy demonstrated a significantly higher degree of improvement in the anxiety symptoms versus the patients receiving only pharmacotherapy. This improvement correlates with an increase in their spontaneity

and an improvement in their quality of life and social functioning.

Brief Paper Session

Evidence-Based Psychotherapies

Long term follow up of psychotherapy -- An initial study in a naturalistic setting.

Rochelle (Robbie) Babins-Wagner, Calgary Counselling Centre; Emilie Lacroix, Calgary Counselling Centre; Sandy Berzins, Calgary Counselling Center

Abstract: The efficacy of psychotherapy in improving client outcomes has been established by a multitude of well-controlled randomized trials and meta-analyses (Wampold & Imel, 2015). These studies have typically assessed outcomes only at first and last session, however, few studies have explored the extent to which outcomes are maintained beyond the last treatment session. The present study explores the extent to which client functioning changes after completing psychotherapy. **Methods:** This study investigated whether or not changes made in therapy were maintained over time. Secondary analyses were performed to explore the relationship between long-term client outcomes and (a) therapist experience level (i.e. licensed professional, practicum student, or licensing professional); (b) client referral reason (personal functioning, occupational/vocational, family/marital, or social/community); and (c) counselling format (individual, couples', family, or group). **Results:** Significant improvements in functioning observed at the last counselling session were maintained at follow-up. Effectiveness did not differ by counseling format or therapist experience level. Clients referred for personal functioning and occupational/vocational issues had poorer functioning initially, but showed greater improvements over the course of therapy than clients without these referral reasons. **Discussion:** The discussion will focus on the results of the study. Implications for practice will also be discussed.

Intersession experiences: the interaction between in-session processes and between-session experiences in patients with mental disorders.

Thorsten-Christian Gablonski, Alpen-Adria-Universität Klagenfurt; Birgit Senft, Reha Klinik für Seelische Gesundheit Klagenfurt; Georg Spiel, pro mente Kärnten; Sylke Andreas, Alpen-Adria Universität Klagenfurt

For a long time, the psychotherapy research focused only the impact factors within a therapy session, so that the researchers did not consider the processes between the sessions. After the conceptualization of the so-called "intersession experiences" by Orlinsky & Geller (1993), which describes the processing and internalization of psychotherapy and its contents between every single therapy session, some research has been carried out in this new field of psychotherapy research. Meanwhile, these processes are regarded as an important link between the therapy sessions and outcome. However, previous results and the share of studies are dissatisfying. Most of the studies are rather exploratory and there are no studies, which investigate the interaction between in-session processes and the subsequent intersession experiences. Therefore, we plan to investigate the relationship between the in-session processes of psychotherapy and the intersession experiences of patients with mental disorders to get a deeper understanding of these processes. For this purpose, a total of 84 psychotherapy sessions will be recorded from overall N = 10 patients (5x individual therapy, 17x group therapy for each patient). Five patients will be treated by cognitive behavioral therapy, 5 patients by psychoanalytic psychotherapy. The analysis will primary focus on the relationship between therapist and patient. The psychoanalytic psychotherapy will be analyzed by using the Control-Mastery-Theory, while the analysis of the cognitive behavioral psychotherapy sessions is based on the Plan analysis. The results of this study are the foundation for further investigations in the field of intersession experiences.

Reverse Engineering and Validation of Psychotherapy: Comparison Reasons For Seeking Therapy Among Rapid-Gain and Rapid-Deterioration Clients

Adam M. Scalese, Brigham Young University, Provo, USA; Micah Rees, Brigham Young University, Provo, USA; J Clark Ripplinger, Brigham Young University, Provo, USA; Tyler R Pedersen, Brigham Young University, Provo, USA; Stevan Lars Nielsen, Brigham Young University, Provo, USA

BACKGROUND AND OBJECTIVE. Session-by-session measurement of symptoms provides an opportunity to isolate demonstrably effective treatment. Sessions

associated with rapid gains and deteriorations offer particularly useful opportunities for understanding effective therapy. Understanding effective therapy requires understanding clients. We set out to investigate differences between clients who experience rapid gains and deterioration from one session to the next. Many past studies have focused on outcome scores, mental health concern instruments, and the therapist's perceptions of their clients (Benton, Robertson, Tseng, Newton, & Benton, 2003; Soet & Sevig, 2006). Many studies have analyzed changes in severity of client symptoms over time (e.g., Benton, Robertson, Tseng, Newton, & Benton, 2003; Hunt & Eisenberg, 2010). A preliminary literature search finds no studies that use contextual or qualitative methods to describe clients who experience rapid gains or rapid deterioration. **METHOD.** Clients at a large university counseling center routinely complete the 45-item Outcome Questionnaire (OQ; Lambert et al., 2004) before intake, at intake, and at each subsequent psychotherapy session. Rapid-gain sessions (see Tang and DeRubeis, 1991) and rapid-deterioration sessions occur among at least 16 percent of clients who eventually experience reliable and clinically significant improvement. In addition to completing the OQ, clients complete consent to treat documents and describe their reasons for seeking services. We are beginning our attempt to understand rapid-gains and rapid-deterioration clients by focusing on client responses to two, open-ended questions included among intake questionnaires over the past 16 years. The questions are, "What is the most pressing concern that brings you to the Counseling Center?" and, "What would you like to change?" Responses to these questions help clinicians prepare for the intake sessions. We have identified rapid-gains and rapid-deterioration cases from OQ scores in the treatment research archive, and are now using contextual analysis software to client responses to these two, open-ended questions among rapid-gains and rapid-deterioration clients. **RESULTS.** We have gathered 27,504 sets of responses to these two questions. Responses range from blanks to answers that are several paragraphs in length. Contextual analysis is underway. **DISCUSSION.** The results of this study may provide actionable information about client attitudes linked with rapid-gains and deterioration. By focusing on the client's own qualitative reasons for seeking counseling, we hope to better understand perspectives adopted by rapid-gains and rapid-deterioration clients at the outset of therapy.

Reverse Engineering and Validation of Psychotherapy: Therapists Differ In The Likelihood That Clients Will Experience Early, Rapid Change

David Erekson, Brigham Young University, Provo, USA; Taylor J. Anderson, Brigham Young University, Provo, USA; Liliana B. Bautista, Brigham Young University, Provo, USA; Stevan Lars Nielsen, Brigham Young University, Provo, USA

BACKGROUND AND OBJECTIVE. Session-by-session measurement of symptom scores provides a unique opportunity to investigate demonstrably effective treatment. Sessions associated with sudden gains and with sudden deteriorations offer particularly useful opportunities for understanding effective elements of therapy. We set out to examine likelihood that therapist effects were associated with early, rapid-gain and early, rapid-deterioration sessions. **METHOD.** Clients complete the 45-item Outcome Questionnaire (OQ; Lambert et al., 2004) prior to intake and subsequent sessions as a routine feature of treatment at a large, university counseling center. Assignment to therapists is essentially random. Video recording is available in all consultation rooms. Many sessions are, with client consent, recorded for training and research purposes. OQ scores of clients treated by 61 therapists who had treated 50 or more clients were reviewed for instances of early, rapid, reliable and clinically significant change. Data were available from 11,238 clients. Rapid, reliable, clinically significant change was defined as improvement or deterioration occurring from one session to the next that equaled or exceeded the OQ's reliable change index (RCI; Jacobson & Truax, 1991). Early change was defined as change occurring after the first or second session. Approximately 7,000 session-by-session OQ scores were available for the 60 therapists studied. **RESULTS.** Rapid gains and rapid deterioration sessions occurred most frequently early in therapy; neither occurred after session 17 in any of the 11,238 cases. Clients were significantly more likely to experience early, rapid gains if treated by some therapists and significantly more likely to experience early, rapid deterioration if treated by other therapists. Clients treated by eight therapists were particularly likely to experience early, rapid gains and particularly unlikely to experience early, rapid deterioration--none of these eight therapists' clients experienced rapid deterioration. Clients treated by six therapists were

disproportionately likely to experience early, rapid deterioration and disproportionately unlikely to experience rapid gains--none of these six therapists' clients experienced rapid gains. **DISCUSSION.** Detection of rapid change is feasible. Rapid change sessions are detectable early in treatment, offering an opportunity to enhance outcomes for therapists. Therapists whose clients are disproportionately likely to experience early, rapid gains are a valuable resource of studying frequently occurring, demonstrably effective psychotherapy. Clients who will consent to recording of their sessions for research purposes can be assigned to therapists who are most associated with early, rapid gains, and recordings of their sessions can become the source for reverse engineering of demonstrably effective--validated--psychotherapy.

Reverse Validation of Homework Effects: Comparison of Rapid-Gain and Rapid-Deterioration Sessions

Dianne L. Nielsen, Brigham Young University, Provo, USA; Devin Petersen, Brigham Young University, Provo, USA; Spencer Ford, Brown University, Providence, USA; Abish S. Lai, Brigham Young University, Provo, USA; Bradyn T. Fairclough, Brigham Young University, Provo, USA; Heather A. Lagrosa, Brigham Young University, Provo, USA; Trevor D. Boulter, Brigham Young University, Provo, USA; Jacob C. Parker, Brigham Young University, Provo, USA

BACKGROUND AND OBJECTIVE. Session-by-session measurement of symptom scores provides an opportunity to isolate demonstrably effective treatment. Sessions associated with sudden gains and with sudden deteriorations offer particularly useful opportunities for understanding effective therapy. We set out investigate between session assignments -- homework. **METHOD.** Clients at a large university counseling center routinely complete the 45-item Outcome Questionnaire (OQ; Lambert et al., 2004) before intake and before each subsequent psychotherapy session. We looked for sudden-gain sessions (see Tang and DeRubeis, 1991) and sudden-deterioration sessions, defined as instances of session-to-session improvement or deterioration that exceed the reliable change margin for the OQ. Video recording of sessions is routinely conducted for purposes of supervision and research. Over a two-year period, session-by-session OQs were examined for rapid gains and rapid deteriorations. Recordings of sessions preceding and following rapid gains and rapid deteriorations were sought. Session recordings were available before and after 86 rapid-gains sessions and before and after 42 rapid-deterioration sessions. These recordings were examined for a variable that has been hypothesized by other researchers to be associated with positive change in therapy, between-session homework. Rapid-gain and rapid-deterioration cases were examined and compared for 6 homework events: whether homework was assigned; whether homework included written materials; for specifics of homework assignments; for client questions about homework; for client expressions of acceptance of homework; and for homework follow-up. Ten, undergraduate psychology students were trained in watching and coding sessions for these features of homework. **RESULTS.** Sudden improvements were evident after 14.2% of sessions; sudden deteriorations were evident for 12.3% of sessions. Approximately 16% of clients experienced rapid gains that were then maintained to reliable and clinically significant improvement. Among the six features of homework examined, follow-up about homework assignments differentiated rapid-gain from rapid-deterioration sessions. Clients were equally likely to follow-up on homework, often reminding therapists of homework assignments. **DISCUSSION.** Training in coding of sessions for the six homework factors was straight forward, though coding of sessions was more difficult. Following up about homework was the best predictor of rapid gain sessions. Study of encouraging between-session assignments would be a next logical step in validating the role of homework in encouraging rapid gains.

Brief Paper Session

Quantitative & Qualitative Method

Patients' perspectives on trauma-specific imaginative techniques for PTSD - a qualitative study

Lena Horsch, Heidelberg University, Germany; Anne Schöckel, Heidelberg University, Germany; Christoph Nikendei, University of Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Johannes Ehrental, University Hospital, Heidelberg, Germany

Background: Trauma-specific imaginative techniques are a commonly used element in the treatment of PTSD and dissociative disorders in Germany. As a manualized treatment approach (Wöller et al., 2012) they aim at helping patients to improve their ability to control intrusive memories and overwhelming emotions. In addition, they aim to increase self-regulatory capacity. While some studies provide preliminary evidence for its effectiveness, there is a lack of knowledge with respect to the patients' perspective on the approach. Aim: The objective of this study was to explore how patients experience and make use of trauma-specific imaginative techniques in daily practice. Furthermore we explored challenges with regard to learning and implementing these techniques. Methods: We interviewed 12 patients during a multimodal inpatient psychotherapeutic treatment that puts a strong emphasis on trauma-specific imaginative techniques. Data were transcribed and analyzed using qualitative content analysis (Mayring, 2015). Results: Patients make use of trauma-specific imaginative techniques in different ways: Partly to manage trauma specific symptoms as intended, but also to handle other difficult situations and emotions. Specific problems in the implementation of the techniques into daily life were also extracted. Discussion: From the patients' perspective, trauma-specific imaginative techniques are generally perceived as helpful for management of PTSD-symptoms, but also other emotional challenges. The results are discussed within the context of models of childhood trauma, personality structure, and psychic trauma, and with regard to implications in routine practice.

Analysing therapy talk with qualitative methods

Andreas Vossler, The Open University, UK; Naomi Moller, The Open University, UK
Research on clinical practice is dominated by a focus on therapy outcomes, data collected outside the therapy room through self-report instruments, and quantitative analysis. However in order to advance practice there is a need for a focus also on process aspects of practice and in particular on the core data of therapy -- the verbal interaction between client and therapist. While there are some well known coding systems which have been developed for analysis of therapy transcripts (e.g. 'Narrative Process Coding System', Angus et al. 2012), these coding systems are, by and large, complex to learn, time-consuming to apply in research practice, and often tied to a particular conceptual framework. In this context qualitative methods offer particular promise (Vossler & Moller, 2014). Qualitative approaches have been used to analyse a wide range of data generated in various contexts, including the type of naturalistic data generated in clinical practice (Braun & Clarke, 2013). However to date much qualitative research in counselling and psychotherapy is also focussed on data collected outside of therapy. With the exception of a tradition of Conversation Analysis (e.g. Peräkylä et al., 2008), thus far therapy transcripts have not been widely examined. One potential reason is a lack of knowledge about how to apply qualitative methods to transcripts. The paper will thus provide suggestions about how to use existing qualitative approaches such as thematic analysis and IPA, as well as discussing both the advantages and potential methodological challenges of a qualitative approach to researching therapy talk.

Therapeutic Interaction Structures and Referential Process: a single case study

Laura Bonalume, University of Milan, Italy; Ingrid Erhardt, University of Kassel; Attà Negri, University of Bergamo, Italy

According to a constructionist approach for psychotherapy research, the complex phenomena of therapeutic relationship should be analyzed with an integration of process research and micro level analysis of the sessions. The present single-case study was design to show the usefulness of a combination of process analysis with the Jones' Psychotherapy Process Q-Set (PQS; Jones, 1980) and the Italian Weighted Referential Activity Dictionary (IWRAD; Bucci, Maskit & Mariani, 2013). The aims were to assess the interaction structures of therapeutic dyads, as defined by Jones' theory of therapeutic action, and the three phases - Arousal, Symbolizing and Reorganizing -- of the referential process, described by Bucci. The analysis focused on the transcripts of 15 sessions, three for each of the a five years of face-to-face psychodynamic-oriented psychotherapy. All transcripts were rated with PQS items and processed by the Italian Discourse Attributes Analysis Program, obtaining the computerized linguistic measures of the referential process: Positive Affects, Negative Affects, Neutral Affects, Reflection, Disfluency, Referential Activity. We selected the "best" and "worst" sessions, according to level of Referential Activity, and then the most characteristic items of PQS in these

two sessions. Finally we correlated the selected PQS items and the level of Referential Activity in all sessions of the process. Preliminary analysis reveal that in the "best" session many PQS items concern the therapeutic relationship; otherwise the "worst" session deals much more with the recent experiences, and self concept. Referential activity in all sessions is correlated with tact of the therapist, focusing on here and now and the expression of feelings of the therapist. The data analysis is in process. All results will be presented.

Toward a better understanding of psychotherapy outcome assessment: congruence between instruments, measures of change, and raters

Sarah Bloch-Elkouby, Adelphi University, New York, USA; Christopher J. Muran, Adelphi University, New York, USA; Bernard Gorman, Adelphi University, New York, USA; Jeremy D. Safran, New School University, New York, USA; Catherine F. Eubanks, Yeshiva University, USA

Aim: One of the most prominent achievements imputable to the field probably stands in the vast body of literature demonstrating the efficacy of psychotherapy for a variety of diagnoses. And yet, a closer look at the literature shows that some foundational questions such as defining outcome, and establishing the best way to assess it have not yielded extensive literature. In order to fill in this gap, this study will perform a multi-dimensional assessment of outcome, examine the relationship between the measures, the raters, as well as compare statistical approaches to determine change. Method: A Multi-Trait Multi-Method Matrix will be attempted to assess three sets of correlations: 1) the correlation between the SCL-90 (patient-rated), GAS(therapist-rated), IIP-32 (patient- and therapist-rated) TC (patient- and therapist-rated); 2) the correlation between the patient-rated vs. therapist-rated measures; and 3) the correlation between the following change measures: change scores, residualized gain scores, RCI, clinical significance and PI. Results: TBA. Hypotheses will not be formulated given the dearth or inconsistency of current empirical literature on the matters examined. Discussion: We will discuss the clinical and research implications of the findings.

Client Outcomes for Key Client Problem Presentations in a Practice-Based Research Protocol

Robert Elliott, University of Strathclyde, Glasgow, UK; Susan Stephen, University of Strathclyde, Glasgow, UK; Lloyd Chen, University of Strathclyde, Glasgow, UK; Katharine Miller-Cole, University of Strathclyde, Glasgow, UK; Adrienne Ayre, University of Strathclyde, Glasgow, UK; Elizabeth Riddell, University of Strathclyde, Glasgow, UK; Victoria Hagman, University of Strathclyde, Glasgow, UK

Aim: The Personal Questionnaire (PQ) is an evidence-based client-generated individualized outcome measure. In the present study, a new method for categorizing PQ items (client problem statements) was developed and used to distinguish between different groups of clients. Methods: Using a data set of clients seen in a research clinic by trainee person-centred counselors, sets of PQ items (consisting of roughly 10 problem statements), were analyzed using a new content analysis measure, including (in order of frequency): Self-related, Interpersonal, Emotional Processing, Depression, Stress/Anxiety, Life-functioning, Trauma, and Self-Damaging. Results: Based on analyses of 150 clients, interrater alpha reliabilities ranged between .76 and .93. Next, we devised a method for classifying main client problem presentation based on patterns of multiple PQ items. Pre-post outcomes for these client presentation types were then analyzed for a pilot sample of the first 50 clients (SMD = 1.31) and for the most common client presentation types, with generally comparable results. The exception was clients presenting with Emotion Processing Difficulties (n = 12), who showed a substantially smaller SMD of .76. Finally, we found no significant differences in PQ content patterns for clients who completed 3 or more sessions (completers) vs those who had less than 3 sessions (early enders). Discussion: Main presenting problem, assessed by the PQ item content, appears to be a promising alternative to standard diagnostic categories for defining client subpopulations for which Person-Centred-Experiential psychotherapy may be effective.

Implementation of routine outcome measurement in Uruguay

Denisse Dogmanas, Universidad de la República, Uruguay
Uruguay has recently implemented psychotherapy and other psychological

interventions in the National Health System. Mental health services routinely collect demographic and clinical data to some extent, but the use of outcome measures is not mandatory yet. The government has announced the intention to start with the implementation of routine outcome measurement (ROM) using an outcome measure. Due to clinician engagement relevance, understanding clinicians' attitudes towards ROM in clinical practice may help identify obstacles and challenges for the implementation stage. This study is the first in Uruguay to examine the feasibility of incorporating outcome measures in mental health services. Methods: 22 clinicians from mental health outpatient services and a psychiatric hospital participated in a pilot study using HoNOS (Health of the Nation Outcome Scales) and completed a questionnaire that assessed their general attitudes towards ROM and specific attitudes related to HoNOS. Results will be discussed along with their implication for the future implementation of routine outcome assessment in clinical practice at a national level in Uruguay.

Brief Paper Session

alliance & interpersonal process

Alliance & Interpersonal Process

Listening to Silence: Therapists' and Patients' perspectives of Silence regulatory function in psychotherapy process

Marcela Guzmán, Universidad de Chile, Santiago; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile

Silence has been one of the nonverbal aspects with fewer empirical researches in psychotherapy (e.g. Frankel & Levitt, 2008; Levitt, 1998, 2001, 2002). The researchers have concluded that silence is a complex, polysemic, cultural and heterogeneous phenomenon, and that is multifunctional depending on the patient-therapist interactive context (e.g. Hill, Thompson, & Ladany, 2003; Frankel & Levitt, 2008; Stringer, Levitt, Berman & Mathews, 2010). Therefore, it has been concluded the importance of silence for the description and comprehension of the psychotherapeutic process, specifically its underlying regulatory functions (Holtz, 2003; Beebe, 2006) between therapist and patient. Mutual regulation concerns relational dynamics, in which therapist and patient, moment-by-moment, are coordinated or uncoordinated in verbal and nonverbal channels of communication (Beebe & Lachmann, 1998; Bänninger-Huber & Widmer, 1999; Tomicic, et al., 2009). In that way of understanding, psychotherapy is a co-constructed space between therapist and patient, that also is a cultural practice (Willig, 2008) with specific "rules" of interaction between participants (Martínez et al, 2014). However, the existing studies about silence just consider one perspective of one the actors in psychotherapy context, looking for therapists' or patients' experiences, ideas, feelings, etc. Despite this studies are methodologically rigorous and have made an important contribution to the understanding of psychotherapy process, it is required to create a new study that includes both perspectives, therapists' and patients', with an interactive outlook, giving a greater importance to regulatory process in an specific cultural context. This study seeks to address the possible different categories of silence in therapeutic interaction, both from therapist' and patient' perspectives, considering psychotherapy as a co-constructed meeting space. Semi-structured interviews were conducted with therapists (16), some based in a guiding script, and another with Interpersonal Process Recall interviews. Patients (8) participated in semi-structured interviews, based in a guiding script (IPR were not conducted here). The main objective were to address ideas, emotions and feelings, experiences, learnings, functions, etc. about and with silence in psychotherapy process. All interviews were analyzed using the open coding procedure of the Grounded Theory (Strauss and Corbin, 2002) with the purpose of identify and depict emergent types of silence within the psychotherapeutic context, creating two major categories, one for therapists' silence and another to patients' silence. The implications of these results for the understanding of the psychotherapeutic process and for the next steps of this line of research are discussed.

Alliance and therapist adherence: development, bidirectional associations, and relation with treatment outcomes in systemic therapy for antisocial adolescents

Aurelie M. C. Lange, de Viersprong, Institute for personality disorders and behavioral problems; Rachel E. A. van der Rijken, de Viersprong, Institute for personality disorders and behavioral problems; Jan J.V. Busschbach, Erasmus University Medical Center,

Rotterdam, Netherlands; Marc J.M.H. Delsing, Radboud University, Nijmegen, Netherlands; Ron H.J. Scholte, Radboud University, Nijmegen, Netherlands
Aim: Although the relevance of alliance for effective psychotherapy is generally acknowledged, its development during therapy is less well understood, especially within family- and system therapy. In addition, not much is known about the relative contribution of alliance versus therapist adherence, as these variables have rarely been studied at the same time. The current study assessed the development and bidirectional associations of alliance and therapist adherence over the course of an evidence-based systemic therapy for antisocial adolescents. This study will also investigate how alliance and adherence predict short-term and long term-treatment outcomes. Methods: We studied around 2,000 adolescents and their families participating in Multisystemic Therapy (MST). A number of client characteristics were included as moderators. Alliance and therapist adherence were scored at monthly intervals by the primary caregiver. The primary caregiver also completed one scale of the Child Behavior Checklist (CBCL), and rated three ultimate outcomes, which were all assessed at the end of treatment, and at six, twelve, and eighteen months post-treatment. Results: Preliminary results showed that alliance predicted therapist adherence one month later, and vice-versa. Both alliance and adherence showed a quadratic slope, increasing sharply at the start of therapy and stabilising as treatment progressed. We hypothesise that alliance and adherence will relate to positive treatment outcomes. As statistical analyses are still in progress, these results will be presented during the conference. Conclusions: The first results suggest that alliance and therapist adherence reinforce one another. We await further results to see how these processes relate to treatment outcome.

Reorganization of the Object Relations in Psychotherapy: The Function of Relational Play Matrix between the Therapist and the Patient

Pelin Elitok, İstanbul Bilgi University; Sibel Halfon, Bilgi University, Turkey
Aim: "Psychotherapy takes place in the overlap of two areas of playing, that of the patient and the therapist" (Winnicott, 1971). The play activity of the child is a communication to the therapist of his subjective self-experience in relation to others which gets reorganized within the relational play matrix between the therapist and the patient (Schaefer & Kaduson, 2007; Baranger, 2008). This study will investigate the association between relationship qualities enacted in play and the development of new object relations in time through an empirical investigation of three single case studies. Method & Analyses: Data was collected as part of a naturalistic process-outcome study of psychodynamic play therapy with children conducted at Bilgi University Psychological Center. Children received the Child Behavior Checklist and Children's Global Assessment Scale at intake and termination. Three 5-year-old male patients with externalizing problems, were selected and their therapy sessions selected from the beginning, mid and late sessions of psychotherapy process (17 sessions for first patient, 14 sessions for second and 13 sessions for another) were recorded and transcribed. All sessions coded using the Children's Play Therapy Instrument (CPTI; Kernberg, Chazan and Normandin, 2004). Same sessions were coded with the Core Conflictual Relationship Method (CCRT; Luborsky, 1990) for identifying interpersonal relationship themes in play. It was expected that the capacity to form complex social representations in play (triadic or oedipal relationships in play roles as well as a cooperative relationship with the therapist as assessed by the CPTI) would be related to changes in interpersonal representations as assessed by CCRT and improved functioning on socio-emotional measures (assessed by Teacher Rating Scale Adaptive Functioning). Results: Preliminary results indicated significant growth in trend curve analyses on complex relational capacity in play for all three children. Also, results showed that CCRT patterns are more frequent in mid sessions than beginning and late sessions. Preliminary correlational analyses across sessions showed that increase in complex relational capacity on CPTI and change in therapy process was associated with increase in the frequency of CCRT. Discussion: Results supported that forming a complex relational capacity in play and increase in understanding and autonomous self-other representations is associated with successful therapeutic outcomes.

Therapist Effect: Honesty, Playfulness, Creativity, and Humor as predictors of successful therapy.

Refael Yonatan Leus, Hebrew University, Jerusalem, Israel
Objective: The observation that some therapists are consistently more successful than

others has been validated by an ever-growing body of research. Nevertheless, little is known regarding the differences in the variance explained by therapist across different time points in the therapy, nor about the characteristics that set apart the more and less successful therapists. In this study, I examine several positive components of the therapist's own mental health: honesty, playfulness, creativity, and humor, to examine their pertinence for effective therapy. Method: Data were drawn from a previous study (Wiseman & Tishby, 2014) and contained a sample of 25 therapists who met with 67 clients for extensive dynamic therapy at a university counseling center in Israel. In that study, patients were assessed at 5 time points in the course of psychodynamic therapy using standard outcome measures. In the current study, therapists were contacted retrospectively and asked to complete the Honesty and Humility Questionnaire (HEXACO-H), Humor Styles Questionnaire (HSQ), Playfulness Scale for Adults (PSA), and a creativity task. The chosen analytic strategy is multilevel modeling while therapists considered as random factor. The analysis will focus first on the rate of the variability in outcomes explained by the therapist's level (ICC) during the therapy and overall. Secondly on honesty, playfulness, creativity, and humor as predictors of therapist efficacy. Results will be presented together with a discussion regarding possible implications for the selection and training of therapists.

On the Ethical Tension between Respect for Autonomy and Beneficence in Psychotherapy

Hadar Eini, University of Haifa

In this presentation, we report on the attitudes of therapists and laypersons on psychotherapists' behaviors when confronted with potential conflict between respect for client autonomy and beneficence in psychotherapy. Of the 251 participants, (126 therapists) all completed measures assessing appropriate therapist intervention at varying levels of client risky behavior, the degree of their support for patient autonomy and therapist intervention, and the impact of client condition on evaluation of appropriate therapist conduct. Therapists also gave narrative description of personal experience of tension between the principles in their clinical work. Laypersons attributed less autonomy and advocated greater therapist activity than did therapists. The incongruence of perception and expectation between the groups has implications for the ethics and praxis of psychotherapy.

Therapist Recognition of Alliance Ruptures as Moderator of Ruptures' Effects on Alliance and Symptoms in the Next Session

Roei Chen, Bar-Ilan University, Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Eshkol Rafaeli, Bar Ilan University; Dana Atzil-Slonim, Bar Ilan University, Ramat-Gan, Israel

Therapist recognition of alliance ruptures may help determine whether such ruptures prove beneficial or obstructive to the therapy process. This study investigates the associations between therapists' recognition of alliance ruptures on the one hand, and changes in clients' alliance ratings and symptom reports subsequent to ruptures on the other, using time series data in naturalistic treatment setting. Eighty four clients treated by 56 therapists completed alliance measures after each session, while clients also completed symptom measures at the beginning of each session. Results showed that therapists' recognition of alliance rupture positively moderated their effect on alliance ratings in the following session. Results also showed marginal effect for symptom ratings. That is, therapists' recognition of alliance ruptures abolished ruptures' negative effect on clients' symptoms ratings in the following session. Limitations and implications of this study are presented.

Brief Paper Session

Alliance & Interpersonal Process

Patient's baseline level self-concealment, development of the therapeutic alliance, and outcome trajectories in short-term psychotherapy

Alex Behn, Pontificia Universidad Católica de Chile, Santiago; Paula Errázuriz, Pontificia Universidad Católica de Chile, Santiago; Sergio Gloger, Millennium Institute for Research in Depression and Personality

The relationship between self-concealment, therapeutic alliance and treatment outcome has been addressed in multiple studies, typically using a correlational

approach. The present prospective study looks at the relationship between patient's baseline levels of self-concealment (self-concealments scale) and session-to-session measures of therapeutic alliance (measured with the WAI) and treatment progress (measured with the OQ-30) in a sample of 547 short-term psychotherapy patients. The data is analyzed using a parallel process growth curve model using baseline level of self-concealment as a baseline covariate and modeling growth trajectories of therapeutic alliance and psychological functioning. Results show that patients with higher levels of baseline self reported self-concealment have on average higher pre-treatment levels of psychological dysfunction (OQ-30 intercept) as well as slower rates of session-to-session improvement (OQ-30 slope). Similarly, higher baseline levels of self-concealment are statistically related to lower initial ratings of the therapeutic alliance (WAI intercept). However, initial ratings of self-concealment are not statistically related to session-to-session change in the therapeutic alliance (WAI slope). This last finding is somewhat counter-intuitive since a reasonable model would suggest that patients who tend to conceal aspects of their internal world will have more difficulties developing productive working alliances with their therapists. Findings suggest that even though "self-concealers" have on average lower initial ratings of the therapeutic alliance, this does not necessarily influence the development of the alliance throughout the treatment nor does it affect the relationship between outcome and alliance. A significant relationship between rate of change of the OQ-30 and the WAI was observed, and this relationship was explored using a time-lagged regression scheme to develop causal-inferences regarding the empirical relationship between these two variables. Clinical and theoretical implications of these findings are discussed.

Perfectionism and Negative Impact on Therapy Alliance and Outcome

Paul Louis Hewitt, University of British Columbia, Vancouver, Canada; Marie Habke, University of British Columbia, Vancouver, Canada; Joanne Zhou, University of British; Charlie Deng, University of Briti; Samuel Mikail, Sunlife Financial; Gordon Flett, York University, Canada

Perfectionistic attitudes have been shown in past work to have a deleterious effect on both psychotherapy process and outcome in group treatment for depression (e.g., Zuroff, Blatt et al., 2000). Based on our Perfectionism Social Disconnection Model (Hewitt et al., 2006; 2015), we have proposed, that perfectionism (i.e., a broad personality variables that includes perfectionism traits, perfectionistic self-presentation, and perfectionism cognitions; Hewitt & Flett, 1991, 2003) although driven by inordinate needs to be accepted and not be rejected, results in others' negative reactions to the perfectionistic individual that produces alienating social disconnection. We have recently assessed this model in the context of the therapeutic alliance in individual and group psychotherapy in order to try to determine not only the extent of the deleterious effects in therapy but also the mechanisms involved. In this presentation we will present findings from three clinical studies in which we assessed whether patients' perfectionistic behaviour:(1) Predicted negative attitudes toward and fears of engaging in psychotherapy in a community sample of participants. In addition a subsample who had sought therapy in the past completed ratings of specific positive and negative therapy experiences;(2) Predicted negative ratings of patients by therapists during a first clinical interview. Therapists conducted 90 initial clinical interviews of psychiatric patients seeking treatment and completed ratings of the patients including ratings of likeableness of patient, desirableness as a psychotherapy patient, and patient's potential to benefit from treatment. We also assessed whether the association between perfectionism and negative ratings of liking or benefiting were mediated by various other patient characteristics. (3)

Predicted negative benefit from group psychotherapy and negative impact on various process issues (e.g., disclosures) affecting the therapeutic alliance and outcome. This is a further analysis of the treatment outcome study of perfectionism by Hewitt et al. (2015b). Overall the results of the three studies provide compelling evidence of the deleterious effects of specific perfectionistic components and sheds light on how perfectionism negatively influences psychotherapy process and outcome.

Therapeutic interaction with a borderline patient in psychoanalytic psychotherapy

Silvia Pereira da Cruz Benetti, Universidade do Vale do Rio dos Sinos; Suzana C. Nardi, Universidade do Vale do Rio dos Sinos; Nathália B. Silva, Universidade do Vale do Rio dos Sinos; Aline Bittencourt, Universidade do Vale do Rio dos Sinos

The investigation of the interaction structures or the repetitive patterns of interactions between patient and therapist that emerge during psychotherapy allows the understanding of the therapeutic action over time. The objective of this study was to identify the interaction structures that characterized the first six months of psychoanalytic psychotherapy of a patient with borderline personality disorder. By the end of this period of treatment, the patient experienced a crisis that led to her hospitalization followed by her return to therapy. A preliminary analysis of thirty-seven videotaped sessions were coded using the Psychotherapy Q-Set. The factor analysis generated four factors: (F1) psychodynamic technique, collaborative patient; (F2) reassuring therapist, collaborative patient; (F3) confident therapist, introverted patient; (F4) directive/supportive therapist, emotional/dependent patient. The correlation of the four interaction structures over time indicated that (F4) directive therapist and emotional/dependent patient was more characteristic at the final sessions of treatment. This pattern of interaction indicates the change of therapeutic interventions during crisis as an answer to the patient's emotional experiences. In this case, the adoption by the therapist of a more directive stance while maintaining an empathic posture in the interaction with the patient can be an important tool to avoid therapy disruption when facing patient's emotional crisis.

Associations between patient personality and symptomatology and countertransference in psychodynamic psychotherapy

Livia Fração Sanchez, Universidade do Vale do Rio dos Sinos - UNISINOS; Aline Bittencourt, Universidade do Vale do Rio dos Sinos; Vitória Ferraro, Universidade do Vale do Rio dos Sinos - UNISINOS; Vitória Waikamp, Universidade do Vale do Rio dos Sinos - UNISINOS; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos - UNISINOS

The countertransference presents an important role on therapeutic process since it can directly affect psychotherapy results. However, literature on countertransference reactions to patient's personality and symptoms still is mainly anecdotal. The aim of this study is to examine possible associations between personality organization, psychopathological symptoms and countertransference. The study is derived from a cross-sectional study that focuses on the impact of borderline personality organization in psychoanalytic clinical practice. The study is on progress. Participants are being recruited in psychoanalytic-oriented clinics in Porto Alegre -- Brazil. The therapeutic dyad is being assessed between the fourth and fifth therapy sessions. Patients answered the Borderline Personality Inventory (BPI) and the Brief Symptom Inventory (BSI); Therapist answered the Countertransference Evaluation Scale (CTES). Preliminary analysis conducted with a sample of 72 dyads suggests positive correlation between patient's identity diffusion and therapist's distance. Therapist's distance is also associated with many symptoms and psychological distress. In addition, patient's somatization is associated with therapist's indifference. Subsequent analysis will be conducted with a larger sample to verify which patient's variables are predictors of therapist emotional specific reactions.

Therapeutic Alliance, Opinion about Treatment, and Adherence in an RCT comparing Cognitive Behavioral Therapy and Systemic Therapy for Social Anxiety Disorder

Anna Sandmeir, Heidelberg University, Germany; Christina Hunger, Heidelberg University, Germany; Anastasia Kornely, University of Mainz, Germany; Katrin Fuchs, Heidelberg; Jochen Schweitzer, Heidelberg University, Germany

Aim: The aim of this study to shed light on moderating and mediating variables - Therapeutic Alliance, Opinion about treatment, and Adherence -- that influence clinical outcome. Methods: This study is part of a prospective, open, balanced bi-centric explanatory RCT in which 32 patients with a primary SCID-diagnosis of social anxiety disorder were randomized either to manualized Cognitive Behavioral Therapy (CBT) or Systemic Therapy (ST). Therapeutic Alliance is measured with the Session Rating Scale, Opinion About Treatment with an adapted version of the Opinion About Treatment Scale, Adherence is measured via therapists' self-rating after each session (CBT). Additionally, we will ask therapists about how manualization of therapy influenced their establishment of a therapeutic alliance/therapeutic relationship. Results: Preliminary results show differences between CBT and ST with respect to therapeutic alliance and opinion about treatment. They also point to the prediction of therapeutic alliance by therapists' manual adherence. Discussion: It will be discussed how these

findings can contribute to untangling specific effects from general effects in CBT and ST. Limitations of the study and further directions for research will also be addressed.

Is there an "objective" countertransference?

Hanne-Sofie Dahl, University of Oslo, Norway

(Temporary abstract) This presentation focuses on "objective countertransference", that is therapists' countertransference to patients with specific diagnoses. Data was drawn from the FEST study (Hoglund 2014). Analysis was conducted for each therapist, using ipsative values rather than normal values.

Brief Paper Session

Alliance & Interpersonal Process

Patient's past relationships, psychopathology, and intrapsychic variables as predictors of early working alliance in psychodynamic psychotherapy

Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos - UNISINOS;

Carolina P. Lima, Universidade do Vale do Rio dos Sinos - UNISINOS; Gibson J.

Weydmann, Universidade do Vale do Rio dos Sinos - UNISINOS; Daniel A. da Cruz,

Universidade do Vale do Rio dos Sinos - UNISINOS

The working alliance is a key component to psychotherapy process and results, which enables the therapeutic dyad to work collaboratively to achieve therapeutic goals. Research has consistently shown that a strong alliance early in therapy predicts successful outcomes. Therefore, identifying patient's factors that might affect the development and maintenance of working alliance is essential for planning psychotherapy interventions. Aim: This ongoing study aims to examine the effects of past relationships with parents, symptoms, and personality functioning on early working alliance of adult patient's receiving psychodynamic psychotherapy in training center located in Porto Alegre, Brazil. Method: The study is in progress. All patients initiating therapy, over a period of one year, are being recruited. Participants completed self-rated measures between the 4th and the 5th session of the treatment: Working Alliance (WAI), Parental bonding Instrument (PBI), Inventory of Personality Organization (IPO), and Defense Style Questionnaire (DSQ-40) Results: Preliminary analysis were done with a sample of 83 patients to examine the simple relations between variables in order to estimate potential predictors. Results suggests that past relationship with mother (care and overprotection), symptoms and primitive defenses are potential predictors of early working alliance. Further explanatory analysis will be conducted with larger sample using multiple regression analysis. These results will be presented and discussed at the conference.

In-session therapists' countertransference in less successful versus more successful psychotherapy cases

Jairo Nelson Fuertes, Adelphi University, New York, USA; Arielle Toporovsky, Adelphi University, New York, USA; Mariela Reyes, Adelphi University, New York, USA; Alberto Manzi, Mercy College

This study is a follow up examination in our program of research where we examined the development of countertransference in several clinical dyads over the course of these dyads' treatment. While our previous analyses examined changes in countertransference between quarters of treatment (i.e. chunks of sessions combined), our current analyses examine within session manifestations of countertransference for therapists who had both less successful and more successful cases. These cases were being treated during the same period of time at the same site by therapists with similar levels of training and similar theoretical/technical approaches to treatment. We examine sessions where positive and negative countertransference peaked and plummeted, to better explain the role of countertransference in treatment outcome. Our previous results indicate that despite the fact that when averaged across all quarters of treatment overall levels of both positive and negative countertransference were about the same for both less successful and more successful cases, the patterns in the flow of countertransference differed. In more successful cases the levels of countertransference remained about the same through out the quarters of treatment, where as in less successful cases there were appreciable increases in positive countertransference early in treatment but also appreciable declines in positive countertransference later in the work. Our

data also include ratings from both clients and therapists with respect to ratings of quality of sessions and outcome, and these ratings are examined and presented. The ratings of countertransference were made by trained outside observers, who listened to the tapes of the sessions and followed transcripts of the sessions. We will present evidence of intra-rater reliability in the manner in which these ratings were made by the observers. The paper will present an analysis of moment to moment interactions between therapists and clients, in order to elucidate which therapist interventions, client responses, relationship dynamics and content discussed seemed to precipitate, activate, and follow changes in therapist countertransference. This level of in-session moment to moment analysis is important in order to better understand the elusive nature of countertransference and its effect on the process and outcome of therapy.

Transference -- Countertransference in (Evidence-Based) Sex Therapy

Tal Peleg-Sagy, Beer-Sheva Mental Health Center and Ben-Gurion University of the Negev, Beer Sheva, Israel

Sex therapists help patients resolve sexual difficulties and experience healthier, fully-expressed sexuality with themselves and with others. In order to be effective, sex therapy must be evidence-based, aiming to treat the symptoms presented by the client. However, as sexuality is expansive and complicated (both for the clients as well as the sex therapists), this (evidence-based) therapy cannot be done without taking into account the psychodynamic view in general, and the transference-countertransference processes accompanying each therapeutic dyad (or sometimes, triad) in particular. After an introduction of sex therapy and of the PLISSIT model (Anon, 1976), I use a case study in order to demonstrate how awareness of transfer-countertransference processes helps overcome therapeutic bypasses in the therapy. I suggest an improved, integrative, PLISSIT conceptualization and possible implication of the use of dynamic understanding as part of evidence-based sex therapy.

The Therapist Effect: Humor as a Predictor of the Therapeutic Alliance

Mor Gelbard, Hebrew University, Jerusalem, Israel

Objective: The therapeutic alliance between the therapist and patient has been shown to be highly correlated with the therapeutic outcome. Yet, less is known about what makes a good therapeutic alliance. Research has found that effective therapists have a sophisticated set of interpersonal skills. The purpose of the present study is to assess the therapist contribution to the alliance variability, and to examine the therapists' humor styles as predictors of that alliance. Method: Data was drawn from a previous study (Wiseman & Tishby, 2014), and contained a sample of 25 therapists who saw 67 clients at a university counseling center in Israel. Both therapists and clients completed the Working Alliance Inventory (WAI) across 3 time points (early, middle and late sessions). The therapists were contacted retrospectively and asked to complete the Humor Styles Questionnaire (HSQ), which assesses four dimensions of humor -- two adaptive styles (self-enhancing and affiliative) and two mal-adaptive styles (aggressive and self-defeating). Data will be analyzed using multilevel modeling. Results will be discussed with optional implications for training of clinicians.

Brief Paper Session

Alliance & Interpersonal Process

Conception, representation and perception of the therapeutic alliance in an interpreter mediated bilingual psychotherapeutic setting

ABDELHAK ELGHEZOUANI, Association APPARTENANCES (SUISSE)

Perceptions and representations between client and therapist may diverge dramatically in intercultural psychotherapeutic encounters. Our field of study is psychotherapy mediated by an interpreter. In this latter case what could be the influence and the role of the interpreter in reducing or increasing or even changing this discrepancy? In a pilot research, we chose to study the conception, the representation and the perception of the therapeutic alliance between clients, psychotherapists and interpreters in bilingual psychotherapies. We assume that the interpreter's conception, representation and perception of the therapeutic alliance will represent the "critical link" between the respective conception, representation and perception of the client and of the psychotherapist. Even though therapeutic alliance is

now known as the most important element to determine the therapy success not much is known about it's nature and it's role in a triadic bilingual setting where therapist and client interact thanks to an interpreter. We developed a questionnaire given to all participants (clients, therapists and interpreters) which measures (1) the different representations associated with the notion of therapeutic alliance, and (2) the level of alliance between the three participant of the triad, measure by dyads (meaning two by two). Clients were 49, from Albanese, Bosnian, Arab, Turkish origins. Therapists where 8 and interpreters where 12. Results showed that the three groups give different meaning to the alliance based on quality of the relationship and ethics for the therapists; based on assistance, involvement and concrete change for the clients. The interpreters stand in-between. Moreover, therapist tend to evaluate the level of their alliance differently than the clients and the interpreters. The mediating role of the interpreters in the construction of the therapeutic alliance in cross cultural setting is discussed.

Unique Characteristics of Working Alliance in Relation to Client's Subjective Evaluation of the Outcomes of a Separate Session of Gestalt Therapy

Marina Aralova, Southern Federal University, Russia; Illia Mstibovskyi, Southern Regional Gestalt Institute, Russia

The aim was to study client's subjective evaluation of the outcomes of a separate Gestalt therapy session and the unique characteristics of working alliance, as well as to identify interconnections between them. Objectives: (1) To develop an instrument to assess client's subjective evaluation of the outcomes of a separate session; (2) To methodologically substantiate and to identify interconnections between the unique characteristics of working alliance and the outcomes of a separate Gestalt therapy session. Methods: Use of Working Alliance Inventory (WAI) for client and therapist. Unconstrained self-description by the client of therapy session outcomes and application of content analysis to single out the main parameters for session evaluation. The subjective evaluations of clients are taken into an order scale. Use of statistical analysis and cluster analysis to identify interconnections between the unique characteristics of working alliance and the session outcomes. Results: 32 clients and 18 therapists participated in this pilot research. Content analysis we carried out showed 330 content analysis units, which could be divided into 8 categories describing session's outcome. Only 2 categories are consistent significantly with the characteristics given by the Working Alliance. In cluster analysis we received two groups with more and less successful sessions and different level of categories. Discussion: Currently, studies of psychotherapeutic efficacy focus more on the therapy outcomes in general than on the outcomes of a separate session. Client's perception of its outcomes and the quality of the working alliance seem to be important factors that characterize a successful therapy session.

Beyond therapeutic alliance: a qualitative analysis of positive and negative changes in therapeutic alliance

Naama Symonds, Hebrew University, Jerusalem, Israel

Aim: Currently, there is wealth of research on the therapeutic alliance and its relation to therapy outcome. Within the alliance literature there are studies that focus on patient and therapist characteristics associated with the alliance and on the development of the alliance throughout therapy. However, few studies have examined the specific ways in which the therapeutic alliance contributes to the process of change in psychotherapy. Such an understanding may have important implications for improving therapy outcome and for training therapists. The aim of this study is to identify interpersonal processes underlying the fluctuations of the alliance in the therapy hour. Method: The analysis will be based on eight subjects that completed 15-16 sessions of Supportive-Expressive short term psychotherapy (Luborsky, 1984). Sessions were video taped and various questioners were administered on a session by session basis. The WAI was administered before and after each session and differences in WAI scores were calculated. For this study, I will choose two sessions from each patient -- therapist dyad reflecting the largest positive and largest negative changes in therapeutic alliance, as rated by the patient. A total of 16 video taped sessions will be analysed qualitatively using a list of categories extracted from the literature on the therapeutic relationship as well as specific themes identified by objective observer. This will yield a group of relational categories which most affect changes in therapeutic relationship. Results: research is still in progress. Discussion: results will have an

implication for clinical practice and supervision. Keywords: therapeutic alliance, supportive-expressive short term psychotherapy, process, qualitative analysis.

Qualitative Analysis of Goals, Content and Effects of Immediate and Non-Immediate Therapist Self-Disclosure Interventions

Sharon Ziv-Beiman, Tel Aviv Yaffo Academic College Israel; Naama Shafran, University of Maryland, College Park, USA; Haim Omer, Tel Aviv University Israel; Neta Galansky-Galili, Tel Aviv University

Therapist's self disclosure has become a common intervention, across treatment orientations and modalities (Ziv-Beiman, 2013). Self disclosure statements are often classified into two main categories: immediate and non-immediate. Immediate self disclosure occurs when the therapist expresses feelings or thoughts regarding the client or treatment, as they occur in the session. Non-immediate self-disclosure occurs when the therapist shares with the client facts or experiences from outside of the therapy room. Most qualitative studies of self disclosure were based on interviews with clients or therapists after treatment has ended. In the present study, 12 audiotaped sessions of short term integrative psychotherapy were analyzed, and 62 self disclosure interventions were identified and coded, using Consensual Qualitative Research (CQR, Hill, 2005). 35 events were immediate self disclosures, and 27 events were non-immediate self disclosures. A comparison was made between immediate and non-immediate self disclosure statements. Results indicate that the two types of self disclosure statements differ in the content shared by therapists, the desired goals for which therapists initiated the interventions, and the consequences of the interventions, positive as well as negative. Implications for practice and study of self disclosure are discussed.

Brief Paper Session

Attachment & Development

Mentalizing during therapy sessions - what difference does it make?

Clara Möller, Linköping University, Stockholm, Sweden

The Relation Between Mentalization and Prosocial Behavior in the Play Therapy of a Boy with High-Functioning Autism Spectrum Disorder

Julia Claire Lynford, Long Island University Post; Geoffrey Goodman, Long Island University Post

While previous studies have linked intervention research with therapeutic process research, the future of intervention research lies in the combined study of specific interventions and their therapeutic processes in conjunction with assessments of personality and intervention outcomes. Relating both interaction structures and psychotherapy process prototypes with patient personality prototypes can inform clinicians which interventions can be most useful in producing a specific and desired outcome. The Child Psychotherapy Process Q-Set (CPQ) has been used to delineate four interaction structures present between a child and his or her therapist during a session as well as define psychotherapy process prototypes adhered to during a session (Goodman & Athey-Lloyd, 2011; Goodman, Reed, & Athey-Lloyd, 2015). Research using the California Child Q-Set (CCQ) has yielded distinct prototypes of child personality and disorder. Two hypotheses will be tested: 1) interaction structure 2 defined by the CPQ, "Helpful, mentalizing, confident therapist with expressive, comfortable, help-seeking child," will correlate more positively with the prosocial prototype of the CCQ than the other three interaction structures; and 2) based on the operationalization of the Reflective Functioning (RF) process prototype defined by the CPQ, the RF process prototype will correlate more positively with the prosocial prototype of the CCQ than the other three process prototypes. These two hypotheses will be tested on a two-year play therapy conducted with a 6-year-old boy diagnosed with high-functioning autism spectrum disorder. Results will indicate whether a treatment model that focuses on enhancement of mentalization facilitates prosocial behavior in children so diagnosed.

Simulation Modeling Analysis of Sequential Relations Among Therapeutic Alliance, Symptoms, and Adherence to Child-Centered Play Therapy Between a Child with Autism Spectrum Disorder and Two Therapists

Hyewon Chung, Chungnam National University; Geoff Goodman, Long Island University

Aim: This study aims to examine the sequential relations among a series of variables previously shown to affect psychotherapy process and outcome--TA (including ruptures and repairs), autism symptoms, and adherence to child-centered play therapy (CCPT). A two-year CCPT of a 6-year-old boy diagnosed with autism spectrum disorder was conducted weekly with two doctoral-student therapists for one year each consecutively in a university-based community mental health clinic. **Methods:** Sessions were video-recorded and coded using the Child Psychotherapy Process Q-Set (CPQ), a measure of the therapeutic alliance (TA), and an autism symptom measure. Sequential relations among these variables were examined using simulation modeling analysis (SMA). **Results:** In Therapist 1's treatment, results indicate that surprisingly, autism symptoms decreased three sessions after a rupture occurred in the therapeutic dyad. In Therapist 2's treatment, results indicate that adherence to CCPT process increased two weeks after a repair occurred in the therapeutic dyad. The TA decreased one week after autism symptoms increased. Finally, adherence to CCPT process decreased one week after autism symptoms increased. **Discussion:** The authors concluded that 1) sequential relations differ by therapist even though the child remains constant; 2) therapeutic ruptures can have a surprising effect on autism symptoms; and 3) changes in autism symptoms can precede as well as follow changes in process variables.

Studying the Effectiveness of a Storytelling/Story-Acting Activity on Ugandan Preschoolers' Theory of Mind and Emergent Literacy in Two Rural Ugandan Community Libraries

Geoff Goodman, Long Island University; Valeda F. Dent, Long Island University
Aim: This presentation describes a Fulbright-funded research project aimed at exploring the impact of the rural village library in Uganda on preschool children's school readiness skills related to theory of mind and emergent literacy. Using two rural village libraries in Uganda (Mpigi Community Library in Mpigi and Kabubbu Community Library in Kabubbu) as a backdrop, this study explores the effectiveness of a library-based intervention known as the Storytelling/Story-Acting (STSA) activity. The STSA activity is designed to enhance key domains of school readiness, including theory of mind and emergent literacy. **Methods:** Half of the children ages 3 to 5 at each library were randomly assigned to participate in the STSA activity for one hour twice per week for six months (n = 63) and were compared with nonparticipating children of the same age who instead received the same amount of time in a story-reading activity (n = 60). All children were administered emergent literacy and theory of mind measures before and after the six-month intervention. **Results:** Results indicate modest advantages to participation in the STSA activity. **Discussion:** The STSA activity is an effective, simple, cost-effective method of improving school readiness skills in preschool Ugandan children.

Intact and deficient aspects of emotional memory in autism

Laura Deußer, Heidelberg University, Germany
Emotional arousal typically results in enhanced memory. Characteristic social-emotional impairments lead to the question whether people with autism spectrum disorders show typical memory performance for emotional stimuli or whether anomalies exist. The purpose of this theoretical study was to analyze and shed light on the current state of research. Past studies indicate that implicit memory and implicit emotional reactions, more specifically physical emotions, as well as emotional memory performance in classical fear conditioning are intact in autism. However, with increasing complexity, for example in differential fear conditioning or affective priming, impairments did appear. Regarding explicit emotional memory and emotional experience in autism, previous studies have led to heterogeneous findings. While the semantic memory generally seemed to be intact, the episodic memory, emotion recognition and emotional experience showed atypical patterns. Another finding was that high-functioning autistic people partly developed compensatory strategies in order to offset some of these deficits. From a neurophysiological perspective, a deficient connectivity between limbic and prefrontal brain structures could explain the described impairments. The findings suggest that impaired emotional memory in autism appears when stimuli address episodic memory, require cortical modulation or connectivity between the amygdala and relevant other brain structures and when no compensatory strategies can be applied. This assumption is to be

examined in further research.

Emotion recognition and emotional-cognitive flexibility from adolescence to young adulthood: Associations with depressivity, anxiety, and stress.

Laura Klewinghaus, Heidelberg University, Germany; Alexandra Iwanski, Wuppertal University; Peter Zimmermann, Wuppertal University

Aim: Emotion recognition and emotional-cognitive flexibility are important social skills when interacting with others. They allow individuals to adapt flexible to new situations, especially in social communication. Facial emotion recognition as well as cognitive flexibility develop over the lifespan. Several studies show deficits in these abilities in depressive, anxious and stressed persons. The aim of the present study was to examine developmental changes in emotion recognition and cognitive flexibility from adolescence to young adulthood. Associations with the internalizing tendencies depressivity, anxiety, and stress were investigated. **Method:** The sample included 141 participants (51% female) in two age-groups: adolescents and young adults. Emotion recognition and emotional-cognitive flexibility were assessed by use of computer tests. **Depressivity, anxiety, and stress** were assessed by the DASS-21. **Results:** Results showed significant age effects on emotion recognition accuracy and threshold of correct emotion recognition, and emotional-cognitive flexibility. Young adults showed better performances in both tasks compared to adolescents. In addition, results showed emotion-specific associations between emotion recognition, emotional-cognitive flexibility, and the DASS-21. Anxiety was associated with lower threshold for fear recognition ($r = -.23, p < .01$), whereas depressivity was associated with a lower threshold for sadness recognition. **Discussion:** In conclusion, the results indicate that the association between emotional information processing and the type of internalizing symptoms is emotion-specific. In addition, we need to consider age-appropriate norms for tests on emotional information processing. Furthermore the study provides ground for future studies, for example assessments in a clinical sample.

Brief Paper Session

Culture & Identity

The Experience of Therapists Working With Battered Women from a Different Cultural Background

DROR NETZER, Ben Gurion University, Beer Sheva, Israel; DROR NETZER, Ben Gurion University, Beer Sheva, Israel

The Experience of Therapists Working With Battered Women from a Different Cultural Background
Dror Netzer, MSW Ben-Gurion University of the Negev
Aim: Domestic violence is a widespread phenomenon worldwide and in Israel it is becoming a very troubling social problem: recent data indicate that there are estimated 200,000 battered women and 600,000 children exposed to domestic violence. The share of immigrants and minorities involved in domestic violence is much higher than their rate in the general population. Many of the clients in services for battered women come therefore from these groups and typically interventions with them are implemented by professional from the majority social group. Although there is extensive research on culturally attuned intervention, not enough attention has been given to the experiences of therapists in cross-cultural encounters. This research explores the encounter between therapists and clients from different cultural background in order to understand more the experiences of therapists in such encounters and assist them in meeting the challenges that they face in such encounters. **Methods:** Semi-structured interviews were conducted with 20 social workers who work with battered women from a background different than their own. **Results:** Three major themes surfaced from the findings: 1. Processes in the first phase of client-therapist contact 2. The establishment of a therapeutic relationship 3. Coping strategies of the therapists with cultural differences and their consequences. The three themes will be illustrated by vignettes from the interviewees' narratives. **Discussion:** The implications of the findings for improving cross-cultural psychotherapeutic encounters will be discussed.

The moderating effect of patients' demographic and interpersonal characteristics on the association between therapists' self-disclosure and treatment outcome

Sharon Ziv-Beiman, Tel Aviv Yaffo Academic College Israel; Sigal Zilcha-Mano,

University of Haifa, Israel; Elad Livneh, Bar Ilan University; Giora Keinan, ; Golan Shahar, Ben Gurion University, Beer Sheva, Israel

Objective: Based on a randomized clinical trial we examined the moderating effect of patients' personality variables on the impact therapist's use of immediate and non-immediate therapist self-disclosure had on the evaluation of the psychotherapeutic sessions and therapy outcomes in the context of a brief integrative psychotherapy for mild/moderate distress. **Method:** Eighty-six adult patients with mild-to-moderate forms of distress were randomly divided into four 12-session integrative psychotherapy conditions based primarily on Hill's (2009) three-stage model. Therapists trained in this treatment modality were instructed to use either immediate self-disclosure (expressing feelings towards the patient/treatment/therapeutic relationship) or non-immediate self-disclosure (expressing personal or factual information regarding the therapist's life outside the treatment). In the comparison condition, the therapists were instructed to refrain from self-disclosure altogether. **Results:** Analysis will be conducted during winter of 2015-2016 and presented at the SPR meeting in June 2016. **Conclusions:** Identifying moderators of the effect of immediate and non-immediate therapists' self-disclosure is of great importance in the progress toward personalized treatment.

Do self-figure drawings reveal the drawer's cultural values in addition to personal characterizes? The case of Thais vs. Israelis.

Rachel Lev-Wiesel, Haifa University, Israel; Dita Judith Fedreman, Haifa University, Israel

AbstractAim: Internal culture includes our way of thinking and perceiving; it contains the values and beliefs unconsciously learned while growing up in a particular culture. The influence of culture is well documented as emerging in children drawings (Kindler & Darras, 1997). This study's central question is whether cultural values and symbols will be apparent in a comparison of two cultures, Thais vs. Israelis adults' self-figure drawings. **Methods:** A convenience sample of 12 Israelis and 12 Thais young adults were recruited. The two sub-groups were matched according to age, gender, and level of education. They were asked to draw two separate drawings on an A4 paper sized: a self-figure drawing, and how am I perceived by either Eastern or Western people. A Phenomenological Analysis was conducted; to identify the pictorial phenomenon - indicators such as figure size and shape, facial expression and cultural symbols that were shared by each group. **Results:** Significant differences between the groups' self-figure drawings were found. Thais were found to draw a bigger sized self-figure, and omitted the legs, as well as adding more cultural symbols compared to Israelis who all drew the whole body, and none added overt cultural symbols. In the second drawing, Thais compared to Israelis, also drew smiling faces. **Discussion:** The results indicate that cultural values are internalized into self-figure drawings as well as in overt culture drawings- and are an inherent part of how we perceive of self. **Keywords:** Self-figure drawing, Cultural values and internalized stereotypes

Can we generalize positive feedback results to other cultural contexts?

Paula Errázuriz, Pontificia Universidad Católica de Chile, Santiago; Sigal Zilcha-Mano, University of Haifa, Israel

Aim: Assess the impact on treatment outcome, patient-rated alliance, and session attendance of providing therapists with alliance and psychological functioning feedback for their not-on-track patients. **Methods:** Randomized controlled trial in Chile. Alliance and psychological functioning were measured at each psychotherapy session using the WAI and OQ in 186 not-on-track patients. Patient-therapist dyads were randomized to the following feedback conditions: (1) Control group; (2) OQ; (3) WAI; (4) OQ + WAI; and (5) Lambert's OQ Report. **Results:** Contrary to our hypothesis, patients not-on-track whose therapists received the OQ reports showed worse outcome, were more likely to show no improvement, and were less likely to have a positive change during therapy than the control group and other feedback conditions. We found no differences between any of the five feedback conditions in patients' alliance perception or session attendance rate. **Discussion:** Feedback to therapists may not be worth the effort and can even be detrimental for patients' outcome. Having data collected in a naturalistic setting and in South America, culturally different from the northern hemisphere where most research takes place, could explain these results. Even though it has been reported that clinical judgment alone is less effective in predicting progress than relying on actuarial methods, feedback could make therapists

pay less attention to their subjective appreciation, making them less effective as therapists. Before implementing any feedback system in large scale, it would be important to study its impact in that specific context.

Brief Paper Session

Evidence Based Psychotherapies

Pre-treatment and process predictors of non-response at different stages of inpatient psychotherapy

Laurence Reuter, PHB Berlin; Thomas Munder, PHB Berlin; Uwe Altmann, University Hospital, Jena, Germany; Armin Hartmann, University of Freiburg, Germany; Bernhard Strauss, University Hospital, Jena, Germany; Carl Scheidt, University Hospital Freiburg
Objective. Up to 50% of psychotherapeutic treatments end without significant improvements. While there is first evidence about predictors of non-response in outpatient psychotherapy, there are currently no studies investigating predictors of non-response in inpatient settings. Based upon a previous systematic literature review, we analyzed the predictive value of initial patient characteristics on non-response in symptom distress. Methods. Treatment episodes from 546 patients, treated for at least four weeks, were assessed under naturalistic conditions. Non-response status (i.e., lack of a reliable improvement in symptom distress) was investigated at four different time points: at week four, at discharge and at a two follow-ups (3 and 12 month after discharge). Hierarchical binary logistic regression models were used to predict non-response. Socio-demographic data, clinical variables and the previous response status were entered subsequently in the model. Results. A moderate or functional level of initial symptom distress, a co-morbid personality disorder and previous non-response were the most consistent predictors of non-response. Conclusions. The results point to the importance of early outcome assessment and suggest the implementation of more symptom specific treatments.

Studying the effectiveness of Meta cognitive insight therapy: preliminary results

Gerdina Pijnenborg, University of Groningen, Netherlands; Rozanne Van Donkersgoed, University of Groningen, Netherlands; Steven De Jong, University of Groningen, Netherlands; Andre Aleman, University of Groningen, Netherlands; Paul Lysaker, Roudebush veterans hospital

Aims: One definition of metacognition holds that metacognitive capacity is the ability to form integrated, complex representations of self and others. Metacognition is impaired in a majority of people with psychotic disorders. A set of interventions has been developed to assist persons with schizophrenia in developing this capacity. This study seeks to study the effectiveness of such a new metacognitive approach (Metacognitive Reflection & Insight Therapy: MERIT) that aims to stimulate metacognitive functioning in psychotic disorders. Method: MERIT is currently evaluated in a multi-center randomized controlled trial. Results of this trial will be presented. Results: First, baseline performance on several tasks that assess aspects of metacognition such as empathy and Theory of Mind in a large sample (n=70) of people with schizophrenia that participate in the MERIT trial and controls (n=30) will be presented. Subsequently, preliminary results of a randomized controlled trial will be discussed. The primary outcome measure is an improvement in metacognitive function. To investigate ecological validity of the treatment, secondary measures are stigma, quality of life, processing speed & flexibility, depression, social functioning, insight, work readiness and empathy. Discussion: More knowledge on impairments in metacognition in psychotic disorders stimulates the development of targeted treatments. MERIT may have the potential to increase metacognitive functioning in psychosis.

Therapists' Rescue Fantasy

Michal Sharon, Bar-Illan-University Israel; Nehami Baum, Bar Ilan Bar-Illan University
Therapists' Rescue Fantasy Michal Sharon and Nehami Baum School of Social Work Bar-Illan University
Aim: This talk will discuss the findings of a quantitative study of the therapist's rescue fantasy (TRF) and its association with personality variables. Methods: A self-report questionnaire consisting of eight scales was completed by 327 subjects: 226 social workers, with an average of 11 years work experience, and 101 undergraduate social work students in their second year of practical training. Seven

scales were used to examine the independent variables: narcissism, attachment style, caregiving behavioral system, splitting defense mechanism, empathy and demographic features. The rescue fantasy scale was developed by the authors for the current study. Results: As hypothesized, TRF was positively correlated with grandiose narcissism. Surprisingly, insecure anxious attachment style, narcissism vulnerability, and hyper-activation caregiving style were positively correlated with demonizing the guilty party -- the third component of TRF. Contrary to the hypothesis, split defense mechanism was negatively correlated with self-idealization and therapeutic omnipotence -- the other two components of TRF. Social work students showed higher self-idealization than full-fledged professionals. Discussion: The study findings revealed all three components of therapist's rescue fantasy noted in the literature. The Discussion elaborates on the associations and manifestations of each component. It characterizes demonizing of the guilty party as the "beating heart" of TRF, and romantic self-idealization and therapeutic omnipotence as its "limbs". It suggests that the therapist's rescue fantasy as a whole may be a understood as a repetition compulsion mechanism, aimed at undoing a primary trauma while keeping it out of the therapists' conscious awareness.

Prediction of use of mental health services in the elderly: Results from the 2nd wave of the MentDis_ICF65+ study

Jana Volkert, University Medical Center Hamburg-Eppendorf, Germany; Sylke Andreas, Alpen-Adria Universität Klagenfurt; Martin Härter, University Medical Center Hamburg-Eppendorf, Germany; Hans-Ulrich Wittchen, University of Dresden; Holger Schulz, University-Clinic Hamburg-Eppendorf

Background/ Objectives: In light of the on-going demographic change and high rates of mental disorders in older people a timely, but all the same adequate utilization of health services is a crucial pre-condition for successful prevention and treatment of many mental disorders in older people. The aim of this study was to identify predictors and barriers of adequate mental health service utilization in the elderly population (between 65 and 85 years) in six different European and Associated countries. Methods: As part of a prospective longitudinal study N = 2,592 community-dwelling elderly at six study sites were interviewed at baseline and one year later with the age-sensitive CIDI65+ to assess mental disorders. At both time points service utilization was assessed with the adapted service use section in the CIDI65+, which assesses the use of mental health services in the last 12 months and the types of received treatment (e.g. pharmacotherapy, psychotherapy, individual or group therapy). Furthermore, a list of items on self-perceived barriers to mental health service use, including attitudinal and structural barriers was given to participants. Participants also provided additional information on activities and participation and quality of life. Descriptive, bivariate, and multivariate analyses were conducted. In line with Andersen's (2008) Behavioural Model, predisposing, enabling, and need factors at baseline were analysed as predictors of service use at 1 year follow-up by multiple linear regression and multinomial logistic regression, respectively. Results & Discussion: Findings will be presented at the conference and discussed according to their implications for the provision of adequate services to meet the needs of our ageing society and overcome attitudinal and structural barriers of utilisation.

Mode fluctuations over the course of schema therapy sessions for avoidant personality disorder

Ofer Peled, The Schema Therapy Center Raanana, Israel; Eran Bar-Kalifa, Bar-Ilan University, Ramat Gan, Israel; Eshkol Rafaeli, Bar Ilan University

Avoidant personality disorder (APD) is among the most prevalent personality disorders, but has received relatively little empirical attention. This study aims to characterize the frequency, intensity and fluctuation patterns seen in the modes (self-states) of APD clients over the course of schema therapy (ST), a psychotherapy approach developed especially for personality disorders. Newly developed client mode rating scale (CMRS) was used to code every 5 minute segment of ST sessions. Each 5-minute therapy segment was coded on the CMRS by two independent raters, with adequate reliability. Descriptive statistics combined with mean-squared-successive-difference (MSSD), a recommended statistical approach for measuring fluctuations, indicated that the avoidant/detached mode was present in three quarters of the therapy segments and was the most intense and fluctuated mode; the vulnerable child mode was present in more than half of the therapy segments and was the second most intense and

fluctuated mode; the dysfunctional parent mode was present in less than half of the therapy segments, and was the third most intense and fluctuated mode; the over-compensator, compliant-surrenderer, and the healthy adult modes were present in third of the therapy segments, but the healthy adult mode was significantly the least fluctuated mode. Therapeutic implications of these findings are discussed. By measuring the frequency, intensity, and rate of fluctuation, this study exemplifies the use of mode concept as a cognitive, emotional, and behavioral indicator for instability aspects of the personality. This study supports the notion that APD clients characterized by much more instability than considered in the DSM-V.

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