



Abstract Book

50th Annual International Meeting

July 3-6, 2019

Buenos Aires, Argentina



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Society for Psychotherapy Research

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Conference support provided by the following:



Society for the Advancement
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Preface

Dear Colleagues,

The members of the Conference Program Planning Committee and Local Organizing Committee warmly welcome you to Buenos Aires for the 50th International Meeting of the Society for Psychotherapy Research.

Buenos Aires, located on the western shore of the Rio de la Plata estuary, is the capital and largest city in Argentina. Buenos Aires is home to multiple ethnic, cultural, and religious traditions and is known for its nightlife, food, architecture, and history. History is particularly important for SPR this year as this is our 50th annual meeting, with the theme “The Future of Psychotherapy Research: Building on our 50 Year Legacy.”

We will have a plenary session on Thursday at 16:00 entitled “SPR Has Turned 50: Remembrances of Lost Time and Visions of the Future.” Louis Castonguay will present an informative lecture about our luminaries and their contributions, followed by a discussion at “Café Cincuenta” with Michael Barkham, Alice Coyne, Shigeru Iwakabe, Mariane Krause, Andrew Page, Julian Rubel, and Sigal Zilcha-Mano. You do not want to miss this session!

On behalf of the Conference Program Planning Committee, we would like to thank you all for the submission of Panels, Brief Papers, Structured Discussions, Posters, and Pre-Conference Workshops.

Venue: The conference will be held in the heart of Buenos Aires at the beautiful Universidad de Belgrano, Main Building located at Zabala 1857, Belgrano. UB is a private liberal Arts University that was founded in 1964 and is one of the most important Private Universities in Argentina. The Main Campus offers excellent facilities for education and research and has facilities for people with mobility issues, such as elevators and wheelchair ramps.

Program Structure: The program starts on Wednesday, July 3, with four Pre-Conference workshops in the afternoon. The Opening Ceremony begins on Wednesday evening at 18:00 and includes the Presidential Address and Awards Ceremony with a wine and food reception to follow.

Coffee will be available throughout the conference with scheduled coffee/tea breaks in the mid-morning and mid-afternoon for Thursday, Friday and Saturday.

Chapter meetings are scheduled for Thursday, July 4, during the lunch hour. Lunch will be offered in two seatings. NA and UK chapters will have lunch from 12:00 to 13:00, followed by their chapter meetings from 13:00-14:00. EU and LA will have their chapter meetings first from 12:00 to 13:00, followed by lunch from 13:00-14:00.

Lunch on Friday will be available from 12:00 to 13:30. As there will not be enough seating for everyone at 12:00, please consider eating later in the service. The General Membership Meeting –open to all– is scheduled for Friday, July 5 from 13:30 to 14:45.

Special Interest Group meetings will be held on Saturday, July 6, during the scheduled lunch from 12:00 to 13:15. A box lunch will be provided that can be taken into the meeting rooms.

As usual, we will have poster sessions on Thursday (18:00-19:30) and Friday evenings (18:30 to 20:00). Following the poster session *Friday* evening, student and post-doc members have organized an “SPR Students and Post-docs Bar Night.”

Beginning at 7:30pm all students and post-docs are encouraged to meet at **La Birrería**, Ortega y Gasset 1899, 1st floor.

The conference banquet will be held from 18:30 to 23:00 Saturday evening, July 6, at the beautiful El Muelle restaurant located at Av. Costanera Rafael Obligado y Av. Sarmiento. This emblematic restaurant is located inside the historic Fisherman's Club, a beautiful Buenos Aires landmark that stands on a pier in the Costanera Norte facing the Rio de La Plata. Its gorgeous building was created in 1937 as a reproduction of a Belgian Castle. The beautiful lighting and the breathtaking view of the Rio de la Plata provide the perfect scenario for the banquet. Also, its charming terrace and the vastness of the river make it a special place for socializing and enjoying quiet conversation. The party will take place on the first floor; the restaurant has an elevator and proper facilities for people with mobility issues. With the last session ending at 16:40, there should be ample time to get to the banquet for all the festivities—including a tango show and dancing.

We are happy to have you here in Buenos Aires

Bruce Wampold, Chair, Program Committee and Andres Roussos, Chair, Local Organizing Committee

Past Presidents

Term	Program Chair	Conference Site
1970-1971	Ken Howard	Chicago, USA
1971-1972	David Orlinsky	Saddle Brook, USA
1972-1973	Hans Strupp	Nashville, USA
1973-1974	Lester Luborsky	Philadelphia, USA
1974-1975	Allen Bergin	Denver, USA
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1976-1977	Aaron T. Beck	San Diego, USA
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1992-1993	Leonard M. Horowitz	Berkeley, USA
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1997-1998	William B. Stiles	Geilo, Norway
1998-1999	Marvin R. Goldfried	Snowbird, USA
1999-2000	William E. Piper	Braga, Portugal
2000-2001	Robert Elliott	Bloomington, USA
2001-2002	Franz Caspar	Montevideo, Uruguay
2002-2003	Karla Moras	Santa Barbara, USA
2003-2004	Mark Aveline	Weimar, Germany
2004-2005	John Clarkin	Rome, Italy
2005-2006	Michael J. Lambert	Montreal, Canada
2006-2007	Erhard Mergenthaler	Edinburgh, Scotland
2007-2008	Jacques P. Barber	Madison, USA
2008-2009	Bernhard Strauss	Barcelona, Spain
2009-2010	Louis Castonguay	Santiago, Chile
2010-2011	Lynn Angus	Asilomar, USA
2011-2012	Guillermo De la Parra	Bern, Switzerland
2012-2013	George Silberschatz	Virginia Beach, USA
2013-2014	Hadas Wiseman	Brisbane, Australia
2014-2015	Jeanne Watson	Copenhagen, Denmark
2015-2016	J. Christopher Perry	Philadelphia, USA
2016-2017	J. Christopher Muran	Jerusalem, Israel
2017-2018	Paulo Machado	Toronto, Canada
2018-2019	Mariane Krause	Amsterdam, The Netherlands

Abstracts

Pre-Conference Workshops

Pre-Conference Workshop

Quantitative & qualitative method

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

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

The San Francisco Psychotherapy Research Group has employed a method for developing reliable case formulations for use in research on the process and outcome of psychotherapy. This method has been applied to brief and longer-term therapies, with children and adults. While developed to study psychodynamic psychotherapy, it has been used to formulate cognitive-behavioral, interpersonal, and family therapies. In addition to its research applications, it can be employed by the individual practitioner and as a tool for teaching. In this workshop, participants will learn the fundamental principles and methods of case formulation that have been developed by the SFPRG. New measures and templates developed to guide and inform the formulation process will be presented. In addition, procedures for developing and measuring reliability of formulations for research will be explicated. Psychotherapy transcripts will be employed to illustrate the formulation process. Participants will also be encouraged to apply the method and measures to their own cases.

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

George Silberschatz, University of California, San Francisco, USA

Pre-Conference Workshop

Facilitative Interpersonal skills

Organizer: Hannes Frieder Opfermann, Heidelberg University, Germany

Experienced Based Social Competence Training (EB-SCT) The vitality of real life experience

Supportive social networks are crucial in maintaining and regaining mental health. As social support and social competences are directly connected to each other, improving ones social skills will result in a richer social network. In consequence, social competence groups are standard treatment in German mental hospitals. Those groups refer mainly on the Group Training of Social Competences (GSC; Hinsch & Pflingsten, 1982). It primarily is a cognitive behavioral approach, and thus the cognitive part of the training is highly pronounced. In the clinical practice, the training often misses the vitality of authentic interpersonal experience. This however is essential for developing a wide array of social competences to handle the dynamics of real life social situations. At this point, the EB-SCT comes into play. Its components address interpersonal experience in real life situations. Patients interact with each other experiencing themselves within the four domains of "saying No", "open contact", "conflict management" and "demanding wishes". They are empowered to realize how they commonly interact with significant others to get an idea how to interrupt typical interaction patterns in real life situations. They are encouraged to see the bigger picture of the reciprocal processes of "what I do and what you do, and how it effects both of us". This workshop will introduce the EB-SCT, guided by clinical impressions from the daily practice of the author. Participants will be enabled to experience the EB-SCT and how they can work with it in their clinical practice.

Hannes Frieder Opfermann, Heidelberg University, Germany; Rebecca von Oepen, University of Heidelberg, Germany; Nina Franziska Immel, Pontificia Universidad Católica de Chile, Santiago

Pre-Conference Workshop

Evidence-based psychotherapies

Organizer: Lisa Firestone, Glendon Association

Suicide Therapies that Work

In the last 45 years, suicide rates have increased by 60% worldwide, according to the World Health Organization. Suicide is the most common psychiatric emergency that therapists will encounter with 71% reporting at least one client attempting and 28% report having at least one client die by suicide. For therapists with an active clinical practice, suicide is an occupational hazard that can be both emotionally and practically devastating. Yet, most therapists rely on what they have learned in graduate school and on internship. In recent years, there has been extensive research which has identified a number of suicide-specific treatments that are empirically validated to be effective in treating both suicidal ideation and behavior. A common element of these treatments is

that there is a focus on a collaborative, caring therapeutic relationship and a profound respect for the suicidal individual as an expert on their condition. These approaches 1) provide an understandable model of the suicidal process, 2) target the drivers of the suicidal process, and 3) teach coping skills. The goals of the workshop are to: Inform participants about recent research on empirically validated, suicide-specific treatment approaches and provide them with an opportunity to practice these techniques. Participants will become familiar with the core elements of these approaches and how they can apply them with their clients in addition to state-of-the-art crisis management strategies.

Lisa Firestone, Glendon Association

Plenary and Semi-Plenaries

Plenary

SPR has turned 50: Remembrances of lost *time* and visions of the future.

Panel:

As a way to commemorating our 50th anniversary, this plenary has two goals. The first is to highlight the contributions of some of the pillars of SPR, who's scholarly and empirical work have provided frequently forgotten foundations to the current status of psychotherapy research, as well as to the network of ideas and relationships that has defined and fueled our community. The second is to stimulate exchanges about future directions of psychotherapy research.

Michael Barkham, University of Sheffield

Alice Coyne, University of Massachusetts Amherst

Shigeru Iwakabe, Ochanomizu University in Tokyo

Mariane Krause, Pontifical Catholic University of Chile

Julian Rubel, University of Trier

Sigal Zilcha-Mano, University of Haifa

Louis Castonguay, Penn State University, University Park, USA

Semi-Plenary

Culture

Organizer: Brenda Acuña, Centro de Intervenciones Psicoanalíticas Focalizadas

Culturally respectful, relevant and competent psychotherapy with socially deprived population

The countries which integrate the Latin American Network of Research on Psychotherapy Process (Chile, Brazil, Uruguay, Colombia and Argentina) have developed extensively psychotherapy in the last decades, which has allowed process research to be conducted progressively and fruitfully. However, since it is only recently that healthcare programmes and institutions have been concerned with provision of adequate psychotherapy to socially deprived patients, research has a relevant social role in studying processes to help plan and carry out psychotherapy which is culturally respectful and competent in order to provide relevant interventions.

Methods of research for assessing culturally respectful, relevant and competent psychotherapy for socially deprived patients Denise Defey, Centro de Intervenciones Psicoanalíticas Focalizadas

Aim: Detecting along the history of psychotherapy and social research (mainly in Latin America) which methods have been used to identify and describe forms of psychosocial and psychotherapeutic interventions which are culturally respectful, relevant and competent in mental health interventions addressed to socially deprived patients. The specific research question is which methods are adequate for the expressed goal. **Background:** The network has been working in this issue along the meetings held along 2018. Various authors have registered their observations. This is the first attempt to systematize findings and methods. **Method:** Consensual Qualitative Research (CQR) will be applied to semi-structured personal and group interviews with 14 therapists who currently conduct or previously have conducted therapeutic process with patients suffering from headache. **Results:** The main conclusions are that observation, group interviews, action-research, in depth-interviews and phenomenological approach have yielded the most relevant information. **Keywords:** Consensual Qualitative Research, mental health interventions, socially deprived patients

Psychotherapy and psychic change of women gender-based abuse Carla Mantilla, Pontificia Universidad Católica del Perú; Doris Argumedo, Pontificia Universidad Católica del Perú; Valeria Villaran, Pontificia Universidad Católica del Perú; Pierina Traverso, Pontificia Universidad Católica del Perú

Aim: This paper presents and discusses some peculiarities observed in the process of psychic change of women gender-based abused by their partners treated in a state institutional context, as well as the challenges that this population and framework impose on the implementation of the technique of focal psychotherapy. **Method:** To give an account of this, the results of several investigations will be taken as evidence that, under the design of multiple cases and single case, have focused on understanding the episodes of change and the particularities of the relational configurations of the consultants throughout the therapeutic process. **Results:** The reflections arising from the clinical work with the consultants are incorporated into the discussion. In this sense, we seek to establish a dialogue between research and clinical practice with a view to contributing to the implementation of relevant intervention processes that are sensitive to the needs of this vulnerable population. **Keywords:** women gender-based abuse, psychic change, focal psychotherapy

Cultural gaps in psychotherapy with economically disadvantaged patients in Chile and Colombia Diana María Ocampo Lopera, Universidad CES, Medellín, Colombia; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; Daniel Espinosa, CES University, Medellín, Colombia; Juan Carlos Jaramillo, CES University, Colombia; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Daniel Vásquez, Pontificia Universidad Católica de Chile, Santiago

Background: A qualitative study, conducted in Chile and Colombia, about experiences economically disadvantaged patients had with psychotherapy is presented. Current epidemiological information shows the importance of addressing depression in poor populations, given the high prevalence of this disorder in these groups. However, despite efforts made in both countries, the impact of the available psychological care has been weaker than expected. **Aims:** This study sought to collect information for the understanding of this problem by incorporating patients' views. **Materials & Methods:** Participants from Chile and Colombia were interviewed about their access to psychotherapeutic care and their experience with it. Analysis was performed through Grounded Theory procedures. **Results:** The facilitating and impeding factors that low-income people have with the access to psychotherapy, in an institutional context, and specific challenges involving changes in the understanding of their problems and their own role in recovery are presented. These changes involve distancing themselves from their original culturally-shaped understanding of psychological disorders. **Discussion:** The influence of psychotherapy as a force capable of shaping culturally determined meanings in clients from economically disadvantaged areas is problematized. The results of this research may encourage clinicians to see the client's uniqueness within a certain social order and be useful for planning therapeutic actions considering the economic, institutional and contextual conditions. **Keywords:** depression, psychotherapy experience, poverty

Therapeutic change in socially deprived patients Gabriela Montado, Centro de Intervenciones Psicoanalíticas Focalizadas; Brenda Acuña, Centro de Intervenciones Psicoanalíticas Focalizadas; Valeria Lorenzo, Centro de Intervenciones Psicoanalíticas Focalizadas

Aim: The problem of adapting psychotherapy for socially deprived patients is the main concern of our research team, for which it is essential to assess interventions using the available research tools developed to analyze therapy process. The aim of this research project is to test the adequacy of the instruments for therapies applied to this kind of patients. **Background:** Previous studies developed in the same institutional frame have explored both the subjective characteristics of socially deprived patients and the main components of psychosocial interventions (such as psychotherapy) which have been assessed as fruitful on the basis of being culturally respectful, relevant and competent for these patients who comprise, in fact, the majority of the population of Latin American countries. **Method:** In this paper, we present the application of the Generic Change Indicators developed by the Chilean Process Research Team, led by Mariane

Krause, to the transcribed 23 sessions of a full therapy process, in search of significant change events. Results: This example of therapy with a socially deprived patient is a case study chosen among similar others. It was considered a successful treatment by all patient, therapist and supervisor. Keywords: socially deprived patients, change indicators, case study

Semi-Plenary

Feedback

Organizer: Malenka Areas, Universidad de Belgrano, Buenos Aires, Argentina

Feedback devices in Psychotherapy

We consider feedback in psychotherapy to be a primary topic of investigation around the world. The aim of the current panel is to present 3 works conducted in Argentina and Norway, which have feedback in psychotherapy as their main concern. Multiple methodologies and tools were implemented to achieve the recollection of the relevant data. The opportunity to compare the results obtained through the different data collection tools can enrich the panel's content. Finally, we seek to specify the aforementioned objectives that include: 1) Description of feedback implications in the psychotherapy process. 2) Feedback analysis from the patient's point of view. 3) Evaluate the experiences involved in the development of a Practice Oriented Research feedback generator device

Evaluation of a Practice-Oriented Research Device for the Development of a Feedback System in Psychotherapy

Malenka Areas, Universidad de Belgrano, Buenos Aires, Argentina; Hugo Hirsch, Centro Privado de Psicoterapia, Argentina; Pablo Hirsch, Centro Privado de Psicoterapia, Argentina; Lucian Santangelo, Centro Privado de Psicoterapia, Argentina; Mercedes Castronovo, Centro Privado de Psicoterapia, Argentina; Martin Gomez Penedo, Universidad de Belgrano, Argentina

Development of a Practice Oriented Research device in order to create a resource helpful for both clinicians and researchers. An interdisciplinary team of managers of a clinic, therapists and researchers designed together a device for monitoring results and feedback for therapists, which allows collecting periodic data of the patient's status and providing information about their evolution. The Treatment Evaluation System (SET) consists of five questions aimed at evaluating the general evolution of the patient. The SET has an alert system which warns the therapist, through a simple procedure, regarding situations that could be important to reconsider about the treatment of each patient. This alarm system includes: Alerts to monitor, alert for implementing closing interventions and alert to discharge patients. This article evaluates the interactive work process between clinicians and researchers and its results, in terms of the strengths and weaknesses of the clinical device developed for data collection, for clinical and research purposes, as well as aspects related to the sustainability over time of said device. Finally, we discussed the importance of an integral work between these actors and obstacles observed throughout the process and tentative solutions for them are raised. Key words: Practice Oriented Research - Feedback -- Treatment Evaluation System (SET).

Feedback of the Therapeutic Alliance in Patients with Anxious Psychopathology treated with Cognitive Behavioral Therapy

Adrian Amilcar Solari, Universidad Argentina de la Empresa, Buenos Aires; Martin Gomez Penedo, Universidad de Buenos Aires, Argentina; Ricardo Daniel Bogiaizian, Universidad Argentina de la Empresa, Buenos Aires

Introduction: Decades of research in psychotherapy have established a moderate but reliable association between the Therapeutic Alliance (TA) and Therapeutic Outcomes (Horvath & Symonds, 1991, Horvath & Luborsky, 1993, Horvath, Del Re, Fluckiger, Symonds, 2011). However, research in Cognitive Behavior Therapy (CBT) for Anxiety Disorders does not give special attention to the influence of TA in their manuals and treatment protocols (Barber, 2009; Garfield, 1996). In this sense, accurate information about the patient's assessment of the TA (Feedback) could be useful in clinical practice (Safran, Muran, & Eubanks-Carter, 2011, Horvath et al., 2011). Objective: To analyze the relationship between the TA Feedback from the point of view of the patient (under two conditions: received or not by the therapist), the evolution of the TA and Therapeutic Outcomes in a sample of patients with anxiety disorders undergoing CBT in the City of Buenos Aires. Method and procedure: This is a pilot test within a larger empirical study

currently in development. Its research design is naturalistic, quasi-experimental, with repeated measures. The therapists were randomly assigned to two conditions: an active group (where the therapist received TA feedback), and a control group (TA feedback was not provided to the therapists). In sessions 1, 3, 5, 8, and 12, TA and Therapeutic Outcomes were assessed. Participants: Seven clinical psychologists trained in CBT for anxiety disorders and twenty patients diagnosed with Anxiety Disorder. Results and Conclusions: The results of the pilot test are presented and discussed. Future directions for this line of research are established Key words: Therapeutic Alliance - Feedback - Anxiety Disorder - Cognitive Behavior Therapy

The process of implementing Routine Outcome Monitoring (ROM) in hospital mental health care: Findings and lessons learned from a randomized controlled trial.

Heidi Brattland, Norwegian University of Science and Technology, Trondheim, Norway; John Morten Koksvik, Norwegian University of Science and Technology, Trondheim, Norway;; Olav Burkeland, Norwegian University of Science and Technology, Trondheim, Norway;; Rolf Wilhelm Gråwe, Norwegian University of Science and Technology, Trondheim, Norway;; Christian Klöckner, Norwegian University of Science and Technology, Trondheim, Norway;; Olav Morten Linaker, Norwegian University of Science and Technology, Trondheim, Norway;; Truls Ryum, Norwegian University of Science and Technology, Trondheim, Norway; Scott D. Miller, Norwegian University of Science and Technology, Trondheim, Norway;; Bruce Wampold, University of Wisconsin, USA; Mariela Loreto Lara-Cabrera, Norwegian University of Science and Technology, Trondheim, Norway;; Valentina Cabral Iversen, Norwegian University of Science and Technology, Trondheim, Norway;

Aim. Routine Outcome Monitoring (ROM) is not always found to improve psychotherapy outcomes (e.g., Kendrick et al., 2016), possibly due to differences in the quality of the clinical implementation or the actual use of these tools. As the first study to date, we investigated the development over time of the effect of the Partners for Change Outcomes Management System (PCOMS) in the course of an intensive, four-year implementation period in a practice setting. Methods. Adult clients (N = 170) at a hospital-based mental health clinic were randomized to treatment as usual (TAU) or Routine Outcome Monitoring (ROM). Twenty therapists provided therapy in both conditions and were continuously trained and supervised in the use of ROM throughout the four-year trial. Data were analyzed in a series of multilevel models. Results. There was a significant, but modest main effect of ROM on clients' symptoms and functioning. The superiority for ROM over TAU increased substantially over the duration of the study, so that clients treated later in the study benefitted more from ROM than those treated earlier. Discussion. The increasing effects of ROM over time will be discussed in light of the implementation efforts at this clinic, and lessons learned from this study will be detailed. Keywords: Client feedback, Routine Outcome Monitoring, implementation, quantitative research.

Semi-Plenary

Treatment process and outcome

Organizer: Sigal Zilcha-Mano, Haifa University, Israel

Structured Discussion: The future of mechanisms of change research: The most important questions to be asked and the best methods to answer them

What makes people feel better following psychotherapy? For decades, theoreticians and researchers sought to understand the processes by which psychotherapy achieves its results, garnering important knowledge. Advances in recent decades in study design and in the methods used to examine the process of change in psychotherapy facilitated even further the progress in the study of the process by which treatments produce change, and the factors involved in these processes. Better understanding of what makes change happen in psychotherapy can help us devise and deliver better treatments, intensify and refine active therapeutic components, and discard inactive or redundant ones. This symposium brings together four prominent psychotherapy researchers, who will offer their perspectives on the most profitable research paths to pursue in the coming years with regard to the research on mechanisms of change. Possible developments in theory, design, statistical methods, and measurement will be discussed. The presenters in this semi-plenary session are Clara Hill, Jacques Barber, and Svenja Taubner. They will present their position statements on these points to elicit participation from the audience. The discussant is Bernhard Straus. Fredrik Falkenström and Sigal Zilcha-Mano will serve as the moderators of this semi-plenary session.

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

Discussant Svenja Taubner, Heidelberg University, Germany

Discussant Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany

Structured Discussions

Structured Discussion

Methods

Organizer: Yogev Kivity, Penn State University, University Park, USA

Can Your Computer Boost your Process Research? The Advantages, Challenges and Limitations of Computerized Measures of Process Research

In recent decades, there is an increasing emphasis in psychotherapy research on the importance of understanding the process of psychotherapy alongside its outcome. The process of psychotherapy unfolds over time in nomothetic and idiographic ways. Studying such complex processes requires intensive measurement over short periods of time and from a large number of patients. These characteristics pose challenges for traditional psychotherapy process research that tends to rely on labor-intensive, observer-rated measures. Computerized measures of psychotherapy processes are measures that are applied to psychotherapy session recordings or transcripts in a computerized and automatic way with minimal human involvement. Such easily administered measures have the potential of addressing the existing challenges, providing insights into processes that cannot be directly observed by coders and enriching our understanding of psychotherapy processes. In this discussion, researchers with expertise in utilizing computerized measures will share their experience in conducting computerized psychotherapy process research. These researchers will discuss how they utilize a range of methods including measures of non-verbal synchrony of body movements, affect attunement, language style (referential process; language style matching), and facial expressions. The discussion will focus on the advantages, challenges and limitations of each computerized method followed by questions and open discussion with the audience.

Discussant Dana Atzil-Slonim, Bar Ilan University

Dr. Atzil-Slonim will discuss how she utilizes measures of text, audio, facial expressions, and body movements. The discussion will focus on the advantages, challenges and limitations of each computerized method.

Discussant Yogev Kivity, Penn State University, University Park, USA

Dr. Kivity will discuss how he utilizes measures of vocally-encoded emotional arousal. The discussion will focus on the advantages, challenges and limitations of the method.

Discussant Sean Murphy, New York Psychoanalytic Society and Institute

Dr. Murphy will discuss how he utilizes measures of language style (referential process). The discussion will focus on the advantages, challenges and limitations of the method.

Discussant Wolfgang Tschacher, University of Bern, Switzerland

Dr. Tschacher will discuss how he utilizes measures of non-verbal synchrony. The discussion will focus on the advantages, challenges and limitations of the method.

Discussant Andrés Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Dr. Roussos will discuss how he utilizes measures of language style (referential process). The discussion will focus on the advantages, challenges and limitations of the method.

Structured Discussion

Routine Outcome Monitoring

Organizer: Clara Paz, Universidad de Las Américas, Quito-Ecuador

Challenges in routine change and outcome measurement in Latin America.

Over the last 20-30 years routine change data for psychotherapies, obtained from self-report questionnaires, has exploded from a research niche to a norm in many countries, for example, it's required within the government "Improving Access to Psychological Therapies" (IAPT) initiative in the UK and in many countries where therapies may be eligible for insurance remuneration it is becoming expected. There are both good and bad sides to this and we believe the practice is still rare in Latin American countries, either for research or routine practice. Particularly if, as with the CORE system, the measures are free, routine change data collection in this manner is financially viable and doesn't have to be the province of wealthy countries, research systems and therapy services. This structured discussion will be an opportunity to bring together experiences from a number of Latin American countries. We hope to look at the challenges, the genuine concerns and differences across modalities and across formats of therapy (i. e. not just short term individual therapies with relatively amenable individual clients, but also group, family, couple and long term therapies and therapies with clients who may have or have had psychotic experiences and "personality disorder" and work in challenging settings such as prisons and services for oppressed or marginalised groups). We hope to see the best ways forward for people wishing to increase the use of routine change measurement in Latin American settings and start a practice research network for this work.

Discussant Clara Paz, Universidad de Las Américas, Quito-Ecuador

The assessment and evaluation of psychological treatments in Ecuador uncommon that is the reason why several therapists are reluctant to use these measures with their clients. Then, to extent its use, it is necessary to provide information about the possible benefits for their clinical practice. Having validated measures in the country will help to extent its use while providing psychometric properties and data for it correct applicability within the population.

Discussant Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

In Brazil, systematically measuring outcomes of psychological interventions is not a routine practice in public or private mental health services. These evaluations usually are limited to the few research protocols of process and outcome studies in psychotherapy. These, as a rule, employ measures of specific symptoms (for example, the Beck scale of depression). Recently, we have had adaptations of traditional measures of results in psychotherapy (such as CORE-OM and OQ-45). However, validity studies have not yet been published. There is an urgent need to disseminate the relevance of continuous evaluation of the results of psychological interventions in the country.

Discussant Denisse Dogmanas, Universidad de la República, Uruguay

Very few health care services, mostly private or university-based services, are currently measuring outcomes in Uruguay. The government has announced its intention to start implementing the routine outcome measurement (ROM) for the National Health System. We have recently completed two different naturalistic studies, using the HoNOS and the CORE-OM, respectively. We will be sharing our experience finding similar obstacles and challenges to those encountered in North American and European countries to implement ROM, in reference to both studies.

Discussant Diana María Ocampo Lopera, Universidad CES, Medellín, Colombia; Luz Adriana Trujillo, El Bosque University

Colombia 1In Colombia, research in psychotherapy has had an important development in recent years, since the health system of the country is based on a medical approach that requires the development of models of attention and training in psychotherapy, according to the characteristics of the population and the context of attention in mental health. In this sense, the evaluation of the change and therapeutic results has had only an initial development in the country, but small advances have been made in the validation of instruments and the construction of some of our own, with the aim of studying the process and the therapeutic result. The current purpose is framed in the integration between the research and the clinical practice; and the institutional contexts open the possibility to work in this process, due to the conditions of the attention context. The challenge lies in the implementation of the measures in natural contexts and the articulation of the results to the regular processes of the institution; In this way, develop a culture of continuous evaluation that provides constant feedback to the clinical care and training model of the clinician. Colombia 2The use of outcome measures in psychotherapy is a rare practice in Colombia. Perhaps the emphasis of the systematization of the therapeutic process has been mainly on the development and application of clinical formulation models, which unfortunately do not usually include these tools in the evaluation of the therapeutic objectives. The validation of this type of measure is an advance, it represents a challenge for clinical psychology and for research in psychotherapy in Colombia.

Discussant Heloisa J. Fleury, Universidade de São Paulo, Brasil; Cláudia Cristna Fukuda, Universidade Católica de Brasília; Eveline Cascardo Ramos, Psychology, Brazil

The evaluation of psychotherapeutic and psychosocial interventions is a topic informally discussed by Brazilian psychologists, researchers and clinicians, but few studies seek to identify empirical evidence of the efficiency or efficacy of these interventions. These studies allow more systematic reflections on the practice and provide pedagogical elements for the formation of new psychotherapists. Public policies for mental health care in Brazil have recently changed after a strong struggle against hospitalization for long periods in asylum and in favor of hospital-day care and the right of family and community coexistence, worthy work and life of people with mental disorder. The restructuring of mental health care began to be offered by the Psychosocial Treatment Centers (CAPS), which represented a challenge for professionals in proposing effective services for mental health care. In this context, the evaluation of the efficacy and effectiveness of the therapeutic processes is coherent with the current principles of health care, which emphasize the search for forms of assistance to individuals and populations that are integral, universal and equitable. Thus, the production of instruments to evaluate psychotherapeutic and psychosocial care represents an important tool for mental health services, both public and private.

Structured Discussion

Internet based

Organizer: Luis Farfallini, Aiglé Foundation

Challenges in the implementation of interventions based on E-mental Health

The gap between the amount of people who require mental health services and those who actually have access to them has been widely discussed. Therefore, the usual intervention methods have been questioned to come up with alternatives and more accessible health care services. The implementation of technologies for the prevention and intervention in mental health have proven to be feasible, clinically useful, sustainable and scalable. However, they are not being adopted on a significant scale due to a variety of barriers such as the resistance of professionals to abandon face-to-face intervention models, objections regarding the access and knowledge on how to use online platforms, and certain dynamics involving political, contextual and financial changes which go against their implementation and adequate use in vulnerable

communities. In addition, some difficulties linked to the security and confidentiality that these types of platforms offer generate distrust to the users, as well as some other ethical dilemmas that deserve to be discussed. Finally, it is worth mentioning that the technical aspects associated with the operation of digital platforms and the Internet, may represent an obstacle to the use and access of these types of digital interventions in different contexts. The discussion group will deal with how to face those challenges to help to make this a useful tool for more people in need.

Discussant Sandra Caicedo, Universidad Autónoma de México UNAM

Discussant Daniel Espinosa, CES University, Medellín, Colombia

Discussant Luis Farfallini, Aiglé Foundation

Discussant Carly Schwartzman, University at Albany/SUNY, USA

Structured Discussion

Culture

Organizer: Guido Pablo Korman,
CONICET-Universidad de Buenos
Aires

Cultural Adaptations and Psychological Treatments in Multicultural Contexts

Major advancements have been achieved in research on the cultural adaptation of prevention and treatment interventions that are conducted with diverse cultural groups. The aim of this panel is to discuss some of the characteristics of the adaptation of treatments developed in other contexts to different cultures. Psychological treatments include norms, values, and worldviews mainly of the Western society. The assumption of universality in psychological treatments needs to be discussed as well as the validity of evidence-based interventions and treatments. We will discuss the utilization of different methodologies to understand what changes are necessary to do in psychological treatments. We will also discuss the reasons why patients undergo treatments in different contexts and the impact of local culture made necessary changes adaptations in psychological treatments. The clinical implications of these findings are discussed, and recommendations for future research are made expressing that psychological interventions contain values, norms, beliefs, and worldviews that may be contrary to those held by many ethnocultural groups.

Discussant Eunsun Joo, Duksung Women's University, South Korea

Discussant Cristian Garay, Univesidad de Buenos Aires

Discussant Mercedes Sarudiansky, CONICET-Universidad de Buenos Aires

Discussant Martin Etchevers, Universidad de Buenos Aires, Argentina

Structured Discussion

Evidence-based psychotherapies

Organizer: Ueli Kramer, University
of Lausanne, Switzerland

EFT research: future tasks and perspectives

Emotion-Focused Therapy (EFT) is one of the major psychotherapy approaches for treating psychological disorders according to the APA list of evidence-based treatments. From its inception, EFT was inspired by psychotherapy research. At the Buenos Aires SPR conference on the future of psychotherapy research, the present discussion group brings together researchers active in emotion-focused therapy, in order to openly discuss future tasks and perspectives in research in EFT. Each contributor is asked to contribute one or more of the following questions. 1. Which topics should be addressed in EFT research? 2. Which populations should be studied? 3. What EFT processes need more attention? 4. Which methodologies should be developed further? 5. What other questions would you like to see asked for the future of EFT?

Discussant Robert Elliott, University of Strathclyde, Glasgow, UK

Discussant Micaela Jimenez, Universidad San Francisco de Quito

Discussant Ladislav Timulak, Trinity College Dublin

Discussant Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Discussant Anna Babl, University of Bern, Switzerland

Discussant Ueli Kramer, University of Lausanne, Switzerland

Structured Discussion

Therapist training and development

Organizer: Timothy Anderson, Ohio University, Athens, USA

Enhancing Therapist Training: Reflection-In-Action, Supervisor Modeling and Therapist Responsiveness

This session will focus on training and supervision to enhance therapists' reflection-in-action, supervisory modeling, and momentary responsiveness and awareness. An expert panel will engage in an audience discussion of three sets of questions involving:

1. Expertise and Competencies
 - a. Expertise. How can expertise, competency, and psychotherapy skills best be identified and assessed? Can independent practice enhance expertise?
 - b. Is therapeutic expertise sufficiently similar in nature to expertise in other fields (e. g., music, athletics) for deliberate practice to function in the same way?
 - c. What are some of the ways in which advances in the development of web-based technologies can be incorporated into therapist training? What aspects of training can be automatic and self-directed?
2. Supervision and the Supervisory Relationship
 - a. What are the benefits of lifetime supervision?
 - b. What dimensions of supervisor modeling are most conducive to enhancing the development of therapist competency?
3. Responsiveness and Context
 - a. What might best guide reflection-in-action, supervisor modeling and therapist responsiveness: A deep understanding of theory, masterful technical skills, personal integration of principles of change -- or all the above?
 - b. To what extent should therapist training focus on practicing the use of specific interventions versus developing responsiveness to the relationship and greater awareness of context?
 - c. How does culture (professional culture and personal culture) of therapist play a role in therapist training?

Discussant Timothy Anderson, Ohio University, Athens, USA

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

Discussant William B Stiles, Miami University, Oxford, USA

Discussant Franz Caspar, University of Bern, Switzerland

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

Discussant Eunsun Joo, Duksung Women's University, South Korea

Structured Discussion

Treatment process and outcome

Organizer: Sigal Zilcha-Mano, Haifa University, Israel

Envisioning future approaches and methods to the study of therapeutic change

The 50th anniversary of the Society of Psychotherapy Research provides a special opportunity for reviewing the past and envision future approaches for studying therapeutic change. For decades, the richness of therapeutic processes has challenged researchers who sought to capture some of its complexity. Decades of research have yielded accumulating results that have helped make tremendous progress in the field. Over the years, many new approaches and methods have been developed to study the therapeutic processes. These include self-report questionnaires with strong psychometric characteristics, together with sophisticated coding systems that seek to capture some of the complexity and richness of therapeutic processes. In recent years, with the search for objective and economical methods, new approaches have been introduced for capturing the richness of therapeutic processes, many of which are interdisciplinary in nature. These approaches include, among others, nonverbal aspects such as acoustics and kinetics, affective, hormonal, physiological measures,

and more. In the proposed structured discussion, a group of experts with diverse theoretical orientations, and at different stages of professional development, will briefly present their vision of the approach or method which will substantially advance our field in the next ten years. These brief glimpses into the future will provide the background to what we hope will be a lively and stimulating discussion.

Discussant Timothy Anderson, Ohio University, Athens, USA

Discussant Franz Caspar, University of Bern, Switzerland

Discussant Andrew McAleavey, Weil Cornell Medical School

Discussant Kim De Jong, Leiden University, Netherlands

Structured Discussion

Methods

Organizer: Melissa De Smet, Ghent University, Belgium

Have RCTs passed their time? A structured discussion on the value of RCTs in psychotherapy research today

The gold standard of outcome research, the randomized controlled trial, has been increasingly criticized on its value for psychotherapy this past decade. For instance, its ecological validity is strongly doubted and given the abundance of evidence of the efficacy of various treatments, its dominance over other research formats (e. g. , process research) is criticized. Nonetheless, the RCT remains its gold standard for its rigorous and controlled design and important role in informing policy decisions. The question however emerges: have we reached saturation in RCT generated evidence or should more RCTs be conducted to safeguard the future of our field, and in the latter case: how should future RCTs look like? Clearly, the past decades, RCTs have divided the field of psychotherapy research into advocates and opponents. This structured discussion aims at a lively discussion on the value of RCTs for the field of psychotherapy today, explicitly aiming to give voice to both pros and cons to result in a nuanced and balanced debate. Several issues will be addressed, for instance:

- 1) What is the current status of RCTs in the field of psychotherapy?
 - a. Why do we need RCTs: evidence on efficacy of treatments and/ or a means to convince policy?
 - b. Mixed methods randomized controlled trials: the future?
 - i. The role of qualitative research in RCTs
 - ii. The value of case studies in RCTs
 - c. Does "the RCT" exist or do different designs carry different advantages and drawbacks?
 - d. Alternatives: different needs require different research questions and different research methods?

Discussant Reitske Meganck, Ghent University, Belgium

Discussant Felicitas Rost, Tavistock Clinic, London, UK

Discussant Stig Poulsen, University of Copenhagen, Denmark

Discussant Björn Philips, Stockholm University, Sweden

Discussant Femke Lara Truijens, Ghent University, Belgium

Structured Discussion

Methods

Organizer: Femke Lara Truijens, Ghent University, Belgium

How valid is our understanding of validity? Follow up discussion on the practical use and the limits of validity terminology in psychotherapy research.

In our panel on validity of validity terminology, we argued that the dominant way of understanding validity in psychology, may be insufficient to capture the broad range of validity issues that psychotherapy researchers encounter in research practice.

Following the panel, we organize a structured discussion to allow for an in-depth discussion with the audience, regarding their experience of validity issues in psychotherapy research practice. We warmly invite psychology scholars, researchers, clinicians and others to join the discussion, to derive multiple perspectives on the usefulness and the limits of current validity terminology to derive sound and useful evidence in psychotherapy research. The aim of the discussion is to get a broad view on validity issues that are encountered by scholars and clinical professionals in their work. Given the goal-orientation of psychotherapy research and the increasing

influence of scientific evidence onto the organization of clinical practice, it is vital to discuss how and where validity issues are encountered and how these can be evaluated by the current understanding of validity terminology.

Topics:

- Where do working psychotherapy researchers encounter validity issues in their work?
- How could validity terminology be broadened to capture research practice sufficiently, without losing the rigor of terms?
- What does 'valid evidence' and 'valid research' mean to clinicians in their daily work?
- How could an insufficient consideration of validity affect daily clinical practice?
- What aspects would be suggested by clinicians to increase 'valid' research and valid evidence that is useful towards clinical practice?

Discussant William B Stiles, Miami University, Oxford, USA

Discussant Ladislav Timulak, Trinity College Dublin

Discussant Melissa De Smet, Ghent University, Belgium

Structured Discussion

Change process

Organizer: Nili Solomonov, Weill
Cornell Medical College

Ingredients of Psychotherapy that Can Make or Break Treatments' Success

The literature on the factors leading to therapeutic change is generally divided to specific vs common factors. The specific ingredients refer to prescribed techniques or treatment components that are guided by a clearly defined theoretical orientation and included in a given treatment modality. In contrast, the common factors refer to techniques or components used by all psychotherapies, across theoretical approaches. One of the longest debates in the psychotherapy research literature is which of the two is more critical for driving therapeutic change. This is not only an important theoretical question, but also a crucial question for clinical practice because it has great implications on how we invest the time in treatment to achieve the most optimal treatment outcome in a cost-effective manner. Better understanding which of the factors is more critical for bringing about therapeutic change can help us devise and deliver better treatments, intensify and refine active therapeutic components, and discard inactive or redundant ones. Our proposed discussion will focus on the importance of specific vs. common factors in a range of treatment modalities. The speakers will be asked to identify the treatment components they believe are most crucial for therapeutic change within their declared orientations, based on their research and clinical experience. The discussion will integrate conceptual, clinical, and scientific perspectives on the topic. We will facilitate an open conversation between speakers and members of the audience.

Discussant Leonard Horowitz, Stanford University, Palo Alto, USA

Discussant Christoph Flückiger, University of Zurich, Switzerland

Discussant Shelley McMain, University of Toronto, Canada

Discussant Andrew McAleavey, Weill Cornell Medical School

Discussant Alice E. Coyne, University of Massachusetts

Structured Discussion

Therapist training and development

Organizer: Kristen G Pinto-Coelho,
Private Practice

Learning to Use the Therapist's "Best Self" in an Authentic, Therapeutic Way

Therapist authenticity is a critical and possibly mutative therapeutic process. The capacity to be oneself, and ideally, one's best, most genuine self, is an important but poorly understood component of professional identity. Therapists-in-training often struggle to simultaneously be authentic and intervene therapeutically with clients. Little is known about how trainees learn to integrate their personal selves with therapeutic technique, or about the roles of clinical training and supervision in therapist development of the ability to be human in the psychotherapy hour. This structured discussion will provide an opportunity for group discussion among

colleagues on how therapists learn to be their authentic selves, the roles of clinical training and supervision, and directions for future research.

Discussant Avantika Bhatia, Ashoka University, India

Discussant Harold Chui, The Chinese University of Hong Kong, China

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

Discussant Eunsun Joo, Duksung Women's University, South Korea

Discussant Elena Scherb, University of Flores, Argentina

Discussant Patricia T Spangler, Uniformed Services University, USA

Discussant Barbara Vivino, Private practice, USA;

Discussant Hadas Wiseman, University of Haifa, Israel

Discussant Heidi Zetzer, University of California, Santa Barbara, USA

Structured Discussion

Psychotherapy integration

Organizer: Héctor Fernández-Álvarez, Aiglé Foundation

Research on Psychotherapy integration: What we know, what we need to know

The aim of this structured discussion is to interchange on the current progress and type of research that can benefit the most from Psychotherapy Integration and where and how to focus further research efforts in this area. Integrative approaches are considered a growing trend in the mental health field, with four leading types of integration: Theoretical Integration, Technical Eclecticism, Common Factors and Assimilative Integration. The discussion will address clinical and training implications, focusing on the challenges and obstacles. We propose to merge clinical experience and research in psychotherapy in order to provide new perspectives that can promote the development of psychotherapy integration.

Discussant James Boswell, University at Albany/SUNY, USA

Discussant Franz Caspar, University of Bern, Switzerland

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

Discussant Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Discussant Jan Roubal, Masarykova University

Structured Discussion

Treatment process and outcome

Organizer: Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

When things go wrong: knowing why therapeutic failures occur and learning what to do next time

The primary aim of our proposed structured discussion group is to stimulate lively conversations about the theoretical, clinical, pedagogic and research value of therapeutic failures in various therapy contexts across different cultures. Meta-analytic studies consistently show that approximately 10 to 25% of patients do not significantly improve after a given treatment is completed and that 5 to 10% of patients deteriorate. In order to improve the outcome of psychotherapy and also to prevent therapeutic failures, understanding how therapeutic failures occur in various contexts of psychotherapy holds a key. Patient characteristics, therapy approach, cultural and social context surrounding psychotherapy, and the interactions of the above factors can create specific conditions that might prevent therapeutic factors to operate. This structured discussion addresses therapeutic failures in four different treatment contexts and draws common core principles and delineate context specific factors of therapeutic failures. Towards this end, the two leaders will briefly present a set of operational definitions and interrelated ideas about therapeutic failures. Our hope is that our introductory remarks will set the stage for productive discussions that are relevant to the work of therapists of all persuasions. The participants will discuss the following questions: (a) What are therapeutic failures that need attention in working with a particular clinical group or in a particular therapeutic approach that you are interested in?; (b) What are the contributing factors to difficulties, impasses, and stagnation?; (c) What are the strategies to prevent these problems and repair the damages?; (d) what were the social and cultural issues potentially affecting the therapy for worse; and (e) What kind of research is needed to understand the therapeutic failures within this particular context?

Discussant Shelley McMain, University of Toronto, Canada

This brief presentation addresses therapeutic failures in Dialectical behavior therapy (DBT) working with borderline patients.

Discussant Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago

Treatment failure in depressive patients, what's behind?

Discussant Malena Braun, Universidad de Belgrano, Buenos Aires, Argentina

This brief presentation addresses therapeutic failures based on systematic case studies.

Discussant Brin Grenyer, University of Wollongong, Australia

This brief presentation addresses therapeutic failures in working with patients with personality disorders in Australia.

Structured Discussion

Therapist training and development

Organizer: Nili Solomonov, Weill
Cornell Medical College

Women in Research Through the Career Stages: Navigating the Leaky Pipeline

The literature on gender and science underlines the underrepresentation of women, and particularly women of color, in academia. Studies have shown a pattern of progressive "evaporation" or disappearance of women as they advance in their career, an occurrence referred to as the "leaky pipeline" phenomenon. This discussion aims to give a platform to women in various stages of their careers (graduate student, post-doc, early, mid, and senior career) to speak about the barriers and challenges they have faced advancing in this profession and how they have overcome them.

Specifically, we will ask speakers to focus on the challenges they are facing in their current career stage or challenges in transitioning from one stage to the next, and how gender plays a role in those challenges. We also encourage speakers to provide any tips or advice they may have in navigating these challenges. The invited speakers are from diverse backgrounds and represent all of SPR chapters.

Discussant Hadas Wiseman, University of Haifa, Israel

Discussant Marna Barrett, University of Pennsylvania, Philadelphia, USA

Discussant Shelley McMain, University of Toronto, Canada

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

Discussant Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Discussant Svenja Taubner, Heidelberg University, Germany

Discussant Beatriz Gómez, Aiglé Foundation

Discussant Ulrike Dinger, University Hospital, Heidelberg, Germany

Panels

Panel

Systemic Case Studies

Organizer: Maria Borcsa,
Nordhausen University of Applied
Sciences, Germany

A systemic approach in using Interpersonal Process Recall: from positivist legacy to constructionist future

Interpersonal process recall (or stimulated recall) interviews have a long tradition in psychotherapy research (Kagan et al. 1963; Elliott 1986). This tradition is grounded in individual therapy with a focus on intrapersonal aspects of recalling significant events of the psychotherapy session while watching the session videotaped. Recent studies with a different epistemological background (Rober 2008, Vall et al. 2018) show the merits for this method for multi-actor settings like couple or family therapy, as well as in narrowing the research-practice gap in psychotherapy research. This panel focuses on the distinct qualities this method has in the area of systemic couple therapy applied in three different research designs. Respectively, the presentations have three different foci: the perspective of (1) the therapists after a couple therapy session, (2) the clients being in dialogue together about the video recordings of their therapy and (3) both,

clients and therapists, being interviewed on the same therapeutic process. Key words: Couple therapy, stimulated recall interviews, interpersonal process recall (IPR), qualitative research, systemic psychotherapy process. Discussants: Inés Sametband & Joaquín Gaete Silva

The consequences of family therapist's reflective insight regarding discursive practices in couple therapy Bernadetta Janusz, Jagiellonian University, Kraków, Poland

Aim: The aim of the research is to investigate whether couple therapists are able to take a reflective stance towards their professional discursive practices. The research describes ways in which the process of introducing system directed interventions is breached and restored, both in the dialogue in the session and in the therapist's mind. **Methods:** The data were obtained from couple therapy consultations and from the transcripts of the IPR with the therapists. We identified segments of talk containing significant asymmetries in therapist's way of relating to each spouse and following extracts showing the ways, in which therapists dealt with these asymmetries. The IPR transcripts were analyzed according the rules of content analysis. Video-recorded data from fragments of the sessions were subjected to conversation analysis.

Results: The results showed that therapist's assumptions (e. g. gender related) or their non-neutral stance held unchallenged can have various consequences for the interaction. The possibility of taking reflective stance regarding chosen part of therapeutic dialogue (discussed during IPR) was interconnected with such therapist's interactional practices like: balancing occurring asymmetries and introducing system directed interventions. **Discussion:** Using two methods: the IPR, which focuses on the content of the therapist's mind and conversation analysis (Tseliou, 2013), which is suitable for analysing the multidimensional talk in couple therapy, constitutes methodological challenge (Potter, 2006). However, as the process introducing interventions takes place simultaneously on two levels - in the therapeutic conversation, and in the therapist's mind - two methods, one for cognition and the other for interaction seem to be relevant. **Keywords:** couple therapy, systemic interventions, interpersonal process recall, conversation analysis.

The process of change for couples: How IPR research can achieve therapeutic benefit Jerry Gale, University of Georgia

Aim: This study was designed to examine the feasibility of adapting IPR for couples. Incorporating reflexive interviewing with discursive analysis, the study examined how couples co-construct meaning. **Methods:** Research was consistent with a narrative paradigm and a social constructionist epistemology. Using interpersonal process recall (IPR) with a couple in couple's therapy, the couple together with the interviewer reviewed and responded to questions about their first and last session.

Results: Analysis revealed that how the couple talked in therapy was different than how they talked the interviews. The couple's discourse in the research interviews had less conflict, was more responsive to one another, and achieved greater agreement than their clinical discourse. The couple also noted after their second interview that they found the research interviews more therapeutic than their therapy sessions. **Discussion:** Using postmodern theories of Bakhtin, Garfinkel, and Harré these results suggest that the couple achieved improved relational communication from the benefits of a shared dialogue in reviewing their sessions (Bakhtin 1981), a different positioning of their core values and beliefs (Harré and Gillett 1994), and new methods for sharing their accountability about one another (Garfinkel 1967). Implications suggest that the value of viewing research discourse as a shared generative process rather than representative of individual psychological states or scripts, and that through the use of reflective discussion of prior conversations, clients are able to achieve new articulations and understanding of both their own positions and their partner's position. **Key words:** interpersonal recall, videotape playback, dyadic data, discursive analysis, reflexive research

Interpersonal Process Recall in systemic therapy: Interviewing clients and therapists about their experiences in couple therapy sessions Maria Borcsa, Nordhausen University of Applied Sciences, Germany

Aim: This study focuses on a couple therapy case with a co-therapeutic team and a couple who separated locally because of domestic violence; they attended therapy to decide about a possible future together. Aim of this research is to explore (1) how the interviewees make sense of specific experiences in the therapeutic session, (2) thematic patterns in the accounts of the four persons (3) benefits and challenges of IPR

in couple therapy. Methods: IPR was carried out individually within 24 hours after the third therapy session. Sequences were selected from the session by a clinician-researcher following defined criteria. Interviews were analyzed by a thematic analysis approach focusing on shared topics ("thematical network") and level of reference (Breuer 1991).

Results: Even after asking all interviewees about thoughts and feelings in the session ("recall"), the four participants' contributions differed from "mostly with reference to the therapy situation" (female client and female therapist), to "partly" (male therapist) and "mostly without reference" (male client). Therapists shared most topics (N=4), followed by the men (N=2), the female client and the male therapist (N=2) and the women/the couple (N=1). Watching the video clips during the IPR, both clients were re-living (different) emotional states. Therapists' interview accounts included empathic statements as well as a conscious putting aside of emotions for the sake of analytical perception. Discussion: Asking clients to recall feelings from therapy situation might trigger coping strategies like denying, projecting etc. Therapists choose between their professional and personal selves in their positioning's (Rober 2008). IPRs offer a safe place to express off-scene, what participants would not say in another context. Key words: systemic couple therapy, stimulated recall interviews, interpersonal process recall (IPR), self-confrontation-interviews

Panel

Treatment process and outcome

Organizer: Miguel M. Gonçalves,
Universidade do Minho, Braga,
Portugal

Ambivalence in Psychotherapy: Perspectives, Methods and its association with Outcomes

The study of the factors that prevent change has been receiving increased attention from researchers. Ambivalence to change is a recurrent phenomenon in psychotherapy that implies not only the client's resistance to a new perspective but also his/her willingness to change. In other words, it is characterized by an intrapersonal conflict between two positions of the self, one in favour of change and another in favour of the status quo (stability of the self). This conflict results in movements towards and away from change and in a subjective feeling of inability to change coupled with distress. When this intrapsychic tension emerges in psychotherapy it usually leads to stuckness. In these moments, psychological symptoms tend to intensify, motivation to change and engagement with therapy tends to decrease, increasing the risk of poor outcomes in therapy. Despite the huge amount of literature about ambivalence both at clinical and theoretical levels, it continues to be an under-researched topic. In this panel we present the conceptual and empirical contributions from three different transdiagnostic approaches to the study of ambivalence in psychotherapy. First, the authors present a narrative-based model of change and compare the predictive power of ambivalence with other indicators (Innovative Moments) regarding the outcomes in a manualized treatment -- The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP). The second paper explores the efficacy of an Ambivalence in Psychotherapy Feedback system in the context of the UP. Finally, the third paper presents the long-term efficacy of a Dilemma-Focused Intervention for Depression.

Predicting symptomatology changes in process research: A comparison between two narrative-based markers and a self-reported questionnaire

Miguel M. Gonçalves,
Universidade do Minho, Braga, Portugal; João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Pablo Fernández-Navarro, Universidade do Minho, Braga, Portugal; Cátia Braga, Universidade do Minho, Braga, Portugal; Carina Magalhães, Universidade do Minho, Braga, Portugal; João Batista, Universidade do Minho, Braga, Portugal; António Ribeiro, Universidade do Minho, Braga, Portugal

Aim: Innovative moments (IMs) and Ambivalence Markers (AMs) are narrative markers --identified by trained coders-- that represent movements toward change and against it, respectively, during the course of psychotherapy. Previous studies have shown that IMs and AMs are associated to good psychotherapy outcomes and also with symptom reduction. In recovered cases, higher levels of IMs have an increasing tendency and, in contrast, AMs tend to decrease along treatment. Recently it was developed the Ambivalence in Psychotherapy Questionnaire (APQ) based on the research in IMs and AMs. Reduction of self-reported ambivalence level measured with the APQ was also associated with good psychotherapy outcomes and symptom reduction. This study aims to test which of these variables (IMs, AMs, or APQ) is a better predictor of pre-post symptom gains. Methods: Data was collected from a Portuguese University-based outpatient clinic, using the Unified Treatment for Emotional Disorders (Barlow et al. ,

2011). One session of each module of treatment was coded with the IM and AM coding systems. The APQ was completed in every session. The OQ-45 and the BDI-II were used to measure client's symptoms. A linear regression will be made to assess the predictive potential of IMs, AMs, and APQ over pre-post symptom outcome.

Results: This is an ongoing study as we are still collecting data to develop this study with a sample of $N = 30$. Discussion: The predictive power of these variables with symptomatology will be discussed examining what information can be more useful for psychotherapist and clients during the therapy.

Providing feedback to therapists on client's ambivalence in psychotherapy: A preliminary study

João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Inês Sousa, University of Minho; António Ribeiro, Universidade do Minho, Braga, Portugal; Eugénia Ribeiro, University of Minho; Paulo Machado, Universidade do Minho, Braga, Portugal; Sónia Gonçalves, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

Aim: Ambivalence to change is an important dimension of client's engagement with treatment and a common process in both poor- and good-outcome cases in different therapeutic models. Previous studies have suggested that ambivalence levels tend to decrease across therapy in good-outcome cases, whereas it remains stable in poor-outcome cases and in clients who terminate prematurely the treatment. Additionally, recent studies showed that a change of ambivalence in one session predicts a change in client's symptomatology in the next session. These results suggest that indicators of ambivalence to change across treatment may be operationalized as "red flags" for the therapist to acknowledge the client's stuckness and adapt his or her intervention efforts. Considering the deleterious effects of high client's ambivalence to change, it was our proposal to explore if it is possible to facilitate the resolution of ambivalence by making the therapists more aware of the clients' ambivalence levels using a system of feedback on ambivalence to change - the Ambivalence in Psychotherapy Feedback (APF) system. The present study aims to test the impact of providing therapists with feedback about their clients' ambivalence levels both on ambivalence resolution and outcomes.

Method: Participants were 56 clients of psychotherapy seeking treatment for a wide diversity of psychological complaints but consistent with depression, anxiety and obsessive-compulsive disorders. The clients were randomly assigned to either Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP; Control group) or UP plus the Ambivalence in Psychotherapy Feedback system (UP+APF; Experimental Group). In the experimental group therapist received feedback about their client's ambivalence levels before the beginning of each session.

Results: Multilevel analysis suggested that Time is a significant predictor of clients' ambivalence ($B01 = -.882$, p (It) $.0001$; $R2adj = .70$) and symptomatology ($B01 = -.581$, p (It) $.0001$; $R2adj = .79$) throughout therapy. However, a marginally significant difference was found between the two groups ($p = .06$) with UP+APF clients presenting a higher decreasing tendency in terms of symptomatology. Moreover, these clients reported lower levels of ambivalence ($t = 2.564$, $p = .014$) and symptomatology ($t = 3.158$, $p = .003$) in the working phase of treatment. Discussion: The results seem to support the positive effects of the APF system. The findings will be discussed both at a research and clinical level, with a special emphasis on its use by therapists through a new feedback tool under development.

One-year follow-up of a dilemma-focused intervention for depression: Resolving personal conflicts as a way-out of depression and relapse

Adrián Montesano, Open University of Catalonia; Clara Paz, Universidad de Las Américas, Quito-Ecuador; Guillem Feixas, Universitat de Barcelona, Spain; Joan Carles Medina, Universitat de Barcelona, Spain

The presence and number of personal dilemmas in depression has been found to be a distinctive marker of depressive symptoms and relapse. Accordingly, a Dilemma-focused therapy (DFT) have been developed in order to address such internal conflicts in therapy from a constructivist approach. The aim of the study is to test whether the inclusion of a dilemma-focused intervention in combination with CBT group therapy will yield better short- and long-term outcomes than an intervention conducted entirely using CBT. A total of 128 participants with depression and at least one cognitive conflict, participated in seven weekly group CBT sessions and were then randomly allocated to eight individual sessions either with CBT or DFI. Depressive symptoms were assessed with the Beck Depression Inventory at baseline, at the end of

therapy and three- and one-year follow-ups. Both intention to treat and per protocol analyses were performed. Seventy-seven participants completed allocated treatment and one-year follow-up assessment. Both conditions significantly ($B = -5.03$, [95% CI: -6.11 to -3.94], p (It) 0.001) and similarly ($B = -1.62$, [95% CI: -6.12 to 2.87], $p = 0.85$) reduced the severity of symptoms. Moreover, the relapse rate at one-year follow-up was similar ($2(1, N = 77) = 3.03$, $p = 0.38$, $V = 0.19$) between both conditions. Given its results, DFI may be considered as an effective alternative which could be included in a wider treatment for depression, especially for clients presenting with ambivalence and internal conflicts.

Panel

Integrative psychotherapy

Organizer: Franz Caspar, University of Bern, Switzerland

Can we have CBT somewhat more Emotion Focused, please?

The "Bernese" approach to psychotherapy (Grawe/Caspar) can be described as an integratively oriented CBT approach. It is postulated that the concrete procedure and its balance between intervention methods targeting behavior, cognitions and emotions should be responsive to an individual patient's needs. The basis for such an individualized, custom-tailored procedure are individual Plan Analysis case conceptualizations. Under the impression that our trainees use emotion oriented elements less often and intensely than optimal for their patients, we found it attractive to integrate elements of EFT into Bernese TAU. But how easy or difficult is it to actually do such integration? This panel brings with three presentations findings suggesting that such integration is possible, it can be advantageous but comes along with challenges.

The integration of EFT elements into an integratively oriented CBT approach

("Bernese TAU"): Design and course of a study and outcome as well as process-outcome findings. Franz Caspar, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Martin grosse Holtforth, University of Bern, Switzerland; Anna Babl, University of Bern, Switzerland; Sara Heer, University of Bern; Mu Lin, University of Bern; Annabarbara Stähli, University of Bern, Switzerland

An RCT on "Bernese TAU" with an integration of conceptual and practical EFT elements compared to a condition with an elaboration of self-regulation will be described. For both conditions, a training of several days took place on top of the training therapists had already received on Bernese TAU. The training of EFT elements was conducted by certified EFT trainers/supervisors while self-regulation (Carver & Scheier and others) is a conceptual element of Grawe's Psychological Therapy which has been practically elaborated for this study so that therapist actually use these concepts concretely. The findings show that such an integration is feasible, also with relatively inexperienced therapists. The procedures in the two conditions are both successful, but clearly distinct although they share Bernese TAU as a basis. Each comes along with advantages to some patients. This is one of the few existing practice oriented studies on psychotherapy integration.

Case conceptualization, empathy and presence in the therapeutic process: friends or antagonists? Martina Belz, University of Bern

Humanistic concepts have traditionally emphasized that too much thinking about a patient in general and case conceptualizations in particular can get into the way of empathy and presence in the moment of the therapists. While EFT has in the meantime embraced a case formulation approach (which emphasizes the co-elaboration with the client), questions remain:

- * do elaborate case formulations lead to a rational stance with a tendency to neglect emotions?
- * what is empathy actually and by what can it be threatened?
- * what is therapeutic presence and by what can it be threatened?
- * are there disadvantages of working without case formulation?
- * what have case conceptualizations have to look like and how do they need to be used to not be in the way of good psychotherapy?

There are arguments - and in the meantime also some evidence from the "Improve" study which will be reported in this presentation.

Comparison and change of defense mechanisms over the course of psychotherapy in patients with depression or anxiety disorder

Anna Babl, University of Bern, Switzerland; Mu Lin, University of Bern; Sara Heer, University of Bern; Annabara Stähli, University of Bern, Switzerland; Martin grosse Holtforth, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Franz Caspar, University of Bern, Switzerland

Background: Defense mechanisms play an important role in the development and maintenance of both health and psychopathology. Research is still in the early stages of investigating the specific relationships among diagnostic groups and defense mechanisms along with their response to different treatment types. Methods: For the present study a total of 47 outpatients diagnosed with depression or anxiety disorders were randomized to receive 25±3 sessions of cognitive-behavioral therapy with integrated elements of either emotion-focused therapy (CBT + EFT) or treatment components based on self-regulation theory (CBT + SR). An observer-rated method, the Defense Mechanism Rating Scale (DMRS) was used to code transcripts of the 1st, 8th, 16th and 24th session to assess change in defensive functioning.

Results: Over the course of therapy, overall defensive functioning (ODF) as well as adaptive defenses increased significantly, whereas maladaptive and neurotic defenses did not change. At the beginning of treatment, the proportion of adaptive defenses and ODF was significantly higher in patients diagnosed with anxiety disorders than in patients with depressive disorders. However, depressed patients exhibited greater improvement in their defensive functioning over the course of therapy. Conclusions: Results support the view of defense mechanisms as a useful transdiagnostic and transtheoretical concept and supports the notion that change of defense mechanisms may be a relevant mechanism of change in psychotherapy.

Panel

Process and outcome

Organizer: Hadas Wiseman,
University of Haifa, Israel

Case Formulation: Learning from Past Legacies and Looking to the Future

Case formulation is a core psychotherapy skill that lies at the intersection of diagnosis and treatment, etiology and description, theory and practice, science and art. This panel will address case formulation as it evolved from past legacies in psychotherapy practice and research to recent modifications and refinements, and future challenges for the case formulation approach to psychotherapy research. Tracy Eells will briefly trace the history of case formulation, focus on a systematic review of case formulation research, and will consider the relevance of the growth of personalized medicine to evidence-based case formulation research. John Curtis and George Silberschatz will focus on the Plan Formulation Method (PFM). John Curtis will describe how they modified and refined the original formulation method and its evolution to the current PFM and will highlight the benefits of employing the PFM for the individual practitioner. George Silberschatz will focus on research demonstrating how interventions that are rated as compatible with the case formulation that was developed for each patient are related to significant in-session progress and are strongly predictive of treatment outcome. Hadas Wiseman will focus on Luborsky's Core Conflictual Relationship Theme (CCRT) method and its application in supportive-expressive therapy (SE). Research on the meeting of CCRTs in client-therapist dyads will be discussed in relation to taking a "two-person approach to CCRT formulation" and the challenges to case formulation posed by the relational turn in psychotherapy research.

Personalized Psychotherapy (Is There Any Other?) and Case Formulation - A Match Made in Heaven

Tracy Eells, University of Louisville, USA

Psychotherapy case formulation is regularly cited as an essential skill in psychotherapy. Yet, case formulation has been relatively neglected by psychotherapy researchers. This paper will address why this may be the case, presenting methodological difficulties in studying psychotherapy case formulation. The paper will briefly trace the history of case formulation, then focus on a systematic review of case formulation research, including topics within psychotherapy research that case formulation has been brought to bear upon. The paper continues with a consideration of how the growth of personalized medicine may be relevant to the future of psychotherapy research and how systematic, evidence-based case formulation could become central to such research. Central to the latter discussion is the "case formulation hypothesis" as a focal point for investigating the effectiveness of psychotherapy processes and techniques.

The Development of the Plan Formulation Method John T Curtis, University of California, San Francisco, USA; George Silberschatz, University of California, San Francisco, USA

In the early 1980's, the San Francisco Psychotherapy Research Group developed the Plan Diagnosis Method for developing reliable case formulations for use in research on the process and outcome of psychotherapy. Over the years, we have modified and refined the original formulation method, and it has evolved into the current Plan Formulation Method (PFM). The PFM is a robust methodology that can be employed by researchers of various theoretical persuasions to develop reliable, comprehensive case formulations for research. Moreover, it can be used by the individual practitioner and as a tool for teaching. We will review the evolution of the PFM, and, in so doing, describe how we have addressed the methodological issues (e. g. , operationalizing concepts, determining reliability, assuring internal consistency, cross-theoretical applications) that have bedeviled clinicians and researchers attempting to develop reliable formulations. In addition, we will highlight the benefits of employing the PFM for the individual practitioner.

Using case formulation to assess the suitability of therapist interventions George Silberschatz, University of California, San Francisco, USA; John T Curtis, University of California, San Francisco, USA

Psychotherapy research has long been plagued by what Kiessler called the "homogeneity myth": patients who share a DSM diagnosis have been regarded as homogeneous groups that could therefore be randomly assigned to one or another "homogeneous" treatment. Kiessler and many researchers who followed have argued that these are simply false assumptions. Over the past few years there has been growing recognition that therapist interventions must be individually tailored to meet patients' particular needs and problems. Although many clinicians and researchers can agree about the value of such case-specific approaches, there is a serious paucity of empirical studies employing such methods. We will present research carried out by the San Francisco Psychotherapy Research Group illustrating how case formulations can be employed in both process and outcome research. After case formulations are developed (using reliable methods) for each patient, the formulation serves as the basis for evaluating the suitability of the therapist's interventions. Interventions that are rated as compatible with the formulation are related to significant progress in the session and are strongly predictive of treatment outcome. Methodological benefits and challenges in carrying out such research will be discussed.

From Luborsky's CCRT transference measure to two-person CCRT research. Hadas Wiseman, University of Haifa, Israel

Luborsky (1977) originated the Core Conflictual Relationship Theme (CCRT) method as a way to identify and formulate the patient's core relationship conflicts or central relationship patterns that are recurrent and pervasive in his or her relationships. The CCRT method was firmly rooted in clinical experience and close observation and was theory-driven at the same time, rooted in the Freudian concept of the transference template. A CCRT formulation, for example, would be "the patient wishes to be close (W), others responses are rejecting and disappointing (RO), and the patient in response feels anger and guilt (RS). The CCRT method has generated an extensive and rich body of research (Luborsky & Crtis-Christoph, 1998) and it forms the basis for psychodynamic formulation in Supportive-Expressive therapy (SE) in research, practice and training (Summers & Barber, 2010). Taking a two-person perspective in our research on the meeting of the CCRTs of patient and therapist, we have shifted our CCRT focus from one-narrator (patient or therapist) to two-narrators in a "co-constructed" mutual relationship. We conducted intensive analyses of CCRT patterns in client-therapist dyads during psychotherapy focusing on the unique encounter between their relational patterns in psychodynamic psychotherapy (Schattner & Tishby, 2018). We suggest that such a relational approach to transference-countertransference encounters requires applying case formulation as "a work in progress" that will undergo revisions and refinements as the therapeutic relationship unfolds throughout therapy. Implications of the relational turn for revisiting CCRT case formulation in future research and practice will be discussed.

Panel

Treatment outcome

Organizer: Fredrik Falkenström,
Linköping University, Stockholm,
Sweden

Common factors, psychotherapy technique and treatment outcome

There has been heavy debate among psychotherapy researchers on the relative emphasis on common factors or psychotherapy techniques. This panel is based on the premise that both common factors and psychotherapy techniques are important for understanding psychotherapy. The presentations focus on various types of common factors and psychotherapy techniques, and how these explain outcome. The first presentation concerns the validation of a rating scale -- the Therapist Relational and Interactional Competence Scale (TRICS), used for measuring the impact of therapist relational competence in psychotherapy, and its relation to psychotherapy outcome. The second presentation is on countertransference feelings in therapists and its relation to next-session outcome -- possibly mediated by the working alliance on a within-patient level. The third presentation takes an exploratory approach to finding the best predictors of dropout from psychotherapy using machine learning algorithms. Finally, the fourth presentation aims to determine which techniques predict outcome in the form of defense mechanisms in two treatments for panic disorder (CBT and PFPP). This panel presents promising research strategies for the future, building on the collected wisdom from previous decades of psychotherapy research.

Do trainee therapists' relational competence predict treatment outcome? Björn Philips, Stockholm University, Sweden; Lise Bergman Nordgren, Karolinska Institutet; Rolf Sandell, Lund University, Lund, Sweden

Aim: To investigate to how much therapy outcome in treatments conducted by trainees are predicted by therapist relational and interactional competence, in comparison with how much outcome is predicted by the therapeutic method used. **Methods:** Patients with various types of psychological problems (N = 103) underwent psychological treatment at Linköping University's unit for trainee therapies. The therapists were MSc students at the Swedish clinical psychology program, in the last phase of the program in which they have their psychotherapy courses and conduct psychotherapy under weekly supervision. The psychotherapy courses and supervision had either cognitive-behavioral or psychodynamic orientation. Prior to seeing their first patient, the students performed videotaped role-plays of psychotherapy assessments. Subsequently, independent observers using the Therapist Relational and Interactional Competence Scale (TRICS) rated the trainee therapists' performances in the videotaped role-plays. Pre and post therapy, patients completed the questionnaires Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Clinical Outcomes in Routine Evaluation -- Outcome Measure (CORE-OM).

Results: The paper will present the results of the analysis on how much the outcome -- in terms of patient change in depression, anxiety and general distress -- is predicted by therapist relational competence and therapeutic method, respectively. **Discussion:** The implications of the findings will be discussed, with regard to training, supervision, and professional development of psychotherapists.

Therapist countertransference, working alliance, and therapy outcome: A disaggregated cross-lagged mediation analysis Fredrik Falkenström, Linköping University, Stockholm, Sweden; Annika Ekeblad, Linköping University, Stockholm, Sweden; Rolf Holmqvist, Linköping University, Stockholm, Sweden

Abstract/Objective: Therapist countertransference (CT) has been described in the clinical literature as an at least potentially hindering factor in psychotherapy, and there is some empirical research relating CT to therapy outcome. In the present study we will use disaggregated cross-lagged panel analysis, a method that allows stronger causal interpretations than traditional methods, to study the effect of CT on subsequent change in depressive symptoms. In addition, we hypothesized that the effect of CT on depression would be mediated by the working alliance. **Methods:** Data from two studies on treatment for Major Depression was used (N1 = 90, N2 = 40). The treatments studied were Cognitive Behavioral Therapy, Interpersonal Psychotherapy and Brief Relational Therapy. Depressive symptom severity was measured using the Beck Depression Inventory -- II (BDI-II) and the Patient Health Questionnaire -- 9 (PHQ-9), CT was measured using the Feeling Word Checklist -- 24, and working alliance using the Working Alliance Inventory -- Short form Revised (WAI-SR). All measures were taken at each session.

Results: Data will be analyzed and presented at the SPR meeting in Buenos Aires. **Discussion:** We know of no prior studies on CT using disaggregated cross-lagged panel modeling, and no studies on alliance as mediator of a possible effect of CT on outcome.

Prediction of drop out in psychotherapy by patient symptom change patterns in the early phases of treatment: A machine learning approach Carl-Johan Uckelstam, Linköping University, Stockholm, Sweden; Björn Philips, Stockholm University, Sweden; Rolf Holmqvist, Linköping University, Stockholm, Sweden; Fredrik Falkenström, Linköping University, Stockholm, Sweden

Background. Premature withdrawal from psychotherapy is a major problem for the delivery of treatment in mental health services and is a phenomenon that needs to be better understood. Earlier studies have primarily investigated pre-treatment characteristics to predict drop out in psychotherapy but with inconsistent findings. As yet, little is known about patients' symptom change in the early phases of treatment and it's possible relationship to drop out. Machine learning models have been applied successfully for diverse enquiries in many fields of research. However, these methods are not yet commonly applied in psychotherapy research. Used in an exploratory way it is possible to examine if specific self- rated questions and early change on these questions might be associated to a higher risk of drop out. **Aim** The aim of the present study is to investigate the association between patient's symptom change patterns in the early phases of treatment and risk of drop out in psychotherapy. **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 260 therapies in a Swedish primary care setting measured with CORE-OM at session one to three will be used for the analyses. Drop out was defined as therapists labelling ending of treatment as unplanned. Different machine learning classifiers will be evaluated by commonly used procedures such as cross validation, training, tuning and testing. **Results.** Data will be analysed during the spring of 2019, and results will be presented at the SPR meeting in Buenos Aires in July. **Discussion.** Findings of the present study might be helpful to further understand potential predictors of risk of drop out in psychotherapy.

Identifying Techniques Predictive of Change in Defense Mechanisms in Treatments for Panic Disorder: A cross-lagged analysis Christopher Perry, McGill University, Montreal, Canada; Mary Mingos, Adelphi University, New York, USA; Nili Solomonov, Weill Cornell Medical College; Fredrik Falkenström, Linköping University, Stockholm, Sweden; Kevin McCarthy, Chestnut Hill College; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Barbara Milrod, Weill Cornell Medical College, New York, USA; Jacques P. Barber, Adelphi University, New York, USA

Aim: To determine which techniques predict change in defense mechanisms in CBT and panic-focused psychodynamic therapy (PFPP). Previous research from our group demonstrated that an improvement in adaptive defense use is associated with symptom improvement in both CBT and PFPP. This study will focus on identifying which techniques facilitate change in defenses over the course of treatment.

Method: A sample of 100 patients with panic disorder (with or without agoraphobia) received either CBT or PFPP. Trained and reliable raters coded patients' defense use in early, mid, and late sessions utilizing the Defense Mechanism Rating Scale (Perry, 1990), as well as therapists' technique use in the same sessions using the Multitheoretical List of Interventions (MULTI; McCarthy & Barber, 2009). Random-Intercept Cross-Lagged Panel Models assessed bi-directional associations between technique use and defenses over time, disentangling within- and between-patient effects, and accounting for prior change. **Results and Discussion:** will be presented at the SPR meeting. **Keywords:** panic disorder, defense mechanism, techniques, mechanism of change.

Discussant: Sigal Zilcha-Mano, Haifa University, Israel;

relationship: Contribution of systematic single-case studies

Aim: This panel gathers the contributions of different researchers of the Latin American Network for Psychotherapy Process Research, to the study of the communication during the therapeutic process, specifically that which is involved in the negotiation of the therapeutic relationship, from a micro-analytic approach. Members of this network are working collaboratively on this area of research. The first study of this panel identifies micro-conversational practices by which a therapeutic system negotiates and accomplishes mutually acceptable goals and tasks for therapy. The second study examines the therapeutic verbal communication during episodes of two types of alliance ruptures -confrontation and withdrawal-, in premature interrupted psychodynamic psychotherapy of a BPD patient. The third presentation focuses on the manifestation of nonverbal facial-affective communication markers in the patient-therapist interaction, during different types of Alliance ruptures in a brief psychodynamic therapy. The fourth presentation evaluates the association between patient-therapist linguistic patterns and passages of Reflective Functioning.

Method: All studies apply a systematic single case study approach, based on an observational perspective and microanalysis of the variables of interest.

Results: Results of the four studies indicate the value of studying patient-therapist interaction from different perspectives, as each can inform on distinct patterns of communication that are relevant to the constitution and maintenance of the therapeutic relationship. **Discussion:** We will discuss the contribution of the different approaches to understanding the communication aspects involved in the negotiation of the therapeutic relationship, and reflect upon the implications of these findings for future research and clinical practice.

Disagreeing in Affiliative Ways: Managing the Therapeutic Alliance through Micro-Conversational Practices Joaquín Gaete, Universidad Adolfo Ibañez; Ines Sametband, Universidad Adolfo Ibañez; Valentina Ruz, Universidad Adolfo Ibañez; Romina Ferretti, Universidad Adolfo Ibañez

Aim: The aim of this study was to identify micro-conversational practices by which a therapeutic system (therapist and clients) conversationally negotiated and accomplished mutually acceptable goals and tasks for therapy. **Methods:** The IP-scope is a systemic, discursive-informed model designed to assess interaction through Interpersonal Patterns (IPs) empirically observable in how people respond to each other in therapy sessions. We specifically used collaborative transforming interpersonal patterns (cTIPs) to distinguish episodes in the therapy process where therapist and clients accomplished mutually acceptable descriptions about therapy goals or tasks. We videotaped, transcribed and selected (by consensus) 33 cTIPs from one single, successful therapy process (eight sessions). We analyzed cTIPs coming from the initial, mid, and end parts of the process using conversation analysis and discursive psychology, looking at how assessments relative to goals/tasks were observably accomplished through talk-in-interaction.

Results: The results showed that the therapeutic system did not accomplish a strong agreement on either therapy goals or tasks until the very last session. We show examples of how, therapist and clients managed to sustain an affiliative stance despite their disagreements through a number of observable conversational practices. **Discussion:** We bring in the concept of therapeutic alliance and appropriate responsiveness in psychotherapy to discuss our results. In particular, how (sometimes) agreement on goals/tasks might hinder rather than promote successful therapy processes; and that learning how to disagree in affiliative ways might be a useful conversational skill.

Therapeutic interventions and their relationship with alliance ruptures in the psychotherapy of a borderline patient Eduarda Duarte de Barcellos, Universidade do

Vale do Rio dos Sinos, São Leopoldo, Brazil; Vitoria Maria Tabosa, Universidade do Vale do Rio dos Sinos; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

Aim: To explore possible differences in the therapeutic communication during episodes of two types of alliance ruptures (confrontation and withdrawal) in premature interrupted psychodynamic psychotherapy of Borderline Personality Disorder (BPD) patient.

Method: Systematic case study. All sessions (n=15) were videotaped, transcribed and coded with the Psychotherapy Process Q-Sort (PQS) and the Rupture Resolution Rating System (3RS) by trained raters. PQS was used to obtain general process description. Sessions (n=6) with higher number of ruptures were analyzed with the Therapeutic Activity Coding System (TACS), considering all dimensions: basic form, communicative intention, technique, domain and reference. Partial

Results: In general, process is characterized by a participative patient, who brought significant themes, focusing on recent interpersonal relationships. Patient seems to rely on therapist, initiates subjects and accepts therapist's comments. Therapist is responsive and confident. She communicates coherently, facilitating patient's speech and requesting more information and elaboration, as well as not reinforcing defenses. Throughout the treatment, there were 69 withdrawal ruptures, and 31 confrontation. Sessions number 3, 5, 6, 9, 10 and 13 had higher number of ruptures and were selected for further analysis. We are analyzing the chi-square to compare communication in rupture episodes and logistic regression with the intention to determine if there are differences in the form of communication according to the type of episode.

Facial-affective communication between patient and therapist during alliance ruptures in a brief psychodynamic therapy Carolina Altimir, Universidad de Las Américas; Diana Gomez, Pontificia Universidad Católica de Chile, Santiago; Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago. MIDAP.

Aim: To characterize and establish differences between the different types of Alliance ruptures (confrontation and withdrawal), regarding the manifestation of facial-affective communication markers in the patient-therapist interaction, in a brief psychodynamic psychotherapeutic process.

Method: A systematic case study is being carried out, based on the video-taped sessions of therapy. The patient is a 31 year old male with diagnosed depression, and the therapist is a 29 year old male with an average six years of clinical experience. A systematic phase sampling of 30% of the therapy sessions was carried out, yielding 10 therapy sessions. Three independent trained raters are currently identifying ruptures along these sessions based on the Rupture Resolution Rating System (3RS): Manual. Afterwards, two trained judges will code patient and therapist facial-affective communication within the identified ruptures, using the Facial Action Coding System (FACS). Special attention will be placed on facial behavior relevant for the emotional communication between the therapeutic dyad: Gaze behavior, self-soothing behavior and basic emotions.

Results: Preliminary analyses have shown that patient averts gaze during ruptures, whereas therapist maintains involvement with the patient by gazing. Self-soothing behavior by the patient is more predominant during withdrawal ruptures, together with negative passive emotions. **Discussion:** It is possible to identify characteristic facial-affective markers of emotional communication in the patient-therapist interaction that are specific to certain types of ruptures. We hope to contribute to an increased knowledge on how ruptures take place during the therapeutic process, in order to improve their detection and managing during the therapeutic process.

Linguistic patterns and its interaction with Reflective Functioning: A systematized single-case study of a psychodynamic psychotherapy Cecilia De la cerda, Universidad

de Playa Ancha Valparaíso, Chile; A. Javiera Duarte Soto, Universidad de Chile, Santiago; Andrés Roussos, Universidad de Belgrano, Buenos Aires, Argentina; Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Federico Morgade, Universidad de Belgrano, Buenos Aires, Argentina

Aim: To evaluate the association between patient-therapist linguistic patterns and passages of Reflective Functioning (RF). Specifically, we will observe the association between the levels of Spanish version of the WRAD (S WRAD) with passages of RF, and possible differences in the S WRAD during RF passages.

Method: We will analyze a single-case multi-source dataset, from patient and therapist, systematically drawn from a 67-session Psychodynamic psychotherapy. Linguistic analyses were based on verbatim transcripts. Therapist is a 53-year-old male with extensive psychotherapeutic experience; patient is a 48 year-old divorced female diagnosed with severe depression. A coding group is currently identifying Reflective Functioning passages with RF scale through a consensual method. Referential activity in patient, therapist, and the dyad will be assessed in 9 early sessions with the S WRAD.

Results: A non-linear, quadratic effect was found that relates quality of reflexive function with the evolution of the Referential Activity during the passages. Referential Activity tends to increase in each speech turn, while quality of RF is either low or high; while in middle levels of RF a much less pronounced increase in the referential activity is observed. **Discussion:** It is possible to associate specific styles of the therapist-patient dialogue, so that the average scores of reflective function are less representative of the referential activity. However, when the reflective function shows high scores (Marked RF) or very low scores (Negative or Limited RF), this is represented in the speech in a peculiar way, with an increase of the referential activity.

Panel

Mindfulness

Organizer: Carla Crempien,
Millenium Institute for the Study of
Depression and Personality

Contemplative Research in Clinical Practice and Training

The interest of contemplative practices in psychotherapy is growing exponentially during the last decades. Contemplative research is addressing a spectrum that goes from therapeutic disposition in the clinical encounter to specific interventions in which participants learn mindfulness/compassion practices through meditation as strategies to cope with somatic and psychological difficulties. The aim of this panel is to reflect on the impact of contemplative practices in clinical practice as a resource for resilience both for clients and therapists. We present findings from one study exploring the impact and potential benefits of compassion practices in vulnerable subjects, specifically a compassion-based multi-couple intervention in depression. Another study addresses the associations between mindfulness skills in psychotherapists in training and professional burnout and other characteristics as clinicians. And, finally, we present a case study describing the impact of the therapist's mindful presence on a therapeutic process. We discuss dialogues between theoretical and experiential learning.

Does a compassion-based multi-couple intervention in depression increase quality of relationship and partner burden? Corina Aguilar-Raab, Institute of Medical Psychology; Marco Warth, Institute of Medical Psychology, University Hospital, Heidelberg, Germany; Friederike Winter, Institute of Medical Psychology; Beate Ditzen, Institute of Medical Psychology

Background: Compassion by definition includes not only motivational, emotional, cognitive but also relational aspects -- for example to increase prosocial and helping behavior. Couples where one partner suffers from depression are found to be reduced not only in empathy, perspective taking and relationship quality but also impaired in their ability to compassionately relate to each other. The non-depressed partner is highly burdened -- often termed as the "hidden patient", still research on this issue is scarce. Therefore, as part of the Social Interaction in Depression (SIDE) Study -- we hypothesized that a compassion-based multi-couple intervention (CBCT) positively impacts the partner burden which would be associated with an increase in positively interacting with each other -- for example sharing appreciation -- but also with the reduction of the depressive symptoms in the patient partner. **Methods:** Depressed

couples were recruited from Heidelberg University Hospital and in public. Until the end of 2018, 39 couples were randomly assigned to either a 10 week CBCT for couples- or treatment as usual- group (TAU). Repeated measures analyses of variance were calculated to test for differences between the two groups from pre-to-post intervention, with a focus on the interpretation of effect sizes in this preliminary sample.

Results: Mixed, but also partly expected outcomes were observed in the non-depressed partners with regard to the enhancement of relationship quality, positively interacting with each other and the partner burden as well as to its association with the reduction of depressed symptoms in the depressed partner. Discussion: The results indicate the effectiveness of a compassion-based multi-couple intervention in depression having an impact not only on the depressed patient but on the social context, too. However, we will discuss mixed findings in terms of its complexity of dyadic and systemic aspects in a multi-couple therapy setting and various dimensions of beneficial therapy effects. Keywords: compassion based intervention, depression, multi-couple group training, partner burden

Mindfulness skills of therapists, characteristics as clinicians and professional burnout Carla Crempien, Millenium Institute for the Study of Depression and Personality; Pía Nitsche, Pontificia Universidad Católica de Chile, Santiago; Manuela Pacheco, Pontificia Universidad Católica de Chile, Santiago; Patxi Usabiaga, Pontificia Universidad Católica de Chile, Santiago

Background: Mindfulness practice of therapists has been associated with clinical skills such as, being attentive and not judging, and also with positive perceptions of the patients. Likewise, training in contemplative practices and body awareness favors the therapeutic presence, and in turn, therapeutic presence has been associated with mindfulness facets, self-compassion and lower psychological distress.

Aim: To explore the associations between mindfulness skills of a group of psychotherapists attending clinical training programs, and their own perceptions about well-being in clinical practice, their characteristics as therapists, and the level of professional burnout

Method: This is an exploratory study with mixed methodology (quantitative and qualitative). 50 psychotherapists attending clinical training programs answered a battery of questionnaires assessing: mindfulness skills (FFMQ, Baer et al, 2006), self-compassion (EAC, Neff, 2003), interoceptive awareness (MAIA, Mehling et al, 2012), professional burnout (MBI, Maslach et al 1981), and perception of attitudes and characteristics as a therapist (sections of the instrument developed by the Section of Interests of the Society for Psychotherapy Research in Training and Development, SPRISTAD). Qualitative interviews were carried out at the end of the programs, exploring the perception of the participants regarding the contribution of these programs in self-perception as a therapist, experience of well-being or attrition in clinical work and clinical management with patients.

Results: A high percentage of therapists with burnout syndrome was found (23%), significant and negative correlations were found between burnout and several facets of mindfulness, self-compassion dimensions and interoceptive awareness. Self-experiencing as effective in establishing a working alliance, secure, confident, anxious or relaxed during psychotherapy sessions, was found to be significantly associated with several dimensions of self-compassion and mindfulness skills as acting with awareness and non-judging. Qualitative data are being analyzed currently; we will present some of these data to enrich quantitative results. Discussion: It seems that mindfulness skills favors clinicians well-being and protects from professional burnout. We discuss our results considering, on the one hand, the importance of the therapist's well-being, and on the other hand the implications that may have on the therapeutic relationship, and psychotherapy outcome, thinking of mindfulness skills as a possible common factors in psychotherapy.

The process of being present in a psychotherapeutic encounter Candice Fischer, Pontificia Universidad Católica de Chile, Santiago

There are different ways to introduce mindfulness in a psychotherapeutic process. A therapist may, for example, decide to implement mindful practices with his/her patients. However, on a different venue, a therapist may decide not to offer specific mindfulness practices to his/her patients, but having been practicing mindfulness herself, this may have an indirect impact on his/her patients' psychotherapeutic change and overall improvement. The aim of the present study is to describe, using a

single-case analysis, a psychotherapy process in which a therapist, influenced by her own mindfulness practice and progressive understanding of mindful theory, unaware in the beginning, and more aware as the therapy progresses, adopts a mindful therapeutic attitude with her patient. This study discusses the impact of this emergent mindful attitude on a specific patient, Carol, a 28-year-old woman, characterized by having difficulties "connecting" to others. Using the methodology of single case analysis, this study examines the therapy process in light of the therapist's mindful attitude, and the progressive change Carol experiences in psychotherapy, in which she becomes increasingly "connected" to her therapist and to others.

Panel

Routine Outcome Monitoring

Organizer: Kim De Jong, Leiden University, Netherlands

Developing more effective and more accurate progress feedback systems

Routine outcome monitoring, also referred to as progress feedback or outcome feedback, has been shown to have a small but consistent effect on the effectiveness and efficiency of psychological treatments. The more advanced systems use underlying prediction models in which a patients' treatment course is compared with an expected treatment trajectory. This panel discusses four different approaches to improve the effectiveness and accuracy of future progress feedback systems. In the first presentation a model based on disorder-specific instruments is presented as an alternative to generic instruments. The second presentation will discuss for which clients predictions of progress might be inaccurate. The third presentation will discuss the development of a dynamic feedback model in which items are yearly updated and improved. The fourth presentation discusses how feedback is received by clinicians and if there might be ways to improve the delivery of the feedback.

Dose-response in low and high intensity CBT for common mental health problems: implications for outcome monitoring and feedback Jaime Delgadillo, University of Sheffield, UK; Louisa Robinson, University of Sheffield, UK; Stephen Kellert, University of Sheffield, UK

Background: Cognitive behavioural therapy (CBT) is effective for the treatment of common mental health problems, but the optimal number of sessions necessary to maximize treatment outcomes is unclear. This study examined dose-response patterns in routinely-delivered low and high intensity CBT in primary care services. Design, setting and participants. Retrospective analysis of multi-centre naturalistic data collected in stepped care psychological treatment services in England. This included clinical records for N = 102206 patients that received low (LiCBT) and high intensity CBT (HiCBT) and who had case-level depression and/or anxiety symptoms at the start of therapy. Main outcomes and measures. Reliable and Clinically Significant Improvement (RCSI) criteria were applied to patient-reported measures of depression (PHQ-9) and anxiety (GAD-7) symptoms. Survival analyses following the Kaplan-Meier procedure were applied to identify the number of sessions taken to observe 50%, 75% and 95% response rates in each sample. The number of sessions at which 50% and 95% RCSI rates were taken as the lower and upper boundaries of the optimal dose. Analyses were then stratified by diagnostic categories to examine differences across groups. Cox regression analyses, entering demographic and clinical variables selected a priori were applied to predict RCSI. Results. The optimal dose of LiCBT was between 4 and 7 sessions, and the optimal dose for HiCBT was between 5 and 14 sessions. Patients who had not met RCSI criteria by the upper boundary of the optimal dose had a minimal ((lt)5%) probability of response to treatment with additional therapy sessions. Social phobia, obsessive-compulsive disorder and post-traumatic stress disorder had considerably higher response rates in high intensity CBT and required longer interventions (up to 16 sessions). Higher baseline depression (PHQ-9), anxiety (GAD-7) and functional impairment (WSAS), as well as unemployment and disability, predicted a decreasing probability of RCSI with lengthier interventions across both intensities of treatment and outcome measures. Conclusions and relevance. Distinctive dose-response parameters were found for LiCBT and HiCBT, which can be used to monitor patients' response to therapy and to support treatment planning.

Are some patients less predictable than others? A tool for the identification of patients for which psychometric feedback might not work Julian Rubel, Universität

Trier, Germany; Wolfgang Lutz, Universität Trier, Germany

Routine outcome monitoring and feedback has been shown repeatedly to be a successful means for the prevention of treatment failure. Especially, the provision of decision support tools based on expected treatment response predictions can help therapists to interpret patient change. However, it is a common observation that for some patients scores in questionnaires do not match the clinical impression they make on the therapists. This may in part be due to aberrant response styles of patients. In the present paper we present a tool that might help to identify patients for which expected treatment response predictions may be less trustworthy. This tool uses patients' responses to questionnaires measuring similar aspects of mental distress. The degree to which patients' levels of distress in these similar questionnaires are incongruent is assumed to be an indicator of potential misspecifications of the expected treatment response predictions. The usefulness of the tool is tested in a sample of 350 outpatient psychotherapy patients whose therapists have access to a comprehensive feedback system. Results are discussed in the context of future extensions of psychometric feedback systems.

Multi-dimensional adaptive testing: Balancing information against length Samuel Nordberg, Harvard Medical School; Andrew McAleavey, Weil Cornell Medical School; Christian Moltu, Western Norway University of Applied Sciences

Background: Patient-reported measurements range in length from a handful of questions to batteries of 90 or more items. They also vary in their focus -- some assessing general distress or general symptomatology, and others attempting to specifically measure a variety of phenomena of interest. The Normative Outcome Response System for Evaluation (NORSE) has been designed to be broad (with 19 subscales) while also computer-adaptive to responses in order to reduce the burden of assessment on patients. The patient-specific method for adapting the NORSE will be reviewed, along with data from two iterations of the adaptive logic, showing how information can be retained even when eliminating questions. Design, setting and participants. The NORSE is a collaboratively-designed clinical feedback system, with computer-adaptive logic that has been developed, reviewed, and iterated for improvement. The approach to developing the adaptive logic will be reviewed, and two sets of data, collected in routine outpatient psychotherapy treatment centers in Norway (N=798) and the United States (N=1,327) will be reviewed to examine how successful the current logic has been. Main outcomes and measures. Descriptive statistics are used to explore the change in length and breadth of the NORSE over time. Item response theory statistics (specifically total and item-level information) applied to the longitudinal data to examine how much information is lost by eliminating questions from the assessment at different symptom levels. Results. Measure adaptability ranged from the full minimum length to the full maximum length at every longitudinal time point, while the average number of items fell rapidly in the beginning of treatment and stabilized after session six. Measurement length decreased and increased at the individual patient level, in response with their reported symptom severity and the complexity of their presentation. IRT analyses indicate that an acceptably small amount of information is lost by collapsing scales using the current logic. Conclusions and relevance. The NORSE has developed a novel way of adapting to patient responses which appears to retain most of the information necessary for clinical decision-making, while reducing the measurement burden on patients.

How do therapists deal with negative feedback? An analogue lab study Kim De Jong, Leiden University, Netherlands

Routine outcome monitoring has been found to be effective in improving the outcomes in routine practice. This may be particularly true for cases that do not progress, referred to as Not On Track (NOT) cases. Research has shown that not all therapist can handle feedback on NOT cases well. It is hypothesized that one reason for that is that receiving feedback that your client is not doing well, is perceived by some therapists as feedback that they themselves are not good therapists. To gain more knowledge on this topic, a lab study was set up in which feedback was manipulated. Master students (n=100) in clinical psychology were asked to listen to case vignettes and make an informed treatment choice out of 8 evidence-based treatment interventions. They were asked how well they thought this treatment would work and subsequently were provided with an expected trajectory for this particular patient based on their choice. Heart rate was monitored throughout the experiment. Preliminary results suggest that trainees demonstrated more negative mood after negative feedback. They also seemed to be highly invested in their choices, to the

extent that they did not believe the feedback. Qualitative analyses demonstrate that students seem to want to protect their self-image as therapists rather than believe their choice was less optimal. Implications for the way in which we present progress feedback to clinicians will be discussed.

Panel

Process and outcome

Organizer: Bernhard Strauss,
Friedrich-Schiller-Universität Jena,
Germany

Efficacy of small group treatment for psychological disorders - An update

Research related to small group treatment has been increasingly refined during the last years. In the current version of the handbook of psychotherapy and behavior change, conclusions about the efficacy and effectiveness of small group treatment were mainly based on a narrative review of more than 250 studies. Since more and more RCTs were published dealing with group treatments of different disorders, meta analyses were conducted to summarize the evidence with the aim to provide results that can be included in practice guidelines. The goal of the panel will be to present results of meta analyses dealing with very heterogeneous disorders, i. e. schizophrenia, mood disorders as well as anxiety disorders and PTSD. It will be shown that small group treatment is effective. Furthermore typical formats of group treatment will be described as well as ways to disseminate the results to agencies responsible for practice guideline development.

Group therapy for mood disorders: Results of a meta-analysis Gary Burlingame, Brigham Young University, Provo, USA; Rebecca Janis, Penn State University, University Park, USA; Hal Svien, Brigham Young University, Provo, USA

Aims: While substantial research supports different group psychotherapies for major depressive disorder (MDD) and bipolar disorder (BD), practice guidelines are often silent on the evidence to suggest group as an evidence-based treatment format. Furthermore, a rigorous comparative summary of differential efficacy between different types of group treatment is lacking. The goal of this study was to aggregate findings of randomized controlled trials (RCTs) for MDD and BD and evaluate their individual and comparative efficacy on different outcomes. **Methods:** A literature search identified 45 RCTs evaluating some form of group psychotherapy in treating MDD or BD. Two main outcomes were assessed: specific measures of depressive or bipolar symptoms (primary measures), and secondary measures assessing other symptoms (e. g. , anxiety).

Results: Group treatments showed a moderate effect on all symptoms compared to treatment-as-usual in both MDD ($g = 0.65$, 95% CI [0.29, 1.02]) and BD ($g = 0.62$, 95% CI [0.32, 0.70]). Effects were stronger on primary symptoms in MDD ($g = 0.71$, 95% CI [0.31, 1.11]) but not for BD ($g = 0.39$, 95% CI [0.12, 0.67]). We will also report on the ability of moderators of treatment success to explain variability in effect size, including treatment dose and sample size, among others. **Discussion:** Results indicate that group treatment has a positive effect on all outcomes examined. Hence, group psychotherapy for mood disorder is an efficacious format and needs to be considered as a standard treatment in practice guidelines.

Group therapy for schizophrenia: Results of a meta-analysis Hal Svien, Brigham Young University, Provo, USA; Gary Burlingame, Brigham Young University, Provo, USA; Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany

Aims: While substantial research supports different group psychotherapies for schizophrenia-spectrum disorders, very few practice guidelines suggest group as a recommended treatment. Furthermore, a comparative summary of differential efficacy between different types of group treatment is lacking. The goal of this study was to aggregate findings of randomized controlled trials (RCTs) for schizophrenia and evaluate their individual and comparative efficacy on different outcomes. **Methods:** A literature search identified 74 RCTs evaluating some form of group psychotherapy in treating schizophrenia-spectrum disorders, representing 5,787 patients. Three main outcomes were assessed: schizophrenia-specific measures of psychotic symptoms; treatment-specific measures assessing treatment aims; general measures assessing functioning.

Results: Group treatments showed a modest effect overall ($g = 0.39$, 95% CI [0.32, 0.47]), with similar effects on schizophrenia symptoms ($g = 0.32$, 95% CI [0.22, 0.41]), treatment-specific measures ($g = 0.54$, 95% CI [0.41, 0.67]), and general outcomes ($g = 0.36$, 95% CI [0.25, 0.46]). Our results were moderated by recruitment strategy (recruited vs. referred/other; $p = .042$), sample size ($p = .010$), and age of patients ($p = .050$), among others. **Discussion:** Results indicate that group treatment has a positive

effect on outcomes regardless of the orientation, and that results vary by meaningful moderators. Hence, group psychotherapy for schizophrenia is an efficacious format and needs to be considered in practice guidelines.

Group therapy for anxiety disorders, OCD and PTSD: Update of several meta-analyses Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany; Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany; Dominique Schwartz, University Hospital Jena

Aims: During the recent years, several meta-analyses were performed within a research project funded by the German Ministry of Science. The project "Systematic reviews and meta-analyses of small group treatment of mental disorders " specifically included meta-analyses of the efficacy of small group treatments for social anxiety disorder, panic disorders, generalized anxiety disorders, OCD as well as post-traumatic stress disorders showing onvincing evidence for the group setting. **Methods:** We update our former reviews by literature searches identifying more than 2 dozens of new studies.

Results: The updates confirm the meta analyses published by our group and indicate more diversity in the recent studies. **Discussion:** Results indicate that group treatment has a positive effect on all outcomes examined. Group psychotherapy for anxiety disorders, OCD and PTSD should clearly be much more considered as a standard treatment in practice guidelines for the treatment of these disorders.

Panel

Treatment outcome

Organizer: Cristina Tate de Stanley,
Asociación Psicoanalítica Argentina

Empirical study of the therapist interventions.

Recent research has shown that disorders like depression are concomitant with a typical way of relating to and handling conflict with others. Dynamic Interpersonal Therapy (DIT) is a brief psychoanalytic technique developed for the treatment of depressive patients. It is based on the establishment of an Interpersonal Affective Focus (IPAF) by the therapist. Using an instrument (part of the David Liberman Algorithm. ADL) which is useful to assess the therapeutic alliance. On the frame of David Liberman algorithm (ADL). The nexus interventions have the function to propose to the patient new approaches or perspectives of their problematic situations.

Interpersonal Affective Focus of depressive patients according to their personality styles: analysis of therapists' verbal interventions within session and self-experiences Nelson Valdes, Pontificia Universidad Católica de Chile, Santiago; Marcelo Girardi, corporacion medica Salvador; Andrea Florenzano, Corporación Médica Salvador

Recent research has shown that disorders like depression are concomitant with a typical way of relating to and handling conflict with others. Dynamic Interpersonal Therapy (DIT) is a brief psychoanalytic technique developed for the treatment of depressive patients. It is based on the establishment of an Interpersonal Affective Focus (IPAF) by the therapist, which reflects the way through which the patient usually relates to other people in their internal and interpersonal world, in the face of situations of loss and separation. In this study we empirically analyzed the most frequent IPAF of patients with depressive symptoms, depending on their personality organization (anaclitic or introjective), but also, to characterize their therapists' verbal interventions and self-experiences during and after the therapy. Based on a mixed methodology, the first sessions of 25 psychotherapeutic processes were analyzed. All the patients had depressive symptoms and different personality configurations (anaclitic and introjective). Two observational systems were used in order to identify their main conflictual relationship pattern (CCRT-LU-S and Axis II of OPD), while the main therapists' verbal interventions to co-construct the IPAF during the first session were analyzed using the Therapeutic Activity Coding System (TACS). In addition, all the therapists drafted a farewell letter at the end of the therapy (16 sessions), to give patients a written reminder of their main achievements, which were analyzed to identify changes in the IPAF and the countertransferential elements throughout the process. Similarities and differences between patients depending on their personality style were found, as well as between therapists' experiences.

Instrument to categorize the assessment of patient-therapist's alliance Cristina Tate de Stanley, Asociación Psicoanalítica Argentina; Liliana Alvarez, Universidad Argentina de la Empresa, Buenos Aires; Nilda Neves, Universidad Argentina de la Empresa, Buenos Aires; David Maldavsky, Universidad Argentina de la Empresa, Buenos Aires

The aim of this paper is to present and illustrate the uses of an instrument (part of the David Liberman Algorithm. ADL) which is useful to assess the therapeutic alliance. It begins describing the conceptual context (based on intersubjective perspective) to categorize the different types of clinical interventions (collect information, tuning, focus, nexus, complements, practical consequences). It then explains the design and implementation of an instrument to categorize patient- therapist's interaction in a first session taking in account the moments in which both of them interact on the explicit motives for consulting (collect information), on the affective or somatic tuning of the patient and the focus. Then this work shows the employment of the instrument in a first session's research of one therapist with 12 different patients. In the end this paper formulates some comments about of the utility and the validity of this instrument

The nexus interventions and their value as the therapist's clinical thought expression Irene Lydia Cusien, Asociación Psicoanalítica Argentina; David Maldavsky, Universidad Argentina de la Empresa, Buenos Aires; Nilda Neves, Universidad Argentina de la Empresa, Buenos Aires; Cristina Tate de Stanley, Asociación Psicoanalítica Argentina; Liliana Alvarez, Universidad Argentina de la Empresa, Buenos Aires

The authors present and illustrate a categorization of the nexus interventions which are present among those that take part of the therapist interventions at the session on the frame of David Liberman algorithm (ADL). The nexus interventions have the function to propose to the patient new approaches or perspectives of their problematic situations. Such nexus interventions establish relation between areas of the patient's expressions and are at least of three types: time or space contiguity, analogy, causality. Such nexus interventions put in evidence the concepts in which the therapist support his thinking referred to the patient's clinical facts. Some therapists tend to show the analogy nexus, some others causality nexus. We'll present two examples, one in which analogy nexus prevail and other in which causality nexus prevail.

Panel

Routine Outcome Monitoring

Organizer: Clara Paz, Universidad de Las Américas, Quito-Ecuador

Findings of the use of Routine Outcome Measures in Latin America

In the last decades, the use of outcome measures has increased considerably, in large part through the efforts to improve the efficacy and effectiveness of mental health treatments. However, although prolific, outcome measures use outside of developed countries is scarce. In Latin America, the use of these measures is emerging and there are several initiatives in different countries to extent its use in clinical and research contexts. The purpose of this panel is to present the findings of five studies that address the use of various routine outcome measures in Latin America. These studies will present data from Colombia, Perú, Ecuador, Uruguay, Chile and Brazil. The utility and its implications in clinical practice and research in each of these countries will be discussed.

Validation of the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) in Chile: Preliminary Findings Antonia Errazuriz, Universidad Católica de Chile; Elyna Gómez-Barris, Pontificia Universidad Católica de Chile, Santiago; Nina Franziska Immel, Pontificia Universidad Católica de Chile, Santiago; Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago

Aim: To assess the psychometric properties of the Ecuadorian Spanish Version of the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) in Chile, using a clinical and a non-clinical sample. Methods: The CORE-OM is a 34-item self-report questionnaire that measures psychological distress in four domains: well-being, problems/symptoms, functioning and risk (Evans et al. , 2000 , 2002). The instrument has been validated in Spanish, in Spain (Trujillo et al 2016) and Ecuador (Paz et al 2018). The Outcome Questionnaire (OQ. 45. 2; Lambert et al. , 1996) is a 45 item self-report questionnaire that measures treatment outcomes in mental health settings using three subscales: symptom distress, interpersonal relations, and social role. The instrument has been validated in Chile (von Bergen & de la Parra, 2002) and it will be used to determine the convergent validity with CORE-OM. The proposed design

considers 800 participants from two subsamples: the clinical sample ($n = \pm 200$) including patients presenting to a university outpatient mental health clinic and the non-clinical sample including university students ($n = \pm 400$) and a non-student community sample ($n = \pm 200$). Discussion: This study is part of a regional research initiative to explore the psychometric properties of the Spanish version of the CORE-OM in other Spanish speaking populations. The validation process using both an online as well as a paper and pencil application (benefits and limitations) and the preliminary finding in the non-clinical sample will be discussed. Keywords: CORE-OM; patient reported outcome measure (PROM); psychometric validation; Latin America

CORE-OM factorial structure and evidence of validity in a Brazilian Psychology

Clinical School Cláudia Cristna Fukuda, Universidade Católica de Brasília; Eveline Cascardo Ramos, Psychology, Brazil; Heloisa J. Fleury, Universidade de São Paulo, Brasil

Aims: verify the CORE-OM factorial structure and evidence of validity. Methods: the sample was divided into two groups: the clinical sample consisted of 435 patients attended in a Psychology Clinical School in the Federal District (Brasilia, Brazil), with 198 men (46%) and 232 women (54%); and the non-clinical consisted of patients' companions (41; 10%) and university students (370; 90%), with 158 men (38. 5%) and 252 women (61. 5%). The CORE-OM was applied individually in the clinical sample and in the patients' companions and collectively in the university students. Results and discussion: the measurement models of the scales were tested separately by means of Confirmatory Factor Analysis and demonstrated good adjustments to the data observed after some modifications. Subsequently, measurement models were tested with a second order factor. The model with the scales of functioning, problems and well-being showed better adequacy. Both the scales and the second order factor presented Composite Reliability indices higher than 0. 70. Correlation indices higher than 0. 30 were found between the CORE-OM scales and the Beck Depression Inventory (BDI) and significant differences between the averages in the clinical and non-clinical samples. The instrument seems to be promising for the evaluation of psychotherapeutic consultations in the Brazilian context.

Exploration of the psychometric properties of the Clinical Outcomes in Routine

Evaluation-Outcome Measure in Ecuador Clara Paz, Universidad de Las Américas, Quito-Ecuador; Chris Evans, University of Sheffield, UK; Guido Mascialino, Universidad de Las Américas, Quito

Aim: To explore the psychometric properties of the Spanish translation of Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) in Ecuador, a country in which access to valid psychological assessment instruments is scarce. Methods: In total, 886 adults not currently receiving psychotherapy treatment or taking psychotropic medication were included in the analysis. Two subsamples were considered: a university student sample ($n = 539$) and a non-student community sample ($n = 347$).

Results: The questionnaire demonstrated good acceptability, internal consistency, test-retest stability and acceptable convergent validity with two other instruments. These properties are consistent with the UK original version and the Spanish validation. Moreover, analysis of sociodemographic variables revealed gender differences in two domains: Well-being and Risk. Age was negatively correlated with psychological distress. Discussion: Results support the use of the CORE-OM as a valid and reliable instrument in a non-clinical Ecuadorean population. Exploration of the psychometric properties in a clinical population is recommended to assure its use in clinical settings. Keywords: CORE-OM, outcome measure, psychometric validation, Latin America, instrumental study

An experience using the CORE-OM to evaluate the effectiveness of psychotherapy among young people receiving health care in national health services in

Montevideo Denisse Dogmanas, Universidad de la República, Uruguay; María Alejandra Arias, Universidad de la República, Montevideo; Ramón Álvarez-Vaz, Udelar; María Cecilia Vitale, Universidad de la República, Uruguay

Since 2011, it has become compulsory for health care institutions of the National Integrated Health System (SNIS) in Uruguay to provide psychotherapy and psychosocial intervention. Adolescents and young people are identified as a priority population for this plan.

Aim: To study the features and effectiveness of psychotherapy among young people, from 16 to 24 years old, receiving health services in Montevideo, Uruguay as part of the SNIS.

Method: During a six month period, every young person from five health care facilities, who were indicated psychotherapy, were eligible to participate in the study. Eventually, 69 members contributed to it, for which a naturalistic research mode was used. Socio-demographic and clinical questionnaires were applied, The Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) and a semi-structured interview to assess the perception of change.

Results: The amount of young people undergoing psychotherapy is much lower than estimated. There is great heterogeneity among the young people seeking help, the therapists, the techniques used and the way services are organized by health care providers. Many of the difficulties reported by other studies that intended to implement ROM were also found in this study. **Discussion:** We questioned possible explanations regarding the low number of participants by proposing some active search strategies. The difficulties of implementing the study are discussed in terms of potential barriers before a national level initiative to enforce the use of routine outcome measures.

Preliminary psychometric properties of Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) in Colombia and Perú

Eliana Ivette Ortiz Garzón, Universidad Católica de Colombia; Luz Adriana Trujillo, El Bosque University; Sergio Alexis Dominguez Lara, Universidad de San Martín de Porres

Aim: To show the preliminary results about the psychometric properties of the adaptation and validation of Spanish Version of the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) in a Colombian-Peruvian sample. **Methods:** The adaptation and validation process were carried out in three phases. First, a translation was made with 10 bilingual English-Spanish professionals. Second, the assessment of the instructions and items were carried out by a group of experts. Third, cognitive interviews were conducted with potential users to evaluate the understanding of the Spanish version of the questionnaire and finally the necessary adjustments were made. As a result, a Colombian-Peruvian version of the instrument was obtained with 35 items, maintaining the four dimensions of the original version (Evans et al. , 2002). Subsequently, the questionnaire was applied to 450 participants (including clinical sample, university students, vulnerable population and community sample). The Outcome Questionnaire (OQ-45; Lambert et al. , 1996) and the Schwartz Outcome Scale (SOS-10; Blais et al. , 1999) were used as convergent measures. **Discussion:** Results allow to assess the validity and reliability of the CORE-OM in two Latin-American populations, and contribute to a regional research initiative in the adaptation of outcome measures. **Keywords:** CORE-OM; psychometric properties, outcome measures, CORE-OM, Latin-America.

Discussant: Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago;

Panel

Process and outcome

Organizer: Stephen Buller,
Psychotherapy Foundation

Focus and methods in process-outcome research in psychodynamic psychotherapy

Clinical trials of psychodynamic psychotherapy have given us significant data sets for outcome studies, observer rating, and process-outcome research. This panel will consider innovative ways in which observer rating is being developed to examine factors affecting treatment outcome. Stephen Buller will present a functional extension of a naturalistic clinical trial designed to examine the effectiveness of manualised STPP in routine clinical practice. Session-by-session measures and routine video recordings enable case tracking for process-outcome evaluation. A

new rating scale developed for video observation has been utilised in identifying, coding and correlating therapist activity and interventions against change events and change mechanisms. Susan Hajkowski will present a qualitative study focusing on the development of an observer-based framework for the evaluation of ego capacity in STPP. A four-stage interview process was used to uncover phenomenological descriptions and indicators of ego capacity based upon expert practice and understanding. Informants were enlisted in the micro-analysis of their own video-taped clinical practice using an Adapted Inter-Personal Process method. Results demonstrate evaluative levels and dimensions of ego capacity used to evaluate ego capacity which were incorporated into an evaluative framework. This framework is a precursor to a formal observer rating measure of ego capacity.

Preliminary results from a process-outcome study examining change and change mechanisms in short-term psychodynamic psychotherapy (STPP) Stephen Buller, Psychotherapy Foundation

Aim: This study is a functional extension of a naturalistic, pre-post, case series, clinical trial of an empirically supported, evidence based, manualised STPP in routine clinical practice. Methods have been developed to utilise session-by-session data from the clinical trial to facilitate comparative process analysis, and an examination of change mechanisms with this patient population. **Methods:** A data store from a clinical trial holds session-by-session outcome measures and routine video recordings of clinical sessions. The data store is being used in this present study for process-outcome evaluation of change events and examination of process-outcome factors. In this phase of the study a new model-specific rating procedure has been used to identify and code specific therapeutic events. Case analysis progresses with detailed examination of each session through triangulation of outcome scores with event rating of video recordings.

Results: Case analysis utilising session-by-session outcome data and close observations of routine video recordings of sessions has enabled a study of treatment process, change events and change mechanisms. The utilisation of a new rating scale for video observation shows promise in examining and identifying therapist activity and interventions in relation to change events. **Discussion:** Data from both the routine use of session-by-session outcome measures, and from routine video recording of all treatment sessions, is proving a valuable resource in applying rating tools for process-outcome analysis. Preliminary work suggests that therapist activity from within manualised STPP can show correlates with change events and change mechanisms.

The Development of a Framework for the Evaluation of Ego Capacity in Short-Term Psychodynamic Psychotherapy (STPP) Susan Hajkowski, University of Leicester, UK

Aim: The concept of 'ego capacity' is central in Short-Term Psychodynamic Psychotherapy (STPP). Accurate evaluation of ego capacity is required to determine treatment interventions and enable accelerated treatment, working at an optimum level of a patient's ego capacity. Theoretical underpinnings suggest change and improvement in ego capacity are expected during and at the end of treatment. There is currently an absence of rating measures to evaluate ego capacity. This study investigated how experts evaluated or 'rated' ego capacity in their routine practice and ways this knowledge could be transformed into an observer-based rating scale. **Methods:** A qualitative ethnographic frame was adopted utilising a four stage interview process. Adapted-Inter-Personal Process Recall interviews engaged expert informants in the micro-analysis of their own video-taped practice. Informants were enlisted in reflexive analysis of their own data to uncover explicit and implicit processes and understandings they used in making routine evaluations of ego capacity.

Results: Informants described five distinguishable evaluative levels of ego capacity used in practice. Indicators were generated for each evaluative level. Domain analysis revealed informants used between four and six 'dimensions of evaluating' in making their evaluations. These dimensions were clustered primarily around observable indicators rather than theoretical categories. Commonality in levels and dimensions enabled the development of one 'Framework for the Evaluation of Ego Capacity'

Discussion: A rating scale was devised based upon explicit and implicit expert practice and understanding. The discovery of dimensions based on observations indicates particular use for an observer-based rating scale which requires validation as a measure.

Discussant: Björn Philips, Stockholm University, Sweden;

Panel

Therapist training and development

Organizer: Jordan Bate, Yeshiva University

How 50 years of psychotherapy research findings can be applied to improve training for clinicians

Fifty years of psychotherapy research on identifying mechanisms of change in psychotherapy has shown that the effectiveness of treatment is often related to both "common factors" shared across theoretical orientations, as well as therapist effects that are independent of the treatment modality. In order to translate this empirical knowledge base to psychotherapy practice, it is important to develop effective evidence-based training of the next generation of clinicians. The topic of training raises many questions, including whether certain skills like warmth, empathy, attunement, and verbal fluency can be taught, who is most likely to benefit from trainings, what are the most effective ways to teach these skills or principles, and how can we disseminate and use evidence-based treatment manuals? This panel will present three approaches to psychotherapy training in different contexts, all of which draw on findings from empirical research: 1.) training psychology trainees in a doctoral program practicum course, 2.) training in interpersonal and relational skills for treatment providers in a large hospital system, 3.) training in a specific model (Group Attachment Based Intervention) with the aim of dissemination. Presenters will discuss what it is that we hope trainees will gain from each training, and present ways of assessing whether training has had the desired impact on clinicians' skills and evidence-based practice. Finally, we will discuss how studying training outcomes can further improve psychotherapy training in the future.

Can the Facilitative Interpersonal Skills (FIS) Be Trained? Implementing Training in a Hospital Setting Jordan Bate, Yeshiva University; Jerome Kogan, Northwell Health; David Roane, Northwell Health; Timothy Anderson, Ohio University, Athens, USA

The therapeutic relationship has been a central focus of research on factors that impact the effectiveness of psychotherapy. Empirical findings using the Facilitative Interpersonal Skills (FIS) approach to assess therapists' responses in difficult therapeutic situations have identified eight facilitative skills that predict both therapeutic alliance and patient outcome (Anderson et al. , 2009, 2015, 2016). These include empathy, warmth, emotional expressiveness, verbal fluency, hope and positive expectations, and alliance-bond and rupture-repair capacity. Given the promising evidence that therapists' FIS scores are predictive of their effectiveness, the question of whether clinicians could be trained to use these skills emerged. The Facilitative Interpersonal and Relational Skills Training (FIRST) was developed in the P. I. P lab at the University of Ohio as a module-based program targeting development of these interpersonal and relational skills. However, trainings created and initially delivered within the context of research programs often face challenges when they are disseminated in other settings. This presentation will describe how FIRST has been adapted and implemented in an urban community hospital setting in New York, and report on its effectiveness in two contexts: 1.) a one-day FIRST workshop designed for psychologists and psychiatrists, 2.) an 8-week FIRST course for medical social workers. We will report preliminary outcomes, including the impact of FIRST on trainees' skills on the FIS, as well as self-report questionnaires assessing empathy, interpersonal styles, reflective functioning, mindfulness, and emotion regulation. Finally, we will report on feedback from participating clinicians, as well as their engagement in deliberate practice exercises following the training.

REARING Coding System (RCS): Validation of a competence coding system for Group Attachment Based Intervention (GABI©) clinicians Kelsey Armusewicz, The New School; Lorena Lopez, The New School; Miriam Steele, The New School; Howard Steele, The New School; Anne Murphy, Montefiore Medical Center

Clinician competence in children's mental health is an often neglected, vital aspect of the dissemination of evidence-based practices. The rapid dissemination of EBPs has focused attention on monitoring implementation quality and is traditionally assessed through adherence measures. However, the findings on adherence to manual based treatments are inconsistent, with some studies finding that greater adherence to manualized treatments is related to poorer outcomes. Clinician competence better predicts positive outcomes than adherence alone and reflects the sense of appropriateness in utilizing therapeutic action. This presentation discusses a clinician competency-based coding system developed for the Group Attachment Based Intervention (GABI ©), an intervention aimed at improving the parent-child attachment relationship in high-risk families. A competency coding system was developed to measure clinician effectiveness in the GABI model. Using defined anchors

and examples, video clips of clinicians were rated on a scale of 1-5, where higher scores indicated greater competency on each core feature of therapeutic action defined by the REARING model (Reflective Functioning, Emotional Attunement, Affect Regulation, Retention, Intergenerational Transmission, Nurture, and Group Context). Results of this study provide support for the REARING Coding System (RCS) in determining the efficacy of clinicians disseminating an attachment-based intervention for infants and their families. The measure has exhibited robust inter-rater reliability and internal consistency exemplifying its validity for measuring this construct. Additionally, RCS is currently being used with the dissemination of GABI in supervision and consultation with new clinicians implementing the intervention. This includes a discussion of applying such measures across a range of modalities.

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

Panel

Mentalization

Organizer: Svenja Taubner,
Heidelberg University, Germany

How can therapists increase patients mentalizing in the therapeutic session?

Mentalization is regarded a key mechanism of change for therapeutic processes. First evidence indeed shows that changes of mentalization during the course of psychotherapy predict symptomatic changes e. g. in Borderline-Personality-Disorder (BPD) Patients. In this panel four different papers will discuss how mentalization can be traced in the process of psychotherapy by coding session transcripts using adapted versions of the reflective functioning scale. Two papers deal with an in-depth analysis of single cases using adherence measures to test if adherence and increase of mentalization are associated during the course of a focused parent-infant psychotherapy or a long-term mentalization-based treatment with a BPD patient. The two other papers take data from RCTs with anorectic or BPD patients respectively and assess if changes of mentalizing are associated with specific therapeutic interventions.

Changes of mentalization in relation the therapeutic adherence and competence -- a single case study. Lea Kornhas, Heidelberg University, Germany; Svenja Taubner, Heidelberg University, Germany

Aims: Mentalization-Based Treatment (MBT) is an empirically-supported therapy for Borderline Personality Disorder (BPD). The concrete mechanisms of the processes that cause an improvement of the symptom severity are not yet sufficiently studied. The goal of single case study is to examine the relationship between the therapist's adherence as well as competence and the patient's mentalization abilities both within therapy sessions and across the duration of therapy. Changes in mentalizing will also be linked to changes in symptoms and personality functioning.

Method: The analysis will be based on data of a three years long Mentalization-Based Treatment with a 21 years old woman, diagnosed with BPD. A selection of several sessions within those three years was analyzed for the patient's mentalization abilities, measured by the Reflective Functioning Scale (RF), and the therapist's adherence and competence (MBT-AC). The severity of the symptoms was assessed at the beginning and at the end of the treatment. **Results/Discussion:** The analyses are currently carried out and the results will be presented at the conference.

Interventions that strengthen mentalizing in parent-infant psychotherapy: A systematic case study Anna Georg, Heidelberg University, Germany; Svenja Taubner, Heidelberg University, Germany

Parent-infant psychotherapy treats parents in order to reduce infants' symptoms and to strengthen the quality of the parent-infant relationship. However, little is known about the change processes that are set in place in parent-infant psychotherapy and the therapeutic techniques that are most helpful. This study aims to examine the specific interventions that fostered mentalizing in a single case of a mother of an 8 months old infant with sleep onset and night waking disorder who received the brief (4 sessions) focused parent-infant psychotherapy (fPIP). We assessed therapeutic interventions in the first and the last session with the fPIP adherence scale and in-session mentalizing with the Reflective Functioning Scale (RFS). We quantitatively described the change in RF and the associated interventions. Additionally, we analysed qualitatively the moments in therapy that were relevant for the treatment focus and during which the mother demonstrated an increase in RF, and considered potential mechanisms of change set in place by specific interventions. The fPIP was adherent

according to the manual and did successfully lead to a symptom reduction in the infant, reduced psychological burden in the mother, and more sensitivity and involvement in the parent-infant interaction were observed. On average RF appeared slightly higher by the time of the end of treatment. Frequent interventions were supportive, interventions that offer psychological functions for the mother, and empathic validations. Higher scores in RF were not systematically associated with a specific intervention. However, there was a tendency that the therapists' mentalizing for the mother was more frequently observed with higher RF scores. We discuss the results with regard to the processes in the course of treatment and strengths and limitations of FPIP.

Assessing dimensions of in-session mentalizing -- results from the ANTOP-anorexia trial Svenja Taubner, Heidelberg University, Germany; Jana Volkert, Heidelberg University, Germany; Thorsten-Christian Gablonski, Alpen-Adria-Universität Klagenfurt; Almut Zeek, University of Freiburg, Germany; Armin Hartmann, University Hospital Freiburg, Germany

Background: Most studies assessing mentalization (Fonagy et al. , 2002) have used the reflective functioning scale (RFS, Fonagy et al. , 1998) where a global score for quality of reflection and integration of the reflexive self is assigned (e. g. , Ekeblad et al. , 2016; Taubner et al. , 2011). However, so far no standardized rating of the mentalizing dimensions "self-other", "affective-cognitive", "internal-external" and qualitative markers of non-mentalizing (e. g. pretend mode) exists, although impairments on these dimensions have been linked with specific psychopathology (e. g. , high affective and low cognitive mentalizing in BPD). Furthermore, identification of non-mentalizing and mentalizing dimensions can help the therapist to effectively apply MBT-specific interventions (Fonagy et al. , 2010). Therefore, the aim of this study was to develop and assess the interrater reliability of a new standardized measure, which enables the assessment of qualitative non-mentalizing markers and mentalizing dimensions.

Method: This is a secondary data analysis from the ANTOP study, a prospective, RCT designed to compare psychodynamic, cognitive-behavioral therapy with TAU for patients with anorexia nervosa. Session transcripts from all treatment modalities were rated with the RFS and applying the new dimensional mentalizing rating system. Text units are rated with regard to markers of non-mentalizing and the 3 mentalizing dimensions. At least two reliable RF raters coded each transcript independently. Furthermore, interventions of therapists are coded distinguishing between probes for mentalizing, mentalizing for the patient, empathic validation and inhibiting mentalizing (e. g. by changing to a non-mentalizing topic or dominating the session). Results & Discussion: Analyses of the data is currently carried out and results will be presented at the conference.

The Role of In-Session Mentalizing in the Process and Outcome of Three Psychotherapies for Borderline Personality Disorder Yogev Kivity, Penn State University, University Park, USA; Kenneth Levy, Penn State University, University Park, USA; Lia Rosenstein, ; Thomas Crow, Penn State University, University Park, USA; Benjamin Johnson, Penn State University, University Park, USA; Tracy Clouthier, Penn State University, University Park, USA; John Clarkin, Weill Medical College of Cornell University

Aim: Empirically-supported treatments for Borderline Personality Disorder (BPD) exist but their mechanisms remain poorly understood. We examined the role of in-session mentalizing (the capacity to consider mental states) in three treatments for BPD: Dialectical-Behavior Therapy (DBT), Transference-Focused Psychotherapy (TFP), and supportive-psychodynamic treatment (SPT). We examined whether TFP makes greater use of interventions that facilitate mentalizing and whether these interventions predict better mentalizing and better emotion regulation. We also examined whether mentalizing predicts outcome. Methods: Ninety patients were assigned to one of three, year-long treatments. Three sessions were identified for each patient (early-, mid- and late-phases) and segmented to talk-turns. Coders classified therapist interventions to those that ask patients to consider mental states ('Bids' for mentalizing) vs. those that do not ('Non-Bids'). Coders also rated patient talk-turns for mentalizing (Fonagy et al. , 1998). Vocal-acoustic correlates of patient emotional arousal were extracted using designated voice analysis software (Boersma & Weenink, 2017). Outcome was measured 0, 4, 8, and 12 months into treatment as clinician-rated suicidality and self-reported aggression (Coccaro et al. , 1991).

Results: Across groups, bids predicted better mentalizing which predicted lower emotional arousal. Only in TFP, better mentalizing predicted improvements in irritability, anger, and verbal assault, but not direct assault or suicidality. Discussion: Interventions that ask patients to consider mental states may increase mentalizing and reduce emotional arousal. Mentalizing has a unique and important role in TFP, as the findings suggest that increases in mentalizing predicted better outcome and that this association was not evident in other treatments.

Panel

Methods

Organizer: Femke Lara Truijens,
Ghent University, Belgium

How valid is our understanding of validity? Data collection, inference, ontology and methodological heuristics in psychotherapy research.

In psychological research, validity may be understood as a psychometric concept that refers to "measur[ing] what is purported to measure" (Borsboom, Mellenbergh & Van Heerden, 2004, p. 1061) or to the validity of inferences from research. Donald Campbell (1957) suggested a framework to capture the validity of experiments, which distinguished internal and external validity. Various qualitative researchers (e. g. Levitt et al. , 2017; Stiles, 1993) have developed terminology to describe the epistemic approaches in qualitative research as well. In this panel, we aim to scrutinize validity issues in psychotherapy research. We address whether the dominant understanding of validity is sufficient to evaluate the validity of evidence from varied sorts of research. First, Bill Stiles considers whether the terms internal and external validity are appropriate for evaluating theory-building in qualitative research. Second, Mattias Desmet discusses how the ontological model behind statistical analysis is heuristic in such a way that it may prohibit the consideration of an important validity question on the choice for an ontological model regarding the 'object of understanding'. Third, Femke Truijens presents a case study to show in concrete research data how and why the current validity terminology is be ill-suited to evaluate the practical process of data collection in psychotherapy research, and how this is vital towards clinically relevant evidence generation. A separate structured discussion session following this panel will allow for a more in-depth discussion among all who attend regarding their experience of validity issues in psychotherapy research, particularly the validity of current validity terminology.

Validity in qualitative theory-building research William B Stiles, Miami University, Oxford, USA

The concepts of internal and external validity of experiments (Campbell, 1957) have become part of the methodological canon of the field. Internal validity is the extent to which a study supports a claim about cause and effect within the context of that study. External validity is the extent to which results can be generalized to other contexts. This presentation will explore how these issues can be addressed in qualitative theory-building case studies. Internal validity can be addressed in qualitative theory-building research, including case studies, by making many theoretically-relevant observations. The theory specifies the cause-effect relations. A successful statistical hypothesis-testing study yields a small increment (or decrement) of confidence in the theory by making many observations on one aspect of or derivation from the theory (the hypothesis). The number of observations determines the degrees of freedom and thus the power of the statistical analysis. A successful qualitative study can yield an equivalent increment (or decrement) in confidence by making just one or a few observations on each of many aspects of theory. The many observations (on different aspects) are analogous to statistical degrees of freedom (Campbell, 1979) and can justify equivalent adjustments in confidence. Internal validity concerns devolve to the (many) theory-relevant observational statements. External validity is not a concern in theory-building studies (qualitative or otherwise) because the generality of a theory is part of the theory, not a quality of specific results. Qualitative research, such as a case study, addresses generality by increasing or decreasing confidence in the theory.

What is it like to be a dependent variable? A phenomenological case analysis on the validity and performativity of data collection in psychotherapy research. Femke Lara Truijens, Ghent University, Belgium

In psychotherapeutic research, the 'randomized controlled trial' is held as gold standard to go beyond individual differences systematic controlled evidence. This design is predominantly relying on measures to derive aggregate data as the basis for evidence on treatment efficacy. The most vital predisposition of the validity of this methodology is the participant who generates 'the data'. Based on statistical axioms, it

is assumed that validated measures are able to measure distinguishable constructs in individuals, and interindividual difference are evened by means of statistical aggregation. In this paper, we present a case to show how the experience of the research procedure may affect 'the data', and we discuss whether our understanding of validity is rich enough to accurately evaluate the validity of this data as input for evidence on treatment efficacy. In this paper, we discuss a case who participated in our psychotherapy study for major depression treatment. The patient, a 47-year old male, was randomly assigned to a psychotherapist for a 20-session weekly treatment. Before, during and after treatment, he was interviewed by 'his own' researcher. Narrative from therapy and research were analyzed with an interpretative phenomenological approach, to understand how the patient experienced the 'role' or 'function' of being a participant in a scientific study. For this patient, the research procedure appeared to interact with the primary symptoms in a way that makes it dubitable that the collected data validly indicate symptom changes. Moreover, the 'performative effect' of the research procedure makes this data less or even inaccurate as an indicator of treatment effect. Statistical inference yields the assumption that interindividual differences are 'evened' when samples are large enough. However, based on our analysis, we show that this assumption falls short to identify and 'filter out' the performative effect of the research procedure. Based on this discussion, we argue for the necessity to evaluate the validity of concrete data that is gathered by measures within particular research contexts, beyond the 'validation' of instruments in general. Consideration of the idiosyncrasy of experience and the impact of the research procedure on the data is vital to judge whether data are valid to derive 'evidence' on treatment effect in psychotherapy research.

Discussant: Stig Poulsen, University of Copenhagen, Denmark;

Panel

Therapist training and development

Organizer: Aisling McMahon,
Dublin City University

Illuminating the developmental cycle for supervisors and psychotherapists: Patterns, models, interventions and outcomes

This panel will present four independent but complementary research studies, from different parts of the world (Finland, Denmark, Canada and Ireland), which investigate developmental processes for supervisors and psychotherapists. Each of these studies aims to enhance our understanding of the people involved in psychotherapeutic and supervisory work, investigating the processes and relationships connected to developing individuals' capability from initial training through to qualified practice. The panel will start with a detailed study of those beginning psychotherapy training, Heinonen providing an analysis of data from Finnish trainees participating in the SPR Interest Section on Psychotherapist Training and Development (SPRISTAD) study. Following this, as well as presenting preliminary pilot study data, Nielsen and his colleagues will discuss the experience of setting up a Danish study to investigate the impact on client outcomes of alliance-focused supervision for therapists. Mannella and Grafanaki will then offer a model of change and growth for early psychotherapy supervisors, developed from their longitudinal phenomenological study of supervisors' experience in Canada. Finally, McMahon and Jennings will offer findings from an analysis of supervisory models and interventions in an observational study of the supervision of qualified practitioners in an Irish mental health service.

Who trains to become a psychotherapist? A national study of novice trainees' professional and personal characteristics Erkki Heinonen, University of Helsinki

Aim: Psychotherapists may have widely different backgrounds at the start of their training, both professionally and personally. Although these differences may have implications for training and supervision, little large-scale research exists on them. **Methods:** To date, a total of 259 trainees from 21 different therapist training programs within 5 universities across Finland have taken part in a multinational study of psychotherapist development. Trainees' professional and personal backgrounds were assessed at the beginning of training with questionnaires developed by the SPR Interest Section on Psychotherapist Training and Development (SPRISTAD). Linear regression analyses were conducted.

Results: The variation in trainees' prior professional (e. g. , degree, years of clinical experience, amount of supervision) and personal (e. g. , age, marital status, childhood adversities, personal therapy, experiences in close relationships) backgrounds will be explored. The relationship of these variables to trainees' current experienced professional skilfulness (theoretical, technical, and relational skills) as well as their training program location and therapy model will be explored. **Discussion:** To optimally fit the content of therapist training and supervision to trainees' characteristics,

research is needed on their professional and personal experiences at the start of training. For the development of particular training programs as well as national guidelines, we also need information on how these associations may vary by therapy model and/or training program location. Implications of the findings will be discussed.

The outcomes of case formulation and alliance focused pre-treatment supervision of psychotherapy: A pragmatic randomized controlled study Jan Nielsen, University of Copenhagen, Denmark; Birgit Bork Mathiesen, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Denmark; Line Rettig Lauritzen, University of Copenhagen, Denmark; Stig Poulson, University of Copenhagen, Denmark

Aim: The supervision sub-project of the CROP (Common Factors, Responsiveness and Outcome in Psychotherapy) study is a pragmatic randomized controlled study of a brief pre-treatment supervision focusing on case formulation and working alliance in order to examine the impact of this intervention on therapist responsiveness and client rated symptom outcome. **Methods:** Therapists will be allocated to two conditions (supervision vs. no supervision). In the supervision condition, a pre-treatment supervision meeting is attended, consisting of supervisors instructing therapists in case formulation and early alliance management principles (bond, task and goals; work stage alliance; and rupture management) in relation to specific patients. The experimental variable is the brief pre-supervision meeting. Data analyses will compare the two conditions in relation to the following dependent variables: client-rated working alliance (WAI), client symptom scores (SCL; measurement at intake, during and after end of treatment), interpersonal functioning (IIP) and dropout-rate.

Results: The feasibility, logistical challenges and the therapists' experiences of the intervention will be presented, in addition to preliminary results from the pilot phase (spring 2019). **Discussion:** Supervision is widely used and acknowledged as a beneficial training method for psychotherapists. However, supervision research is often limited to focus on the supervisor-supervisee relationship (e. g. the supervisory alliance), not including the effect of supervision on the clients in psychotherapy treatment. The design of the CROP project, in which this intervention study is integrated, makes it possible to link the effect of supervision and training with client outcome, thus generating data called for by contemporary supervision researchers.

The developing psychotherapy supervisor: A model of change and growth in the early years Jillian Mannella, Family Services Ottawa; Soti Grafanaki, Saint Paul University, Ottawa, Canada

Aim: While the impact of clinical supervision on psychotherapist growth and development is well documented in the literature, far less is known about the professional development of the psychotherapy supervisor. This study presents what experiences are perceived as being most impactful to the professional development of novice supervisors. **Methods:** Through a phenomenological lens, the experience of professional growth in the early years of providing supervision was explored amongst six novice supervisors (with less than 3 years of supervision practice). During the study they were invited to participate in a one hour long semi-structure interview and complete monthly journals for a period of six months, reflecting upon the most impactful aspects of their supervisory experience.

Results: Through an interpretive phenomenological framework, key themes were identified. Specifically, the analysis indicated reflexivity and spirituality, positive interactions with supervisees, and previous clinical experiences as being positively impactful to the growth and development of novice supervisors. The development of a new model highlighted the cyclical nature of supervisor development, moving from the experience of self-doubt and reliance on external validation to an internalized sense of grounding and confidence found through reflective practices and the use of internal resources. Reflective practice was found to be a fundamental and necessary component of supervisor professional growth and development. **Discussion:** The impact of reflexivity on continuous growth and development in the early years (and beyond) of supervision practice will be discussed, along with the implications of the findings for supervisor training and future research.

What happens in post-qualification supervisory practice? A longitudinal observational study of supervisory dyads in an Irish mental health service Aisling McMahon, Dublin City University; Ciaran Jennings, Dublin City University

Aim: Traditionally, practitioner experience was considered sufficient for taking on a supervisory role with trainees and other professionals, but supervisory work is now appreciated as a distinct professional competency, requiring specific training. However, our understanding of the details and complexities of supervisory work is at an early stage. This study responds to calls for observational, longitudinal research to develop our knowledge of supervision and is focused on post-qualification practice. **Methods:** This is a naturalistic, longitudinal, multiple case study project. Five supervisory dyads working in an Irish mental health service audio-recorded their supervision meetings over a six-month period from mid-2018 to early 2019. Supervisors and supervisees also completed journals regarding helpful and hindering experiences in each of their meetings. Paired observer coding of audio-recordings is being carried out in relation to the supervisory work, as well as thematic analysis of participants' journals.

Results: Findings will be presented in relation to observed supervisor interventions according to the seven-eyed process model of supervision. In addition, themes regarding perceived helpful and hindering aspects in supervision will be identified and illustrated for both supervisors and supervisees. **Discussion:** The findings are expected to illuminate the live experience of post-qualification supervision through illustrating supervisor interventions, exploring the relevance and fit of a key supervision model in live practice, and highlighting perceived helpful and hindering experiences within supervision for both supervisors and supervisees. The implications of the study findings will be discussed in relation to supervision training, practice and research.

Panel

Treatment process and outcome

Organizer: Nili Solomonov, Weill
Cornell Medical College

Looking beyond pre-post change scores: Predictors of treatment success or failure over the course of psychotherapies in RCTs and community samples

The study of therapeutic change has been evolving rapidly in the past two decades. Methodological advancements enable researchers to investigate patients' trajectories of change over the course of treatment, going beyond pre-post change analyses. Detecting predictors of patients' response or nonresponse to psychotherapy can advance our understanding of which treatments work for whom. Additionally, findings from such studies could potentially guide refinement of treatment modalities and development of targeted interventions tailored to patients' specific needs and characteristics. Our panel includes four papers investigating this topic in diverse patient populations and treatment modalities. Andrew McAleavey will examine whether a novel adaptive multidimensional measure can help clinicians detect warning signs for deterioration in routine monitoring in a transdiagnostic community sample. Kevin McCarthy will investigate whether patients receiving 12-weeks of panic-focused psychodynamic psychotherapy, Applied Relaxation Therapy, and CBT present with sustained treatment gains over the course of a year following termination. Christoph Flückiger will explore the effects of in-session processes on patients' response rate to treatment in CBT for Generalized Anxiety Disorder using a micro-processes analysis method. Nili Solomonov will detect predictors of risk to early nonresponse to Problem-Solving Psychotherapy and Supportive Psychotherapy for late-life depression using machine learning methods. Jacques Barber will lead a discussion on the findings on these four studies.

Developing deterioration warnings in routine outcome monitoring data: Using symptom and process feedback measures from the Normative Outcome Response System of Evaluation (NORSE) Andrew McAleavey, Weill Cornell Medical School; Samuel Nordberg, Harvard Medical School; Christian Moltu, Western Norway University of Applied Sciences

Routine outcome monitoring and feedback systems have the potential to help identify deterioration in psychotherapy, and prevent negative outcomes by alerting therapists to cases that are not progressing as expected. Using the Normative Outcome Response System of Evaluation (NORSE), a novel adaptive multidimensional measure, we investigated several methods for identifying cases of deterioration. Because the NORSE includes multiple symptom scales as well as specific problem items and therapy process items, many more predictors are available than in most routine outcome monitoring applications. Certain items of the alliance scale, some particularly sensitive

individual items (e. g. , those pertaining to sexual functioning and sleep loss), and exacerbations in trans-diagnostic problem scales were highly predictive in training data (N range 92-488). A separate and subsequent data set will be used to test these predictions, and determine performance of these potential deterioration alarms in future cases.

Twelve-Month Outcomes Following Successful Panic-Focused Psychodynamic Psychotherapy, Panic-Control Treatment, or Applied Relaxation Training for Panic Disorder Kevin McCarthy, Chestnut Hill College; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Nili Solomonov, Weill Cornell Medical College; Barbara Milrod, Weill Cornell Medical College, New York, USA; Jacques P. Barber, Adelphi University, New York, USA

Objective: Given the chronic, episodic nature of panic disorder, it is important to examine long-term outcomes of patients who respond well to various psychotherapies. Methods: 91 patients with DSM-IV panic disorder evidenced a $\geq 40\%$ reduction in panic and avoidance symptoms on the Panic Disorder Severity Scale [PDSS] after 12-14 weeks of Panic-Focused Psychodynamic Psychotherapy, Panic-Control Therapy, or Applied Relaxation Training as part of a 2-site randomized controlled trial conducted between January 2007 and July 2012. Patients were assessed at each of the 12 following months using the PDSS, the Sheehan Disability Scale (SDS), and the Hamilton Rating Scale for Depression (HRSD), and twice during the follow-up period with the Anxiety Disorders Interview Schedule.

Results: Patients with panic disorder who responded to 1 of 3 treatments maintained their gains on the PDSS, SDS, and HRSD with no differences by condition in rates of change over the follow up period (all P values $\geq .20$). Similarly, 57% of improved patients did not have a diagnosis by the end of one year, regardless of the treatment received (all P values $\geq .78$). Results should be interpreted in light of the fact that patients giving data at follow-up experienced lower symptom levels at treatment termination than those not providing data. Conclusions: Improvement in any of the 3 treatments examined in this trial largely was maintained for a year following the end of therapy. Focus of treatment development might be on factors to increase the level of response in the active phase of therapy.

Does session timing matter? A randomized controlled implementation trial in generalized anxiety disorder (IMPLEMENT) Christoph Flückiger, University of Zurich, Switzerland; Christine Wolfer, University of Zurich, Switzerland; Judith Held, University of Zurich, Switzerland; Julian Rubel, Universität Trier, Germany; Andreea Vișlă, University of Zurich, Switzerland; Dora Kanellopoulos, Weill Cornell Medical College

Despite a long-standing claim to systematize on implementation strategies in psychotherapy and psychological interventions, there is little systematization on contrasting implementation strategies in nested randomized controlled trial design. The primary object of the present trials was to investigate the session-timing of how patients' focus on their own competences in individuals that suffers from generalized anxiety disorder (GAD). Methods: Based on two samples of cognitive behavioral therapy for GAD, 4 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). Results. The results indicated that high levels of patients' 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. Discussion. Our results highlight the potential relevance of the in-session timing in individuals that suffers generalized anxiety disorder.

Predictors of early risk for treatment nonresponse in psychotherapy for late-life depression Nili Solomonov, Weill Cornell Medical College; Jihui Lee, Weill Cornell Medical College; Christoph Flückiger, University of Zurich, Switzerland; Samprit Banerjee, Weill Cornell Medical College; Faith Gunning, Weill Cornell Medical College; Jo Anne Sirey, Weill Cornell Medical College; Patrick Raue, University of Washington; Patricia Areán, University of Washington; George S. Alexopoulos, Weill Cornell Medical College

Objective: Depression is a prevalent and disabling mental illness with a variety of established psychotherapies. Nevertheless, approximately 50% of patients do not respond to treatment, and in these patients symptoms may persist or worsen during the course of treatment. Detecting patients who are at risk of 'treatment nonresponse' early on is important, as it can inform development of targeted interventions, tailored

to patients' specific characteristics, circumstances, and change trajectory. The aim of the current study is to identify predictors of early risk for nonresponse to treatment (i. e. no reduction or increase in depressive symptoms) in two manualized psychotherapies for late-life depression: Problem -solving therapy (PST) and supportive psychotherapy (ST).

Method: A sample of 221 older adults with depression and executive functioning deficits were randomized to 12-weeks treatment of either PST or ST. Data were collected on patients cognitive functioning, symptomatic severity, comorbid medical conditions, social support, and well as the quality of the therapeutic relationship with their therapist. Latent growth mixture models will be used to identify subgroups (i. e. classes) of patients who show a pattern of nonresponse or deterioration in symptoms by session 6. Machine learning approaches using recurrent neural networks will be applied associate predictors with the membership to classes of 'non-responders' early in treatment.

Results: will be presented and discussed at SPR annual meeting.

Discussant: Michael J. Constantino, University of Massachusetts;

Panel

Treatment process and outcome

Organizer: Denis Roberto
Zamignani, Paradigma Centro de
Ciências e Tecnologia do
Comportamento

Looking for a characterization and evaluation of reflexive interventions in analytic-behavioral therapy

The process-outcome research in psychotherapy has been developed since the 1960s and seeks to identify the processes of change that occur within the therapeutic session and its correlation with the results of the process. The studies are developed through the recording of therapeutic sessions in audio and / or video, categorization of therapist and client behaviors and identification of patterns of interaction that may be related to the therapeutic change. In addition to the analysis of whether it occurs within the session, outcome measures are taken in order to evaluate the effectiveness of the intervention, correlating these measures with the data found in the course of the session. The Paradigm process-outcome research group has studied the development and effects of reflexive interventions in analytic-behavioral therapy. In order to characterize and evaluate the process of development of reflexive interventions in analytic-behavioral therapy, single-subject experimental studies and process-outcome studies have been developed, as well as the adaptation and development of instruments to evaluate the therapeutic relationship and the client's insight throughout the process.

Effects of reflective interventions in behavior-analytic therapeutic process. Roberta Bianca Almeida, Paradigma Center for Behavioral Sciences and Technology; Denis Roberto Zamignani, Paradigma Centro de Ciências e Tecnologia do Comportamento

Aim: Psychotherapists performs clinical interventions using different therapeutic styles, such as the prescriptive (directive) and reflective approaches (focused on promoting self-knowledge). Historically, the directive style prevails among behavior analysts, however, some authors advocated the use of reflective interventions as a way to support autonomy and prevent patient resistance. Although theoretical advantages has been pointed out in each style of intervention, no evidence has been produced about positive or negative outcomes of reflexive interventions. The present study aimed to characterize and evaluate the results of reflexive interventions.

Method: Study participants were three women and aged 27 to 42. Psychotherapy sessions were conducted by the researcher - first author, Behavior Analyst Psychotherapist with 10 years of clinical experience. We analyzed twenty five sessions of each participant. The study's experimental design of multi-elements intended to analyze the effect of the introduction and removal of reflexive therapeutic strategies. The following were verified: (a) therapist verbalizations of the Reflection Request category (SRF) and customer verbalizations of the Client Establishes Relationship (CER) , according to the SiMCCIT - Multidimensional System of Categorization of Composition in Therapeutic Interaction , (b) data from self-reporting instruments: OQ45 Outcome Questionnaire, EAS90 Symptoms Assessment Scale, SQE Session Assessment Questionnaire and Individualized Target Behavior Scale, and (c) application of the Qualis instrument to evaluate the quality and complexity of the reflections established by the client. Result: Preliminary results suggest that, throughout the therapeutic process, clients increases their ability to emit CER verbalizations, even when not preceded by the therapist's SRF verbalizations stimuli. Clients' improvement reports are simultaneously observed through inventory data. Different elements of the therapy has been investigated and the data supports the hypothesis that reflexive

intervention favors the clients' autonomy and improvement. The results provide detailed information about the complexity of changes that occurs in the psychotherapeutic process. Keywords : analytical-behavioral psychotherapy; directive interventions; reflexive interventions; research process in psychotherapy; single case design.

The Paradigm Scale of Reflection and Insight: An Instrument for assessing the quality of clients Insights. Denis Roberto Zamignani, Paradigma Centro de Ciências e Tecnologia do Comportamento; Bernardo Dutra Rodrigues, Paradigma Center for Behavioral Sciences and Technology; Aline David Oliveira, Paradigma Center for Behavioral Sciences and Technology

Efficacy of therapeutic intervention are widely debated in Clinical Psychology studies. One such approach, a prescriptive style, seems to increase the probability of a client's resistance response. In contrast, a reflexive style wherein the therapist acts as facilitator and assists the client in establishing insights (reflections and analysis) that may function as precurrent behavior for behavioral changes. This style of intervention seems to lower the probability of a resistance response. The purpose of this study is the development of an instrument to analyze a client's reflections/insights in a therapeutic process. In order to create such a tool, a systematic review of insight evaluation instruments in research literature was carried out. From this research, the Paradigm of Reflection and Insight Scale, an instrument for categorizing reflexive verbalization as well as the establishment of relations by the client in psychotherapy sessions. This scale is qualitative in nature and assesses the quality of causal and/or explanatory relations established by the client with regard to their own behavior or that of third parties. The evaluation of each client's reflexive verbalization occurs on a bidimensional scale along a continuum ranging from -4 (negative four) to a +4 (positive four). The scale takes into consideration a combination of four criteria: level of complexity of the analysis, notion of alterity, behavioral flexibility, and feelings /thoughts acceptance. The scale was applied to two sets of 20 psychotherapy sessions in order to evaluate its applicability and correlation with the client's improvements.

Translation and cultural adaptation of the Session Evaluation Questionnaire to Brazilian Portuguese Anna Carolina Ramos, Universidade Federal de Tocantins; Ananda Pantet, Paradigm Center for Behavioral Sciences and Technology; Roberta Bianca Almeida, Paradigma Center for Behavioral Sciences and Technology; Lucas Murta Andrade, Paradigm Center for Behavioral Sciences and Technology

Evaluations of psychotherapy efficacy and of differences on efficacy between different types of psychotherapy are of great scientific and social relevance. Criteria for the evaluation of the psychotherapeutic processes usually include, besides results, measures related to the efficiency, cost and the perception of the patient about the treatment. The Session Evaluation Questionnaire (SEQ) stands out as a measure developed to evaluate and compare the perception of client and therapist, independently, at the end of each session. The objective of the present study was to make a translation and cultural adaptation, for use in Brazil, of the most recent version of the SEQ. The translated version of SEQ was the fifth version, which includes 21 items in a 7-point likert format, with choices between pairs of adjectives. The translation process was conducted in five steps: translation, synthesis, back-translation, proofreading and pre-testing. The final Portuguese version was applied in an independent sample of clients and therapists (N = 36) in order to perform an internal consistency analysis of the scale. The scale and its factors presented good levels of internal consistency which points to a good quality of this version, making it possible to compare to its versions in other languages.

Responsiveness in Behavioral Analytical Therapy Priscila Ferreira de Carvalho Kanamota, Faculdade Adélia Maria Alves; Ana Carmen de Freitas Oliveira, Paradigma -- Centro de Ciências e Tecnologia do Comportamento, Brazil; Walquiria Lino da Silva Moraes, Paradigma Center for Behavioral Sciences and Technology; Denis Roberto Zamignani, Paradigma Centro de Ciências e Tecnologia do Comportamento

Clinical practice in psychology presents a number of demands on the clinician, ranging from theoretical issues, related to the approach adopted by the professional, to those related to the client's - their personal aspects, therapeutic problems, expectations regarding the treatment, etc. Identifying how and when to respond to all these demands is a challenge for the clinical psychologist, who must be aware on being responsive to the client aiming therapeutic progress. The present article aims to conceptualize the term responsiveness based on the Behavior Analysis science and

present some relevant aspects concerning the clinical research. Thus, the origin of the term responsiveness is presented, following by their definitions according to different theoretical approaches. A Behavior Analytic definition of responsiveness and its importance for research in psychotherapy is suggested at the end of this article.

Panel

LGBT

Organizer: Claudio Martinez,
Universidad Diego Portales,
Santiago, Chile

Mental Health and Psychotherapy with LGBT People: Chilean Experiences

Research on mental health has reported that LGBT people are at a greater risk of psychological distress. Many of these studies have also reported significantly higher levels of suicidality among these populations. In turn, it has been stated that the access to mental health services is problematic for persons belonging to the sexual and gender diversity because they tend to be heterocentric and transphobic. All together these findings highlight the necessity of developing a culturally sensitive knowledge regarding clinical practice with LGBT people. The present panel gather a group of Chilean researchers and psychotherapists that develop studies that cover this challenge. The first presentation shows the results of a survey that seeks to associate levels of internalization of stigma in LGB+ people with subjective discomfort, depressive and anxious symptoms, along with the beliefs and negative attitudes towards psychotherapy. The second presentation, through the analysis of a clinical case, shows the evolution and development of internalized homonegativity in a gay patient, moving from the symptomatic and symbolic expression of stigma to expressions of pride of his sexual identity. The third, reports the first results of a face-to-face survey conducted with transgender people living in Chile which objective was to assess perceived prejudice and its effects on mental health. Finally, the fourth presentation discusses, throughout a clinical case with a transsexual patient, the importance of listening beyond the diagnosis of gender dysphoria, considering the particularities of each case and giving space to explore non-pathologizing meanings regarding the desires behind sexual transition.

Internalization of the stigma towards sexual diversity in non-heterosexual people (LGB+): Analysis of its impact on mental health and attitudes towards psychotherapy

Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Juliana Rodríguez, CIEPS-Plural; Constanza Gálvez, Hospital el Pino, Santiago, Chile; cata. rosenbaum@gmail. com Rosenbaum, Universidad Diego Portales, Santiago, Chile; Christian Spuler, Universidad Diego Portales, Santiago, Chile

Studies point out that internalized stigma, hypervigilance, anticipation of situations of discrimination and negative expectations regarding psychological and psychotherapeutic care constitute important mental health barriers for LGB+ people. Considering that the internalization of prejudices and attitudes, as well as beliefs about psychological care, are strongly based on cultural and social factors, it is relevant to estimate the weight that such factors have on the levels of mental pathology and on access to psychological and therapeutic help in LGB+ people.

Aim: To determine the association between levels of internalization of sexual stigma (ISS) in non-heterosexual people (LGB+) with subjective discomfort, depressive and anxious symptoms, and with the presence of negative beliefs and attitudes toward psychotherapy.

Method: A questionnaire that included the scales "Measure of Internalized Sexual Stigma for Lesbian and Gay Men" (MISS-LG), "Outcome Questionnaire" (OQ-30), "Beck Depression Inventory" (BDI-II) and "Scale of Prejudices towards Psychotherapy" (SPP), was applied to 705 cisgender people self-identified as non-heterosexual (LGB+).

Results: Analyses are shown regarding the association between the level of ISS in LGB+ people with levels of subjective discomfort and the presence of depressive and anxious symptoms and, on the association between the level of ISS in LGBT people with the presence of beliefs and negative attitudes towards psychological and / or psychotherapeutic help. **Discussion:** The implications of the results presented for the development of culturally competent psychotherapeutic interventions for patients pertaining to sexual and gender diversity are stated.

"Coming out" is not the same of feeling pride of who oneself is: Outness process and internalized stigma in a psychotherapy case

Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile

LGB individuals experience higher rates of substance abuse, mood and anxiety disorders, and suicide attempts. Some literature attributes this increased prevalence of mental health problems due to the experience of sexual orientation-based stressors, including internalized homonegativity (IH). IH can be defined as the LGB individual's inward direction of society's homonegativity attitudes (Meyer, 1995). This internalization of negative attitudes is theorized to lead to conflicts within the individual, lowered self-regard, and self-deprecating attitudes. However, in a recent review of empirical research on internalized homonegativity, only two of the 201 studies identified focused on psychotherapy interventions, what seems to be an effect of an imbalance between research on the psychosocial effects of IH versus studies that emphasize clinical and psychotherapeutic work on clinical expressions of it.

Aim: To show the evolution and development of IH in a gay patient in psychotherapy, from the symptomatic and symbolic expression of stigma to expressions of pride for sexual identity.

Method: We analyze a case of a 32-year-old gay patient, treated in a psychoanalytic psychotherapy that was interrupted four times over six years.

Results: Clinical vignettes are presented that exemplify the evolution from obsessive ideas, and other symptoms that would be an expression of the IH, to important changes in the construction of a less dissociated and more proud identity of himself. Some specific interventions that sought to stimulate confrontation with these homonegative expressions are emphasized. **Discussion:** Implications for research and for psychotherapeutic work are discussed.

Prejudice against transgender people living in Chile and its effects on quality of life

Jaime Barrientos, Universidad Alberto Hurtado, Santiago, Chile

Aim: This paper reports the first results of a face-to-face survey conducted on transgender people living in Chile. The objective was to assess prejudice perceived and its effects on mental health.

Method: A total of 378 people over 18 years participated, 79% being Chilean people. From this total, 24. 3% recognized their gender identity before 5 years old and 41. 5% before 10 years. Only 19. 8% have been able to change their name and gender to date. Of the total number of respondents, 86. 5% express their gender identity in any situation.

Results: Regarding victimization, more than 60% of participants have been threatened; more than 80% have been verbally harassed or insulted; and more than 50% have been physically attacked. In addition, 36, 3% of respondents perceive their mental health status as very bad or bad; 41% have been diagnosed with depression; and 33. 5% have undergone a depression treatment. Finally, 51,6% have thought about committing suicide and 34. 1% have tried it. **Conclusion:** These data show that the transgender population is subjected to high levels of prejudice, which surely affect their mental health, thus highlighting the high levels of suicidal thought and intent.

Panel

Mindfulness-based intervention

Organizer: Álvaro Langer,
Universidad Austral de Chile

Mindfulness and compassion based interventions in different clinical settings and mental health difficulties

Mindfulness is one of the areas of research in psychology that has experienced greater development in recent years covering clinical, educational and social contexts among others. Currently, mindfulness occupies a promising and emerging role in psychotherapy research. The present panel aims to explore two studies developed in Chile and one Germany that apply mindfulness-based interventions (MBIs) in different clinical contexts and in different mental health difficulties. The first exploratory study aims to examine change mechanisms of mindfulness practices taking into account individual vulnerabilities and strengths through a dialogue between first and third person research. The second study investigates the extent to which Cognitively-Based Compassion Training adapted for couples could serve as a tool to counter depression. Specifically, the change mechanisms over time and in relation to outcome were examined. The third study aims to explore the experiences of people diagnosed with a first episode of schizophrenia in a mindfulness based intervention as an early treatment. The results and limitations of these studies are discussed, considering the

context of mindfulness based research in two countries and the relevance of qualitative and quantitative research to understand both the mechanisms of action and efficacy. Key Words: Mindfulness, Compassion, mental health, psychotherapy

Exploring the Impact of Mindfulness Practice According to Individual Vulnerabilities and Strengths

Sebastian Medeiros, Pontificia Universidad Católica de Chile, Santiago; Carla Crempien, Millenium Institute for the Study of Depression and Personality; Pía Nitzche, Pontificia Universidad Católica de Chile, Santiago; Manuela Pacheco, Pontificia Universidad Católica de Chile, Santiago; Nicole Kohen, Pontificia Universidad Católica de Chile, Santiago; Alex Behn, Pontificia Universidad Católica de Chile, Santiago

Background: Recent research focuses on understanding change mechanisms underlying self-regulation through mindfulness. These mechanisms include meta-cognition, acceptance, interoception, self compassion, among others. From a developmental perspective, early trauma is at root of lifelong difficulties in negative emotion and affective processing. This clinical study aims to examine the influence of individual's early stress and regulatory capacities in mindfulness abilities and the consequent effect of contemplative practices. Methods: Subjects (n=48) vulnerable to stress and disease participated in Mindfulness based Stress Reduction program (MBSR; 8 weeks). Early trauma (CTQ) was assessed pre intervention. Self-report measures including psychological functioning (OPD-SQ, DEQ), mindfulness, interoceptive and self-compassion capacities (FFMQ, MAIA, SCS), mood symptomatology (BDI), psychotherapeutic change (OQ45), quality of life (SF-36), along with qualitative data (micro-phenomenological interview) and psychophysiological correlates (HRV, EDA) were measured pre-post intervention.

Results: We present correlations between early trauma, regulatory capacities and mindfulness variables pre intervention. We show preliminary data describing the influence of individual vulnerability in specific changes after mindfulness training. Self report data is complemented with qualitative and psychophysiological measures of coping strategies. Discussion: Studying individual's psychological background contributes understanding clinical transformative processes of contemplative practices. Moreover, we discuss how vulnerability may be expressed during meditation through experiential avoidance and dysregulation commonly attributed as "side effects". Our results may contribute to clinical question such as for whom? what? how much? when? mindfulness practices are adequate.

Mechanisms of a compassion-based group-intervention for depressed couples:

Session-based changes over time do really matter Friederike Winter, Institute of Medical Psychology; Marco Warth, Institute of Medical Psychology, University Hospital, Heidelberg, Germany; Marc Jarczok, Universidad de Ulm; Beate Ditzen, Institute of Medical Psychology; Corina Aguilar-Raab, Institute of Medical Psychology

Background: Depressed patients were found to benefit from mindfulness and compassion training with regard to reduced negative affect and depression as well as increased well-being. Especially compassion is a highly social and interpersonal construct negatively linked to psychopathology. A growing research focus is the investigation of the working mechanism behind group therapeutic interventions. Yet, few studies have examined change mechanisms of a compassion-based group-training for couples in a depressed sample. Methods: Our research investigates the extent to which CBCT® (Cognitively-Based Compassion Training, a program of Emory University) adapted for couples could serve as a tool to counter depression. We examined change mechanisms over time and in relation to outcome. More specifically, we hypothesized that parallel to relevant outcomes of group therapy, factors like group cohesion, social learning and clarification of motivation will increase over time. Important psychological mechanisms during meditation session like decentering or self-regulation will expand session-to-session and in turn be associated with symptom reduction while controlling for home-based practice frequency.

Results: Preliminary results shed more light on specific effects of CBCT® as a multi-couple training to treat depression accounting for relevant variables of the social context. Change mechanisms partly significant increased over time and were related to the change in depressive symptoms. Discussion: We will discuss how general change mechanisms and specific mechanisms of compassion are associated to the reduction of depression and the enhancement of social-interpersonal functioning. Further we discuss strength and limitations of applying general mechanisms of therapy in a training context. Keywords: change mechanisms, compassion based intervention,

depression, couples

Experiences of people diagnosed with a first episode of schizophrenia in an early intervention based on mindfulness Álvaro Langer, Universidad Austral de Chile; Rodolfo Mardones, Universidad Austral de Chile; Felipe González, Universidad Austral de Chile; Marcela Naoum, Universidad Austral de Chile; Germán Vargas, Universidad Austral de Chile; Nicole Vera, Universidad Austral de Chile

Background: Schizophrenia is considered a serious mental disorder that affects more than 21 million people worldwide and it is estimated that more than 50% of those who suffer from it do not receive adequate treatment. Therefore, early intervention is considered necessary given the damage caused by long exposure to psychotic symptoms resulting in a slow recovery, increased comorbidity and deterioration of social relationships. Previous research recognizes the practice of mindfulness as promising for the treatment of schizophrenia, however, research evidence based on contexts of early interventions has been scarce. This study aims to explore the experiences of people diagnosed with a first episode of schizophrenia in a mindfulness based intervention as an early treatment.

Method: 15 participants were interviewed one month after 8 weeks of MBIP. Additionally, to know the consensuses and disagreements regarding the information given by the individual interviews a discussion group was carried out with three participants three months after the mindfulness training. Content Analysis of the individual interviews and a triangulation of the data through the information emerged in the discussion was carried out.

Results: The participants emphasize that the practice of mindfulness contributed to changes in emotional, somatic, affective and social dimensions. Thus, in a general way, mindfulness was catalogued as a proposal and novel initiative, where the group modality of the sessions was highlighted, as well as the incorporation of skills that allow a self-exploration. Conclusions: Mindfulness practice allows the person to develop new skills that, on the one hand allow to counteract feelings of discomfort, not necessarily related to schizophrenia, and on the other hand facilitate it a new way of relating to symptoms, itself and the others. Key words: Mindfulness, Psychosis, Early intervention, Qualitative, Mental health

Panel

Methods

Organizer: Susana Sneiderman,
Universidad de Ciencias
Empresariales y Sociales, Buenos
Aires, Argentina

New readings in psychoanalytic diagnosis. Actualization through projective techniques.

This panel aims at exposing three investigations that bring us closer to new interpretative and diagnostic proposals, based on psychoanalytic post Freudian authors, and making the most of projective techniques. We managed to contribute in broadening diagnostic criteria about cases with somatic vulnerability, by identifying their main traits, desires and defenses. The first research analyzes the results obtained through the Person in the Rain (PIR) test among 20 couples of hearing parents of deaf children with a cochlear implant. It explores the discourse of each member of the couple and identifies the main resources they apply to face situations of vulnerability. The second study presents a comparative study carried out with the Desiderative Questionnaire, between two samples of 25 Brazilian and Argentinean female teachers of elementary school. Not only it explores the defensive resources they present, but also it predicts what would happen if the operational defenses fail. Finally, the third one evaluates the peculiarities of mentalization and investigates the erogeneity and defenses expressed in language through words, phrases and narratives using the Thematic Apperception Test (T. A. T). We emphasize the importance of new contributions to the existing diagnostics, as well as the possibility to include new readings of traditional tests like TAT, drawing tests (HTP or PIR) Also is transcendent that this type of instruments can predict what can happen if the defenses fail as well as if someone will have a disease. Key words: Psychoanalytic diagnosis, Projective techniques, Person in the rain, Desiderative Questionnaire, Thematic Apperception Test, Somatic Vulnerability.

Vulnerability and resilience in hearing parents of deaf children. A study through the Person in the Rain (PIR) test Ruth Kazez, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina; Silvina Perez Zambón, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina

Aim: To analyze the results that the PIR test has in hearing parents of deaf children with a cochlear implant. Sample: 20 couples of hearing parents of deaf children with a cochlear implant.

Method: 1) to interview the parents separately, 2) to administer the PIR test to each one of them, 3) to analyze their discourse, describing the defense mechanisms in mothers and fathers.

Results: Mothers are likely to express their emotions and concerns. On the other hand, fathers are more silent, or not even aware of their feelings. Discussion: Mothers seem to be more able to ask for help and create bonds with other mothers in the same condition. Fathers seem to face their problems in solitude, by forcing their adaptation to the situation which may cause more severe psychopathological consequences. Key words: vulnerability, resilience, hearing parents, deaf children, PIR test.

Comparative study on wishes and defense mechanisms in Elementary School teachers from Brazil and Argentina Susana Beatriz Sneiderman, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina; Fiorella Martino, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina; Melanie Ghidella, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina

Aim: We present a comparative study between two samples of 25 female elementary teachers from Brazil and Argentina. We have explored what defensive resources they presented as well as predicted what would happen if the operational defenses failed. Methods: We applied the projective technique "Desiderative Questionnaire" to investigate drives and defense mechanisms, taking into account Sneiderman's contribution (2012), and the David Liberman Algorithm method (D. L. A) by David Maldavsky (2013), which allowed us to expand diagnostic categories.

Results: Preliminary results allowed to observe certain characteristics related to the value with which the teaching work is approached, perceived sometimes as a challenge. Occasionally, when teachers become frustrated, their work can lead to feelings of despondency and negative experiences linked to routine. Resources linked to the manifestation of positive emotions, as providing comfort and empathizing with others, were also expressed. Another resource is associated with seduction in terms of pleasing others and also with the ability to symbolize, fantasize and create. Discussion: From the results and the deepening of the analysis, we came up with several questions. Repeated frequencies are highlighted, as is the presence of intra somatic libido when the defenses failed. The analysis in both samples exhibited that when the defenses failed, corporal symptoms took place, such as contractures, allergies and other types of psychosomatic manifestations. These results generated concern, since they are consistent with high rates of sick leave and absenteeism that we currently observe in the Educational System both Brazilian and Argentine. Keywords: Diagnosis-Desiderative Questionnaire- Drives- Defenses- Intra somatic libido.

Psychosomatic disease in response to psychic exhaustion Susana Russo, Universidad del Salvador, Buenos Aires, Argentina

Aim: The aim of this presentation is to evaluate the peculiarities of mentalization and to investigate the erogeneity and defenses expressed in language through words, phrases and narratives. Methods: To achieve a differential diagnosis of psychic functioning in somatic patients, vicissitudes of identification, distribution of narcissistic an objects cathexis, quality of defenses and possibilities of psychic elaboration of sexual excitement will be illustrated with clinical material and T. A. T. narratives.

Results: There are three factors that can provoke a somatic disease: family inheritance, to which a specific factor is added, "non-elaborated sexuality" and a triggering cause, psychic exhaustion. Discussion: Psychosomatics is established on the base of Freudian notion of actual neurosis whose etiology is somatic and not psychic. The economic approach leading to the development of contemporary psychosomatic conception is then incorporated. Keywords: Diagnosis, Defenses, T. A. T, Psychic exhaustion.

Panel

Process and outcome

Organizer: Oliver Evers, University Hospital, Heidelberg, Germany

No pain no gain? Perspectives on side effects and negative progress during psychotherapy and training.

Even though psychotherapy can generally be seen as effective, a substantial amount of patients show no change or deteriorate during treatments. While some portion of this variance in outcome can be attributed to patients themselves, negative progress is also spawned by aspects of therapists and the psychotherapeutic treatment. This panel aims to present different perspectives on processes that might have a negative impact on psychotherapists, patients or both. From the perspective of therapist effects, the panel will focus on how psychotherapists are trained and supervised in order to highlight early negative development that might impact both the trainees' professional development and their treatments. With regard to psychotherapeutic treatment the panel will highlight adverse events that are part of bona-fide treatments as well as severe therapist misconduct. Taken together, the presentations aim to spawn the discussion on negative or harmful events as well as the mode of recognizing, reporting and possibly preventing such events in psychotherapy and training.

The opposite of growth? Predictors of negative development and professional depletion during psychotherapy training Oliver Evers, University Hospital, Heidelberg, Germany; Paul Schröder-Pfeifer, University Hospital, Heidelberg, Germany; Svenja Taubner, Heidelberg University, Germany

Aim: Psychotherapy training represents a challenging developmental phase for novices and advanced students. Previous studies indicate that many trainees tend to master these challenges and show a growth in psychotherapeutic competence. Nevertheless, a portion of trainees appear to stagnate or deteriorate in their professional development. Even though negative processes during training might have a substantial impact on trainees' professional practice as well as their wellbeing, there is a lack of research on negative progress. Hence, the current study aims at identifying markers and predictors of negative trainee development. Methods: In a naturalistic design, n=184 trainees representing three major psychotherapy orientations (Cognitive-behavioral, Psychoanalytic, Psychodynamic) were recruited from German training programs. Changes in competence were assessed at two time points over the course of three years. Professional competence was evaluated via knowledge (Multiple-choice exams) and case conceptualizations (Case Formulation Content Method). Aspects of personal competence and professional development included mentalizing interest (Attributional Complexity Scale) as well as work involvement (Work Involvement Scale). Relational competence was assessed via aspects of attachment representations, namely the Introject-affiliation (Intrex) and experiences of close relationships (ECR).

Results: Data analysis is still ongoing. In a first step we aim to identify subgroups of trainees who stagnate or deteriorate during training. In a second step, personal, professional and training variables that serve as predictors for group membership will be identified. Discussion: The results will be discussed with regard to their potential impact on negative processes in psychotherapeutic service provision. Likewise, approaches to improving the quality of psychotherapy training and early identification of negative trajectories will be discussed.

Counterproductive Experiences in Clinical Supervision Edward Shafranske, Pepperdine University; Carol Falender, Pepperdine University, Irvine, United States

Clinical supervision serves as the cornerstone for the development of clinical competence of mental health trainees and ensures competent practice and client welfare during their supervised training. The supervisory alliance plays an important role in supervision effectiveness and by extension impacts the treatment process and outcome. Inadequate, harmful or counterproductive supervision compromises both the quality of care and professional development. This presentation reviews the existing literature on inadequate and harmful supervision; provides an overview of the development of the Counterproductive Experiences in Supervision (CES) scale; and presents the findings of a study of predoctoral psychology interns using the CES. The CES is a self-report measure of 60 counterproductive experiences (drawn from the literature and previous opinion research) and a global measure of alliance. The study provides a description of the frequency of counterproductive experiences and the impact of such experiences on the supervisory alliance, supervisee disclosure, and self-reported supervision effectiveness. The impacts of counterproductive experiences in supervision on trainees, in professional development, and in client welfare are discussed.

Negative Effects of Psychotherapy: Results of a systematic review (Project

„HARMS") Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany; Rahel Klatte, Friedrich-Schiller-Universität Jena, Germany; Christoph Flückiger, University of Zurich, Switzerland; Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany

The increasing consideration of negative or adverse effects as well as side effects of psychotherapeutic treatments raises the question how these effects are systematically investigated in psychotherapy research. At least since 2004, the year of the publication of the CONSORT statement as a guideline for reporting information in clinical studies, such studies should explicitly consider side effects, adverse reactions and harms in psychotherapy. The project HARMS has the goal to systematically summarize the frequency and the kind of reports about negative effects. The review started with more than 200 study protocols published in scientific journals and analysed the specifications in the protocols related to negative effects and harm. In the next step, the published papers will be coded to answer the question: to what extent are adverse effects specified in the publications of psychotherapy trial results.

The silence about abuse in psychotherapy Svenja Taubner, Heidelberg University, Germany

In 2018 the German magazine "Die Zeit" published a dossier on a former head of a child psychotherapy institute from Heidelberg who was convicted to have sexually abused his grandchild and who was married to a former patient. The therapist is also accused of having sexually abused young patients. The rates of sexual abuse and other forms of abuse are still under-researched but estimates claim that there is a probability of a 10% prevalence of sexual abuse in therapists. While research has focused on prevalence rates and risks for becoming an offender/ or victim, this research project will assess within an interdisciplinary research team with historians why and how a therapeutic community remains silent in the context of severe abuse.

Discussant: Timothy Anderson, Ohio University, Athens, USA;

Panel

Process and outcome

Organizer: Marcela Guzmán,
Universidad de Chile, Santiago

Paraverbal and non-verbal communication in the psychotherapeutic process

The therapeutic process is a dialogical process, where the verbal and non-verbal aspects of the therapist-patient interaction participate in the process of change (Martínez, Tomicic and Medina, 2014). In recent years the non-verbal dimension and its relation to change has been investigated more, studying aspects such as body expression (ie: Ramseyer & Tschacher, 2014), facial expressions (ie: Sharpley, Jeffrey & Macmah, 2006), quality vocal (ie: Tomicic, Martínez & Krause, 2014) and silences (ie: Levitt, 2001, 2002). Despite the fact that a large part of human interactions occur on a non-verbal level (Schoore & Schoore, 2008), it is still necessary to conduct research that will allow us to develop an understanding that integrates the nonverbal and paraverbal aspects of human communication, insofar as these they accompany the production of speech. The understanding of these aspects can help us to understand, equally, the way in which the psychotherapeutic change occurs and its associated results. José María Rembado will present on the bidirectional effect between the tonal level and on the level of the speech acts of the patient, as well as their association with the interventions of the therapist. Diego San Martín will contribute to the understanding in which the body movement energy of patient and therapist are related to the patient's change during relevant episodes. Finally, Marcela Guzmán will discuss the manifestations of different types of silence in the therapist-patient interaction in different relevant episodes and throughout psychotherapy.

Silences in therapist-patient interaction: Musicality of mutual regulation in the psychotherapeutic process Marcela Guzmán, Universidad de Chile, Santiago; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Diego San Martín, Pontificia Universidad Católica de Chile, Santiago; Jesús Antonio Vidal Rojas, Universidad Diego Portales, Santiago, Chile; Marena Soto, Universidad Diego Portales, Santiago, Chile; Daniela Jaime, Universidad de Chile, Santiago

Aim: The aim was to describe the interactive regulatory function between therapist and patient performed by different silence categories in different interactive scenarios and throughout the psychotherapeutic process. **Methods:** This paper will present the regulatory interaction between therapist and patient of four long-term psychotherapy, based on the dynamics of silences in Change and Rupture Episodes. Those silences

were coded with Coding System of Silences for Therapists and Patients (PICS-TP), which is an adaption of an existing system that contemplated only the perspective of the patient in an English-speaking context (PICS-II, Levitt & Frankel, 2004).

Results: The main results of this study show that there are differences in the type of silence depending on the type of episode, suggesting the type of specific interaction in progress between therapist and patient determine different mutual regulation strategies between them. Discussion: implications of these results for understanding the psychotherapeutic process and for the next steps in this line of research are discussed.

Empirical investigation of the tonal component at the para-verbal level: instrument, procedure, example. José María Rembado, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina

After applying the acoustic analyzer (Praat) to the voice tone of a patient's speech acts to identify both the type of affect and the magnitude of its detachment, we observe a lack of criteria to signify its results. We designed an instrument to weigh the detachment of affection. Considering that the intonation of a patient in a psychotherapeutic context, expresses acute tones when it is anguished and serious tones when it becomes sad, we think that the tonal scale according to this context must present successive and continuous acute and severe values at zero frequency of the patient. Obtained the zero frequency of the patient (247 hertz) we selected from the tempered scale LA3 =440 hertz (Bach) the first seven semitones (acute and severe) successive and contiguous to it. We proposed that the distance of the zero frequency was an expression of the magnitude of the anguish or pain, regardless of what the patient expressed in her speech acts. This design allowed us to make an articulation between the results of the analysis of the tonal level and at the level of the speech acts of the patient, considering the effect in one and another level of the relevant clinical interventions or not of the therapist.

Panel

Treatment process and outcome

Organizer: Nadine Friedl, University of Bern, Switzerland

Personalizing Psychotherapy through the selection of treatments and meaningful outcomes

Patients vary substantially in their illness course and treatment response (DeRubeis et al. , 2014). Hence, it becomes more important to investigate what treatments work for whom and why (Zilcha-Mano, 2018). This is why treatment provision needs to be made more patient-centered and value-based. In order to reach this goal, it is on the one side necessary to lean on new statistical developments for treatment selection. On the other side, the selection of meaningful outcome measures plays an important role. The goal of this panel is to present findings from 4 studies that address the importance and new possibilities of tailoring treatment provision to individual patient characteristics and individual patient needs. One paper develops a treatment selection approach for patients with post-traumatic stress disorder (PTSD). The study draws from a sample of PTSD-patients that had the choice of either trauma focused cognitive behavioral therapy (Tf-CBT) or eye movement desensitization and reprocessing (EMDR). Another paper uses Bayesian Model Averaging (BMA) and the Personalized Advantage Index to investigate if fostering emotional processing can be beneficial for some patients and should be integrated to CBT. The study draws on data from an RCT comparing the efficacy of Exposure based cognitive behavioral therapy and cognitive behavioral therapy for patients with depression. A third paper shows the importance of outcome measures in RCTs. It investigates the need to rely on more than one outcome measure. The last paper investigates the relationship of significant therapeutic events and psychophysiological markers. Keywords: tailoring treatment provision, treatment selection, outcome measures

RCT's in psychotherapy research: Do the (outcome) measures converge? Ufuoma Norman, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium

Aim: Randomized controlled trials (RCTs) are currently the dominant methodology in psychotherapy research. However, there are concerns about the conduct of methodologies used in RCTs; specifically, the reliance on a single measure - primary outcome method - as the sole determinant of the study's "success or failure". In this the paper, we present a different approach to testing efficacy. We argue that, interpretations should not be based solely on a single primary outcome measure but on all outcome measures included in the study.

Method: Using quantitative data from the randomized controlled Ghent Psychotherapy Study (GPS; Meganck et al. , 2017), we test the interaction effect of therapy and personality style by testing combinations of 5 personality style measures and 6 outcome measures.

Results: The interaction effect is tested using 30 combinations of the personality style measures and the outcome measures yielding 30 statistics (statistic 1- statistic 30). A comparison of these statistics will determine if they differ from each other and the significance of this difference will be tested. Discussion: In the absence of a definitive gold standard method to test outcome effects, it is logical to test all quantitative outcome measures included in an RCT. Clinical research is goal-oriented; thus, researchers bear the responsibility to make their findings clear, useful for and applicable to clinical practice. It is therefore crucial for researchers to clarify their methodological choices to reveal any hindering of the interpretation of efficacy in research and practice. Keywords: Primary outcome method, RCT, gold standard, quantitative outcome measures

Individual treatment selection for patients with post-traumatic stress

disorders Anne-Katharina Deisenhofer, Universität Trier, Germany; Julian Rubel, Universität Trier, Germany; Jaime Delgadillo, University of Sheffield, UK; Jan Rasmus Boehnke, University of Abertay Dundee, UK; Wolfgang Lutz, Universität Trier, Germany

Background: Trauma focused cognitive behavioral therapy (Tf-CBT) as well as eye movement desensitization and reprocessing (EMDR) have been shown to be effective for the treatment of PTSD. Yet, in all trials there are patients that don't seem to benefit from these interventions. Aims: Development of a treatment selection method to identify the optimal treatment for each patient.

Method: A treatment selection approach was applied to a naturalistic PTSD sample which stems from a national program of mental healthcare in England where patients were able to choose between EMDR or Tf-CBT. Variables predicting differential response were detected via an automated genetic algorithm. In a following step, identified variables were included in separate regression models to predict outcome for each patient in each of the two treatments. Finally, those predictions were compared to the actual outcomes of the patients in the naturalistic sample.

Results: Treatment selection was applied successfully in the context of two highly effective treatments. Conclusions: The results are discussed in the context of practical application and existing literature.

Psychophysiological markers of change in successful CBT for depression: an

exploratory study Joana Ribeiro da Silva, Portucalense University; Patrícia Oliveira-Silva, Portuguese Catholic University; Carina Magalhães, Universidade do Minho, Braga, Portugal; Inês Sousa, University of Minho; Randolph Grace, University of Canterbury, New Zealand; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

Aim: The identification of significant therapeutic events associated with good therapeutic outcomes corresponds to one of the main tasks in psychotherapy process research. The Innovative Moments Coding System (IMCS) has proved to be a reliable and systematic methodology, allowing the tracking of change markers -- Innovative Moments (IMs) -- associated with clinical recovery across the client-therapist conversation. However, there is no information on whether these markers are accompanied by a distinct pattern of client's psychophysiological activity. This study attempts to fill this gap by exploring clients' psychophysiological activity throughout the therapeutic process

Method: The therapeutic process of 5 successful cases, following CBT for major depression, was thoroughly analyzed both qualitatively, through the coding of IMs, and quantitatively through the examination of client's electrodermal and cardiac psychophysiological activity during these change instances - IMs.

Results: Data suggests the existence of a distinctive pattern of client's psychophysiological activity during the elaboration of IMs, particularly reconceptualization IMs. Discussion: Results will be discussed in the light of IMs and process research data regarding its implications for the understanding of therapeutic change processes and its potential applications in clinical feedback-related interventions.

Using the Personalized Advantage Index for individual treatment allocation to cognitive behavioral therapy (CBT) or a CBT with integrated exposure and emotion-focused elements (CBT-EE) Nadine Friedl, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Franz Caspar, University of Bern, Switzerland; Martin grosse Holtforth, University of Bern, Switzerland

Aims: Even though different psychotherapeutic interventions for depression have shown to be effective, patients suffering from depression vary substantially in their treatment response. The goal of this study was to answer the following research questions: (1) What are the most important predictors determining optimal treatment allocation to cognitive behavioral therapy (CBT) or CBT with integrated exposure and emotion-focused elements (CBT-EE)?, and (2) Would model-determined treatment allocation using this predictive information result in better treatment outcomes?

Method: Bayesian Model Averaging (BMA) was applied to the data of a randomized controlled trial comparing the efficacy of CBT and CBT-EE. The primary outcome measure was the Beck Depression Inventory-II (BDI-II) at post-treatment. Predictions were made for every patient for both treatment conditions and an optimal versus a suboptimal treatment was identified in each case. An index comparing the two estimates, the Personalized Advantage Index (PAI), was calculated.

Results: Different predictors were found for both conditions (e. g. , avoidance in CBT and age in CBT-EE). A PAI of 1.35 BDI-II points for the two conditions was found and 46% of the sample was predicted to have a clinically meaningful advantage in one of the therapies. **Discussion:** Although the utility of the PAI approach must be further confirmed in prospective research, the present study promotes the identification of specific interventions favorable for specific patients. **Keywords:** Personalized Advantage Index, treatment selection, depression, psychotherapy, CBT, precision medicine

Discussant Jeffrey Hayes, Penn State University, University Park, USA

The discussant for this Panel is Jeffrey A. Hayes.

Panel

Process and outcome

Organizer: Juan Martín Gómez Penedo, University of Bern, Switzerland

Process and Mechanisms of Change in Psychotherapy for Depression

Psychotherapy is established as an effective treatment for major depression. However, the percentage of patients who achieve clinically significant levels of change after treatment as well as the number of relapses after treatment termination suggest that there is still room for improvement. One possible strategy to optimize psychotherapy for depression might be to identify most promising targets of change during treatment, that explain short- and long-term outcomes. In this context, we will present studies in this panel that analyze processes and mechanisms of change in effective treatments for depression. In the first paper, grosse Holtforth will present a study analyzing how reductions in automatic and implicit self-depressive associations relate to therapeutic change during acute cognitive-therapy for depression. In the second paper, Gómez Penedo will present a parallel and sequential mediational model, identifying differential process of change but common mechanisms of long-term outcome in two cognitive therapies for depression (cognitive-behavioral therapy versus exposure-based cognitive therapy). Finally, in the last paper, Zilcha-Mano will present a study identifying baseline predictors of outcome expectancy for depression treatments (psychotherapy versus antidepressants) and disentangling within- and between-patients effects of treatment expectancies on subsequent outcome. Dr. Louis Castonguay will be the discussant of the panel.

Implicit Depressive Associations Predict Treatment Long-term Outcome for Depression.

Martin grosse Holtforth, University of Bern, Switzerland; Juan Martín Gómez Penedo, University of Bern, Switzerland; Marie Koditek, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland

Aim. This paper examines the automatic and implicit self-depressive associations as potential change mechanisms in depression therapy. The aim of this study was to analyze if changes in implicit depressive associations from baseline to post-treatment were related to improvements in depression severity. **Methods.** We drew on data of a randomized control trial where 149 patients with depression were assigned to two versions of cognitive-behavioral therapy. Patients completed the Beck Depression Inventory (BDI) at baseline, after session 7, after session 14, and at post-treatment. In

addition, patients, self-depressive associations were tested by the Implicit-Association Test [IAT], and also explicitly using a questionnaire with identical self-report items at baseline and at post-treatment. We ran hybrid random effects models, analyzing between- and within-patient's effects of IAT on BDI scores controlling for the effect of explicit self-reported depressive associations. Results. We found significant associations between and within patients with effects of IAT on BDI during acute treatment. Lower levels of IAT and a reduction of IAT during treatment were significantly associated with improvements in BDI during therapy. When controlling for the effects of explicit depressive associations, the within-patients effect of IAT remained significant. Furthermore, in patients presenting with higher levels of IAT during treatment, a change in explicit depression presented a weaker impact on BDI scores than implicit changes. Discussion. The results of the study provided evidence to support the change of both, automatic and implicit self-depressive associations as potential mechanisms of change which might be targeted in the treatment of depression.

Process and Mechanisms of Change in Cognitive Therapies for Depression:

Comparing Cognitive-Behavioral Therapy with Exposure-Based Cognitive

Therapy Juan Martín Gómez Penedo, University of Bern, Switzerland; Martin grosse Holtforth, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Michael J. Constantino, University of Massachusetts; Alice E. Coyne, University of Massachusetts

Aim. In a recent RCT, Exposure-Based Cognitive Therapy (EBCT) for depression was compared to Cognitive-Behavioral Therapy (CBT) finding that both treatments were highly effective but did not differ significantly (grosse Holtforth, et al. , 2017). This study aimed to identify differential processes and mechanisms of long-term change in EBCT and CBT. **Methods.** Patients diagnosed with depression (n=149) were randomly assigned to EBCT or CBT. They completed measures of cognitive restructuring (CR) and emotional processing (EP) after each session, as well as the Beck Depression Inventory, and measures of putative change mechanisms (e. g. emotion-regulation [ER], cognitive-behavioral avoidance [CBA]) at post-treatment, three-, six-, and 12-month follow-up. We first ran mediational models with EP and CR changes as simultaneous mediators of treatment effects, using ordinary least square regressions and bootstrapping procedures. Subsequently, we ran parallel and sequential mediational models including mechanisms that showed significant within-patient effects on outcome. **Results.** We found significant differential indirect effects of treatment by EP and CR on long-term outcome. EBCT patients presented greater EP, whereas CBT patients showed greater CR. Both, higher EP and CR were related to better outcomes. The parallel and sequential mediational models showed significant indirect effects of treatment (i) via EP and ER, and (i) via CR and CBA. **Discussion.** The results supported the hypothesis of parallel mediational effects of EP and CR, as well as mediation of these indirect effects by ER and CBA. These findings might help to improve CBT and EBCT for depression by targeting the observed processes and mechanisms of change.

How patient expectancy affects treatment outcome: Differentiating trait-like from state-like components

Sigal Zilcha-Mano, Haifa University, Israel; Bret R. Rutherford, Columbia University, New York, USA

Background: Patient expectancy of treatment success plays an important role in outcome across treatment modalities. Little is known about how expectancy changes over the course of treatment and how such changes influence treatment outcome. The present study focuses on changes in expectancy during psychotherapy and antidepressant treatment to identify the clinical and demographic correlates, typical trajectories, and associations with treatment outcome of such changes. **Methods:** Data were derived from randomized controlled trials of psychotherapy and antidepressant medication for major depressive disorder. Machine learning methods were used to identify pre-treatment clinical and demographic predictors of expectancy. Multilevel models were implemented to test the effects of expectancy on subsequent treatment outcome, disentangling within-patient (state-like) and between-patients (trait-like) effects.

Results: Random forest analyses demonstrated that whereas more severe depressive symptoms predicted lower trait-like expectancy, state-like expectancy was unrelated to

symptom severity. At each measurement point, increased state-like patient expectancy significantly predicted decreased depressive symptoms at the following measurement. The greater the gap between expected treatment outcomes and actual depressive severity, the greater the subsequent symptom reductions were. Conclusions: Greater state-like patient expectancy is associated with greater subsequent depressive symptom reduction. These findings suggest that clinicians may benefit from monitoring and optimizing patient expectancy during antidepressant treatment.

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

Dr. Louis Castonguay will be the discussant of the panel.

Panel

Practice-training-research networks

Organizer: Santiago Juan,
Universidad de Buenos Aires,
Argentina

Psychodynamic Practice Oriented Research: Contributions of Operationalized Psychodynamic Diagnosis (OPD-2)

Three studies related to psychodynamic practice-oriented research will be presented, with the main learning objective of showing Operationalized Psychodynamic Diagnosis (OPD-2)'s usefulness and contributions to the field. Paula Dagnino from Chile will present a study aimed to identify OPD-2 foci in session segments, establish its relationship, and its impact on patients' change, in 13 outpatient psychotherapies with 208 change episodes. Results will be discussed regarding how conflict focus relates inversely with structural focus, how the latter appears to be more present at the end of the process, and how some focus relate to different levels of patients change. Santiago Juan from Argentina will compare the psychodynamic profile and therapeutic foci's evolution, proposed by therapist and external judges using OPD-2, for a dropout case of psychodynamic psychotherapy (two diagnostic interviews and five subsequent sessions) in a client with an emotional disorder. Being blind to the rating process of the counterpart, similarities and differences among OPD-2's ratings will be discussed in light of the dropout nature of the case and OPD-2's applications. Neusa Rocha from Brazil will show results regarding 80 patients with severe mental disorders, where significant correlations between symptoms reduction and OPD-2's profiles were found, bringing evidence that OPD-2 has good quality in assessing the conflicts and the structural issues of patients with severe mental disorders, and suggesting also that the Brazilian version of OPD-2 is a valid, reliable instrument. As an expert on the field, Dr. Guillermo De la Parra from Chile will be the panel's discussant.

Patterns of change: tracking the therapeutic focus Paula Dagnino, Pontificia Universidad Católica de Chile, Santiago; Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago

Introduction: Brief dynamic psychotherapy has been increasingly important in the actual clinical practice. For its brevity focalization must be accomplished. The work on focus consolidates the material, abbreviates psychotherapy and is considered to be a change mechanism. Operationalized Psychodynamic Diagnosis System (OPD-2) was used, for this system focus consists in the specific problem areas that are significant for the patient's psychodynamics; specifically, three are the areas that can become a focus; relational pattern, inner conflict, and structural vulnerabilities. The study on foci becomes a research and clinical imperative. However, also, the study of the process is of fundamental importance for advancing the science of psychotherapy, for this, change on foci must be considered. Aims & Methods: The objectives of this study are to identify foci in session segments, establish its relationship, and its impact on patients change. A multiple single-subject design was used, considering the analysis of 13 outpatient psychotherapies done as treatment as usual (average of 18 sessions each process). Change episodes were identified through the Generic Change Indicators (GCI, Krause, et al. , 2007) and the Level of Presence of Foci (LPF, Dagnino & de la Parra, 2010) was used to identify foci worked by therapist and patient in the change episodes. Results & Discussion: 208 change episodes were identified. Conflict focus relates inversely with structural focus, and the latter appears to be more present at the end of the process. Some focus relates to different levels of patients change. The results will be discussed in their clinical relevance.

Psychodynamic profile and therapeutic foci's evolution in a dropout case from psychodynamic psychotherapy: comparing therapist's and external judges' perspectives Santiago Juan, Universidad de Buenos Aires, Argentina; Rocío Manubens, Universidad de Buenos Aires, Argentina; Itzel Chávez, Universidad de Buenos Aires, Argentina; Luciana López Fediuk, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina; Juan Martín Gómez Penedo, University of Bern,

Switzerland

Introduction: contemporary psychodynamic therapy research subscribes combining clinical judgment with empirical evidences (Barber & Sharpless, 2015; Juan & Pozzi). Recent studies (Gottdiener y Suh, 2012) suggest that systematically analyzing single cases may contribute to such efforts. Also, current criteria for evidence-based case studies (American Psychological Association, n. d.) recommend different perspectives on therapeutic process and outcome, such as therapist's and external judges' ratings. Finally, client's dropout conforms a challenge for psychotherapy research (Bohart & Wade, 2013). **Aims & Methods:** as part of a SPR Small Research Grant, this study analyzed and compared the psychodynamic profile and therapeutic foci's evolution, proposed both by therapist and two external judges, for a case of dropout from psychodynamic psychotherapy, consisting of two diagnostic interviews and five subsequent sessions, in a client with an emotional disorder. Being blind to the rating process of the counterpart, Operationalized Psychodynamic Diagnosis (OPD-2) (OPD Task Force, 2008) was used by therapist and judges to generate a psychodynamic profile and five therapeutic foci. External judges rating was achieved through consensus, following CQR's guidelines (Hill et al. , 1997, 2005). Level of Presence of Foci (LPF) (Dagnino & De la Parra, 2010) and Heidelberg Structural Change Scale (HSCS) (OPD Task Force, 2008) were used to rate therapeutic foci's evolution's along sessions. **Results & Discussion:** similarities and differences among therapist's and judges' ratings will be analyzed, discussing OPD-2's usefulness for psychodynamic therapy research and practice, along with result's contributions to the understanding of therapy dropout and to Practice Oriented Research as a whole.

Operationalized Psychodynamic Diagnosis (OPD-2): the use in severe mental disorder patients who undergo psychotherapy in an outpatient clinic of a Brazilian public university tertiary hospital Cinthia Danielle Araújo Vasconcelos Rebouças, ; André Goettems Bastos, ; Guilherme Kirsten Barbisan, ; Leonardo Gonçalves, Universidade Federal do Rio Grande do Sul; Bruno Perosa Carniel, ; Neusa Sica da Rocha,

Aim: to evaluate the use of OPD-2 in Brazilian severe mental disorder outpatients. **Methods:** This is a longitudinal naturalistic study of all patients of an outpatient clinic that offers 3 types of individual psychotherapy: psychoanalytical, interpersonal and cognitive-behavioral. Outcome measures were assessed in baseline and 6 months after participant inclusion in study. The OPD-2 was administered by face-to-face interviews. The interviewers (a psychologist and 2 psychiatrists) were trained as recommend by OPD-2 manual. They did not interfere in patients therapy or in therapists supervision. **Results:** 80 patients participated in the study. Significant correlations between symptoms reduction and quality of life and items that assessed conflict of need for care versus self-sufficiency, identity conflict was observed, and also significant correlation between all the items that evaluated personality structural conditions and the SCL-90R psychotic index. We found a Cronbach's alpha of $\alpha = 0.922$ in Axis IV. Regarding predictive validity, we observed mean differences in the structural evaluation of patients with a history of suicide attempt and previous history of hospitalization. **Discussion:** The OPD-2 had good quality in assessing the conflicts and the structural issues of patients with severe mental disorders. These results suggest that the Brazilian version of OPD-2 is a valid, reliable instrument in evaluating psychodynamic properties and can be a useful tool within the clinical and research contexts.

Discussant: Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago;

Panel

Eating disorders

Organizer: Chris Evans, University of Sheffield, UK

Psychological therapies and prevention for Eating Disorders

Eating Disorders (ED) cause huge suffering and significant very premature mortality. They are common but can go unrecognised and lead to extremely chronic suffering with severe physical and psychosocial impacts. Of all psychological disorders ED have probably the strongest associations with gender but there is increasing recognition of body image, exercise, dietary manipulation and substance use and pathological exercise in men. A categorical diagnostic separation of mainly male "Muscle Dysmorphia" from mainly female ED may not help us develop prevention and treatment for MD (or ED). Psychological therapies have clear, if imperfect, effectiveness for many sufferers with ED but understanding more of the aetiology and precipitants of these disorders is needed as is evaluation of brief preventative programs. Similarly, despite the good evidences of effectiveness of psychological therapies for ED there are few services reporting comprehensive routine change data. This panel brings together four papers, from Europe and from Latin America, covering these issues and collectively contributing to the development of our services for ED and MD.

Introducing routine change measurement into Eating Disorders oriented services in Spain: first year's findings Antoni Grau Touriño, ITA, Especialistas en Salud Mental; Guillem Feixas, Universitat de Barcelona, Spain; Joan Carles Medina, Universitat de Barcelona, Spain; Chris Evans, University of Sheffield, UK

Aim. To describe the challenges and success in implementing comprehensive data collection. To learn from the first year of data collection, focusing mainly on the baseline data as many clients are in continuing therapy and present a comprehensive picture of the state of patients entering integrated treatments for Eating Disorders (ED). To analyse and reflect on the psychometrics of the self-report measures and any implications severe ED may have for self-report. **Methods.** Data is from all new episodes of care/therapy: partial/day hospitalisation, inpatient admission and several levels of outpatient therapy. Therapies were multimodal with some use of medication. All patients received individual and group therapies and many received family interventions. Data on admission periods, level of outpatient/daypatient therapy, medication, weight and height and self-report data: CORE-OM, CORE-SF/A and CORE-SF/B for adults and YP-CORE for adolescents, and from the BITE and EAT-26. **Results.** Data were available for 364 episodes for 324 individuals across six services and refusals were rare. Internal reliability of measures was high and omitted items only problematical with the BITE. Issues with situational constraints on item responses and hence validity will be discussed as will the complex picture of the patients emerging. **Discussion.** Few large therapy services collect routine change data, fewer still which focus on ED. The internal conflicts and extreme distortions of self-image typical of severe ED raise questions about interpreting self-report data. These data form the base of an evolving system useful for both research and clinical work in services for these clients.

Prevention of Eating Disorders in Argentine Adolescents Guillermina Rutzstein, Universidad de Buenos Aires, Argentina; Luciana Elizathe, Universidad de Buenos Aires, Argentina; Brenda María Murawski, Universidad de Buenos Aires, Argentina; Maria Luz Scappatura, Universidad de Buenos Aires, Argentina; Leonora Lievendag, Universidad de Buenos Aires; Jessica Brenda Custodio, Universidad de Buenos Aires, Argentina

Aim: Lately much effort has gone into prevention programs for eating disorders (ED), as most sufferers do not receive treatment and many become chronic. In 2008 a law in Argentina declared the prevention of eating disorders (ED) a topic of national interest but there are few studies evaluating ED prevention programs in Argentina. This study aimed to evaluate a three session eating disorders prevention program based on cognitive dissonance theory and the media literacy approach for female adolescents from Buenos Aires, Argentina. **Methods:** 88 female adolescents aged between 12 and 17 years ($M = 14.49$, $SD = 1.25$) completed a Sociodemographic Questionnaire and the Cuestionario de Influencia del Modelo Estético Corporal-26 (Questionnaire of influence of the Aesthetic Corporal Model-26, CIMEC-26) and risk subscales of the Eating Disorder Inventory-3 (EDI-3) before, immediately after, and six months after the intervention:.

Results: After intervention, scores on two of the subscales of the CIMEC-26 decreased significantly: Body image concerns (mean 6.24 from 7.45, p (It) .001) and Influence of advertising (1.94 from 2.75,, $p = .001$) and two of the EDI-3's risk subscales: Bulimic attitudes (2.45 from 3.81, p (It) .001) and Body Dissatisfaction (14.38 from 16.11, p

= .016). At follow-up, this decrease held for Body image concerns (6.31, $p = .001$) and Bulimia attitudes (3.20, p (It) $.001$). Discussion: The findings suggest that preventive intervention based on cognitive dissonance and media literacy is effective and feasible and that such programs may be utilized in high schools to prevent eating disorders.

Eating Disorders and Muscle Dysmorphia: shared factors among men who exercise

Emilio J. Compote, Favaloro University & Fundación Foro; Lara Sbdar, Favaloro University; Sol Menga, Universidad Favaloro; Andrés Luciano Rivas, Favaloro University

Aim: ED have been associated with the desire to lose weight among women while in men Muscle Dysmorphia (MD) has been associated with desire to increase body size and muscle mass. Transition from thinness-oriented to muscularity-oriented disordered eating among males resemble the diagnostic crossover in women with ED. In addition to weight lifting in pursuit of a muscular ideal, CrossFit (a high-intensity training) has gained popularity recently among men. This study aimed to assess differences in ED and MD among CrossFit ($n=203$) and Gym ($n=210$) users. Methods: Multiple regression analyses were conducted to assess whether similar factors correlate with ED and MD among men who exercise.

Results: No differences between Gym and CrossFit users were observed in ED (Eating Disorders Examination-Questionnaire) and MD (Muscle Dysmorphia Disorder Inventory) dimensions nor in disordered eating behaviors. Purging behaviors were rare (1%) but 36.1% of the participants reported supplement intake. ED and MD correlated with psychological distress (Depression Anxiety and Stress Scale-21), Body Image (Male Body Attitudes Scale), and with exercise motivations (Exercise Motivations Inventory). Regression models accounted 50% of the variance of ED, and 60% of MD. Body dissatisfaction, weight management exercise motivation, and supplement use were common factors in ED and MD. Gym and CrossFit users showed similar features of ED and MD, with higher eating and body image pathology than previous community samples research. Discussion: Findings suggest that ED and MD are complementary disorders influenced by social pressures towards body weight and shape, despite being classed separately in DSM 5.

Familial markers and their interaction with stressful life events in the onset of eating disorder: control-case study (ANOBAS)

Ana Rosa Sepúlveda, Autonomous University of Madrid; Tatiana Lacruz, Universidad Autonoma de Madrid

Aim: Eating disorders (EDs) are complex and multifactorial illnesses. Few studies have determined which factors could trigger EDs, although having experienced stressful situations could be related to the onset of the illness. The aim of this study was to explore family and individual markers and their interaction with the stressful life events (SLE) which can be associated with the onset of an ED.

Method: Following a case-control design, 50 adolescents diagnosed with ED were matched to three control groups, 50 healthy adolescents, 40 adolescents with affective disorders, 40 adolescents with asthma and their families by sex, age and socioeconomic status. Diagnostic interviews K-DSAS and questionnaires were used.

Results: The results empathized that the increase of the amount of SLE prior to the onset is an overall characteristic for psychiatric disorders and that in ED it is specifically related to psychological markers. Discussion: These findings help us understand the aetiology and precipitation of ED and psychological disorders generally and may help us design preventative interventions.

Panel

Child & family

Organizer: Claudia Capella,
Universidad de Chile, Santiago

Psychotherapeutic change in child and adolescent psychotherapy from different perspectives and methods

Psychotherapeutic change is an important issue in psychotherapy research. In child and adolescent psychotherapy it's study has been less than in adults' psychotherapy, but questions about what is change or how to evaluate it are similar. However, the specific characteristics of child psychotherapy, makes relevant to think about particularities of change. Thus, this panel will focus on change in child and adolescent psychotherapy, showing studies that uses different perspectives and methods. First, Claudia Capella will present a paper about trajectories of change, showing results from a qualitative study that interviewed children and adolescents who have been sexually abused and attended therapy and their parents after psychotherapy ended. Second, another qualitative study will be presented by Vera Ramires. This paper focus on the therapist view of change in child psychodynamic psychotherapy, trying to approach answers to

the question of how to systematically evaluate changes and which ones are regarded as fundamental. Then, Cibele Carvalho will present a Systematic Case Study in school age children on changes in mentalization in child Psychodynamic Psychotherapy, using the Rorschach method as a procedure capable of evaluating a series of psychological processes involving mentalization. Finally, Geoff Goodman will present a study using the The Child Psychotherapy Q-Set, about the Contributions of Therapist Personality and Interaction Structure to Mentalization in the Play Therapy of a Girl with Borderline Personality Disorder. Discussion based on the presentations will go around the value of integrating in the comprehension of child psychotherapeutic change quantitative and qualitative measures, and different perspectives.

Trajectories of change: The perspective of children and adolescents who have been sexually abused and attended psychotherapy, and their parents Claudia Capella, Universidad de Chile, Santiago; Loreto Rodriguez, Universidad de Chile, Santiago; Estrella Azocar, Universidad de Chile, Santiago; Camila Gomez, Universidad de Chile, Santiago; Sofia Alborno, Universidad de Chile, Santiago; Diego Pitron, Universidad de Chile, Santiago; Rocio Pizarro, Universidad de Chile, Santiago; Mariela Vega, Universidad de Chile, Santiago

Aim: The aim of this paper is to describe trajectories of change in children and adolescents who have been sexually abused and attended therapy, integrating the perspectives of children and adolescents and their parents after psychotherapy ended. **Methods:** A qualitative research will be presented, which includes 10 cases of children and adolescents aged 10 to 20, who participate in psychotherapy due to their sexual abuse experience, in specialized treatment centers in Chile. Data collection was in the form of follow-up interviews with parents and children and adolescents, between 6 months to 1 year after therapy ended. In the case of children and adolescents, the interview was complemented with drawings. Data was analyzed through narrative analysis.

Results: different interviewees identified changes during psychotherapy and comment on the effects that psychotherapy had after it ended. Different trajectories of change were identified after therapy ended, mainly related with changes that continues after therapy, changes that appears after therapy and difficulties that appear or reappear after therapy. These trajectories are related with characteristics of the case and the therapeutic process. **Discussion:** Therapeutic implications for practice are discussed as well as future areas of research, highlighting the importance of achieving the therapeutic objectives at the end of therapy for the continuity of change. The importance of including participants' views in research is highlighted as well as the value of follow-up studies.

Changes in Child Psychodynamic Psychotherapy According to the Therapists'

View Vera Ramires, Universidade do Vale do Rio dos Sinos; Eduardo Brenner, Universidade do Vale do Rio dos Sinos ; Gabriela Dionisio Ffner, Universidade do Vale do Rio dos Sinos

What theories of change are underlying the work of child psychodynamic therapists and guiding their work? In what categories are these changes being considered? Is there some hierarchy regarding changes in symptoms, improvement in mental functioning, or improved reality adjustment, for instance? In child psychodynamic psychotherapy research, a remaining question is how to systematically evaluate changes and which ones are regarded as fundamental. The aim of this study was to investigate the therapists' perception on the changes in school-aged children during their psychotherapies. The study had a qualitative, descriptive, longitudinal design. The participants were the therapists of three school-aged children, assisted in naturalistic settings, who were trained in psychoanalytic psychotherapy. They periodically answered to an open-ended questionnaire that focused on perceived changes during the therapeutic process. Preliminary analyzes showed that they perceived changes in the therapeutic relationship, in the symptoms, in the defenses used by children, in their mentalization capacity, in their relationship with parents, and in their reality adjustment. These results will be described in detail, as this is an ongoing study. They will also be discussed according to the theories of change and the nature of the therapeutic action, from the perspective of child psychodynamic psychotherapy. **Keywords:** children; psychodynamic psychotherapy; theory of change; therapeutic process; outcomes.

Changes in Mentalization in Child Psychodynamic Psychotherapy Cibele Carvalho, Universidade do vale do rio dos sinos; Vera Ramires, Universidade do Vale do Rio dos Sinos

Mentalization has been considered an important element in the process of change in psychodynamic psychotherapy. However, there is a shortage of instruments available to assess the construct in children. The Rorschach Method has been suggested as a procedure capable of researching and clinically evaluating a series of psychological processes involving mentalization. The aim of this study was to analyze possible changes in the global psychic functioning and in mentalization in child psychodynamic psychotherapy, according to the Rorschach Method (Exner System). A descriptive and longitudinal study based on the Systematic Case Study (SCS) procedure was performed. Three school age children participated. The Rorschach Method was applied at the beginning of treatments as well as at the end. The children exhibited impairments in the ability to mentalize at the beginning of treatment, and it was possible to identify changes in mentalization at the end of psychotherapy. Also, there was an association between deficits in child's mentalization and impairments in global psychic functioning. Changes in psychotherapy did not show a linear movement, it was characterized by advances and setbacks. The results allowed to consider the relevance of the mentalization in child psychodynamic psychotherapy, and the Rorschach Method proved to be able to capture changes in that ability. Keywords: child psychotherapy; psychodynamic psychotherapy; mentalization; outcomes.

The Contributions of Therapist Personality and Interaction Structure to Mentalization in the Play Therapy of a Girl with Borderline Personality Disorder Geoff Goodman, Long Island University

Aim: The future of intervention research lies in the study of specific interventions and their therapeutic processes in conjunction with assessments of therapist personality, therapist-patient interactions, and intervention outcomes (Ackerman & Hilsenroth, 2003; Blow, Sprenkle, & Davis, 2007; Hersoug, 2004; Schneider, Midgley, & Duncan, 2010). The Child Psychotherapy Q-Set has been used to delineate interaction structures present between a child and therapist during a session as well as to define therapist adherence to psychotherapy process session prototypes (e. g. , Goodman, 2015). Research using the California Adult Q-Set has yielded distinct prototypes of adult personality and disorder. The purpose of this study is to assess best practices for child psychotherapy for borderline personality disorder (BPD) based on the study of treatment adherence, dyadic interaction, and therapist personality adherence. Therapist adherence to the Ego Resiliency prototype will predict 1) adherence to the Reflective Functioning (RF) session prototype and 2) adherence to an interaction structure of a sensitive, nonjudgmental therapist with a motivated, insightful, admiring child. Methods: A two-year, once-weekly play therapy was conducted with a 7-year-old girl diagnosed with BPD.

Results: Results are anticipated that therapist ego resiliency will predict adherence to a treatment model that focuses on enhancement of RF and an interaction structure of a sensitive, nonjudgmental therapist with a motivated, insightful, admiring child.

Discussion: Significant findings from this study would suggest best practices and support the idea that the therapist's personality significantly contributes to psychotherapy process with children who experience severe emotional dysregulation.

Panel

Treatment outcome

Organizer: Caroline Leighton,
Universidad de Chile, Santiago

Psychotherapy and genetic neuroscience: The future of a dialog

Recent research in psychiatric genetics has led to a move away from simple diathesis stress models to more complex models of psychopathology incorporating a focus on gene--environment interactions and epigenetics. Our increased understanding of the way biology encodes the impact of life events on organisms has also generated more sophisticated theoretical models concerning the molecular processes at the interface between "nature" and "nurture." Following Eric Kandel, there is also increasing consensus that psychotherapy entails a specific type of learning in the context of an emotional relationship (i. e. , the therapeutic relationship) that may also lead to epigenetic modifications across different therapeutic treatment modalities. This panel discusses the possibilities of this emerging body of interdisciplinary research. Although the evidence is still limited, existing research suggests that psychotherapy may be associated with epigenetic changes. In addition, epigenetic studies may play a key role in identifying biomarkers involved in vulnerability for psychopathology, and therefore

may improve diagnosis and open future research opportunities on the mechanism of action of psychotropic drugs, as well as psychotherapy. Important individual differences in susceptibility to environmental inputs, including psychotherapy, are discussed. On the other hand, the importance of early trauma in psychopathology and the eventual response to psychotherapy are discussed. In addition, as there is increasing evidence of transgenerational transmission of epigenetic modifications in animals and humans exposed to trauma and adversity, the epigenetic changes produced by psychotherapy can also potentially be transmitted to the next generation, opening up a new perspective for the science of prevention.

Interaction between a polymorphism of the gene of the promoter region linked to serotonin transporter and environmental factors to predict depressive symptoms: beyond the stress vulnerability model Caroline Leighton, Universidad de Chile, Santiago; Alberto Botto, Universidad de Chile, Santiago

Research on the role of gene-environment interactions (GxE) in explaining vulnerability to psychopathology in humans has witnessed a shift from a diathesis-stress approach to differential susceptibility approaches. Depression has been associated with alterations in the response systems to environmental stress. The serotonergic system is widely related to the stress response system. Variations in this system--especially being a carrier of short allele (S) of the polymorphism of the serotonin transporter (5HTTLPR)--has been associated with an increased vulnerability to depression when exposed to adverse environments. However, few studies have analysed the interaction between this polymorphism and the environmental factors from the differential susceptibility approaches. We studied the interaction between the 5HTTLPR polymorphism and environmental variables in predicting depressive symptoms. An experiment was performed, salivary cortisol was measured to determine whether these interactions are related to changes in the response to stress. The sample consisted of 151 adult subjects. In our study, S allele carriers showed fewer depressive symptoms when presented high social support and low anxious attachment. L allele carriers did not show these differences. SS subjects with mixed personality configuration obtained significantly higher depressive scores. Furthermore, we found a GxE interaction between the 5HTTLPR polymorphism and social support and personality style for the average area under the curve (AUC) of cortisol during the experiment. Conclusions: S allele confers vulnerability to depressive symptoms in the presence of a mixed personality organization. But concerning attachment style and social support, it could provide a differentiated sensitivity to environmental stimuli.

The role of childhood trauma in Bipolar Disorder. Contributions for a gene-environment interaction model Ulises Rios, Universidad de Valparaíso

Childhood abuse and neglect have been reported by 51% of patients with bipolar disorders. In this clinical group, childhood trauma and neglect are risk factors associated with a worse clinical course of bipolar disorder. The effects of childhood trauma on brain development may be potentiated or buffered depending on the genetics influences. My research has analyzed whether the association between environmental risk factors (childhood trauma) and an intermediate phenotype (social cognitive dysfunction) is moderated by a genetic variant (single nucleotide polymorphism) in patients with bipolar disorder type I in euthymia. Several biological pathways could play a role in the long-lasting consequences of childhood trauma on the risk for a worse clinical course in patients with BD. I will provide evidence about the relationship between childhood trauma and social cognition (theory of mind, emotion perception, empathy and compassion) considering a proposal emerged from empirical data about some principles of normative brain development. This data point to the need for an accurate and routine assessment of CT in patients with BD, given its relevant implications not only for illness prognosis (emphasizing the need of early intervention in order to prevent illness progression) but also for methodological issues in research about cognitive dysfunction, including inter-level research (gene-environment interactions). Conducting research within a coherent and well-documented conceptual framework could open up new perspectives for designing more specific therapeutic interventions, thus improving functioning and quality of life in patients with bipolar disorder.

Mentalization and epigenetic changes in psychotherapy of adolescents diagnosed with Borderline Personality Disorder Yamil Quevedo, Pontificia Universidad Católica de Chile, Santiago

Borderline personality disorder (BPD) affects patients' quality of life and level of functioning since adolescence. Multiple levels interact in the development of PTC, such as genetic vulnerability, early adverse events and the configuration of neuronal systems of emotional response (Lis, Greenfield, Henry, Guile and Dougherty, 2007). Consequently, this work seeks to establish the relationship between different levels of response to psychotherapeutic treatment, symptomatic, domains of mentalization and emotional regulation and their association with changes in a mechanism of regulation of gene expression, methylation, in the gene FKBP5 involved in the response to stress, in adolescents with Borderline Personality Disorder. This study aims to shed light on potential mechanisms of change in severe personality pathology. For this purpose, a sample of adolescents between 14 and 19 years old who are initiating psychotherapy is recruited. A structured interview and self-report questionnaires are applied at the beginning, 3 months and 6 months of psychotherapy and a follow-up at 12 months. Additionally, blood samples are taken at the same time for methylation analysis with pyrosequencing method. Preliminary results ($n = 7$) are presented showing the presence of high levels of symptomatology, history of trauma and a tendency to change in symptoms and emotional regulation between 3 and 6 months of treatment. The presence of the risk allele is also evidenced.

Discussant: Andres Russos, Universidad de Belgrano, Buenos Aires, Argentina;

Panel

Methods

Organizer: Joshua K. Swift, Idaho State University

Quantitative and Qualitative Methodological Decisions in Conducting Psychotherapy Research

When conducting psychotherapy research, quantitative and qualitative methodological decisions can have a major impact on the results of a particular study. In this panel we explore various methodological advancements and decisions for the field. The first paper will discuss findings from a large scale study comparing psychometric properties between various sampling sources for several different measures that are commonly used psychotherapy research. Specifically, in this study data obtained from psychotherapy clients recruited through MTurk was compared to data obtained through traditional clinic and research subject pool samples. For the most part, similar psychometric properties were found regardless of the recruitment method. In the second paper, data were examined comparing alliance ratings to treatment outcomes. Specifically, this paper examined different timings and methods for measuring the alliance and outcomes in psychotherapy research. The third paper examines the effect of different observation lengths in psychotherapy research. In this study, 48 therapists viewed either a 1-minute, 5 minute, 15 minute, or full-session video of a psychotherapy session and then evaluated the session across several different domains. Interestingly, longer observation lengths were associated with more positive evaluations of the sessions. For the fourth paper, experts in qualitative research will discuss several different methodological issues with conducting qualitative studies. Of particular note, these four papers cover a broad range of methodological decisions (recruitment techniques, coding decisions, qualitative methodology) and research that has been conducted across the globe.

Is MTurk a Reliable Resource for Conducting Psychotherapy Research Joshua K. Swift, Idaho State University; Kelley Tompkins, University of Alaska Anchorage

Aim: In recent years, MTurk has become a popular resource for participant recruitment when conducting psychological research. Numerous studies have been conducted demonstrating MTurk's usefulness, reliability, and validity in several areas of study. However, little is known about whether reliable and valid data concerning psychotherapy research can be obtained through MTurk. The purpose of this study was to compare the psychometric properties of several common psychotherapy research measures between participants recruited through MTurk and participants recruited through more traditional methods.

Method: The Outcome Questionnaire 45. 2, the Working Alliance Inventory Short Form Revised, the Credibility/Expectancy Questionnaire, the Attitudes toward Seeking Professional Psychological Help Short Form, and the Helping Skills Measure were administered to a sample of psychotherapy clients recruited through MTurk ($n = 828$), a sample recruited through traditional clinics and counseling centers ($n = 55$), and a sample recruited through a psychology department research subject pool ($n = 152$).

Results: Although demographics and recruitment times were different between the MTurk and traditional samples, for the most part, the psychometric properties of all of the measures were not. Discussion: These findings suggest that MTurk may be a convenient, valid, and reliable resource for conducting psychotherapy research. Limitations of MTurk and suggestions for using it to conduct psychotherapy research will be discussed.

Outcome matters - Investigating the Impact of Early Alliance on Predicting Christoph Flückiger, University of Zurich, Switzerland

Abstract: Despite meta-analytic evidence showing that alliance is associated with posttreatment outcomes, several open questions still remain regarding this relation. First, we investigate whether (or not) the progressive aggregation of early alliance assessments increases the alliance--outcome relation across 2 distress and 4 subjective change measures. Second, we investigate whether the alliance--outcome relations using subjective change measures are independent from intake distress and early response. Third, we explore whether the progressive aggregation of the alliance on outcomes becomes particularly apparent between or within therapists again investigating these six outcome measures. Data were drawn from N = 430 patients treated by N = 151 therapists. Patient ratings of early alliance were assessed after Session 1 to 6. For outcome, 2 commonly used distress measures at intake and at posttreatment and 4 measures of retrospectively evaluated subjective change at posttreatment are integrated into a series of multilevel models. The proportion of variance in outcome predicted by alliance scores varied considerably depending on the number of alliance assessments which were aggregated, as well as on the type of outcome assessment (distress vs. subjective change measures) explaining up to 15% of outcome variance. Improvements in the strength of prediction with aggregated alliance assessments were most pronounced for subjective change measures for between-therapist components of the alliance. Examining associations with subjective change measures provides an additional, patient-centered perspective of the relation between early alliance and treatment outcomes.

The Influence of Segment Length on Judgments of Psychotherapy

Interactions Rivian Lewin, University of Memphis; Jeffrey Berman, University of Memphis

Aim: In psychotherapy research, observers are often asked to make judgments about therapy interactions and these ratings can be based on interactions of various lengths. The aim of this study was to assess the influence of the length of the segment viewed on ratings of psychotherapy constructs--therapeutic alliance, empathy, and treatment expectations--as well as general judgments of the semantic dimensions of evaluation, potency, and activity.

Method: Subjects in the study included 48 therapists, each observed in a therapy session with a unique client. Observers rated the therapist after viewing either a 1-min, 5-min, 15-min, or full-session video-recorded segment of the treatment session in addition to providing an indicator of the confidence they felt in making these judgments.

Results: The results revealed a consistent linear relationship between segment length and observer ratings, with ratings on all measures systematically higher the longer the viewed segment. Confidence in ratings followed the same linear pattern. Discussion: These findings suggest that levels of observed qualities in psychotherapy interaction may be affected by the length of the segment observed.

Qualitative Psychotherapy Research: Some Observations Ladislav Timulak, Trinity College Dublin; Robert Elliott, University of Strathclyde, Glasgow, UK

The presentation offers a perspective on some of the methodological issues present in current qualitative psychotherapy research (QPR). The authors reflect at how the overall field of psychotherapy research has had an influence on how QPR is conducted. The authors further discuss a wide range of issues pertaining to QPR such as: brand-naming largely overlapping qualitative methods; epistemological confusion arising from the context and application of these methods; issues of data collection and the range of types of qualitative data; the confounding of investigative questions or aims with findings; the issue of interpretative frameworks in data analysis; strategies by which findings are generated; difficulties in assessing the representativeness of findings to the target sample; issues of generalisability of findings; and possibilities for developing cumulative knowledge across studies. The presentation focuses on those genres of qualitative research that have a descriptive-interpretative character, typically

represented by brand-name approaches such as empirical phenomenology, hermeneutics, interpretative phenomenological analysis, consensual qualitative research, grounded theory, thematic analysis, etc.

Panel

Process and outcome

Organizer: Reitske Meganck, Ghent University, Belgium

RCT's in current psychotherapy research: combining quantitative and qualitative perspectives

In the history of psychotherapy research, randomized controlled trials have been considered the gold standard to determine outcome and are listed at the top of APA's hierarchy of evidence-based practice. However, there are clear limits to the method and its place in evidence-based practice received increasing criticism that lead to it being adapted and complemented with other methods. The focus on proving the efficacy of treatments has given space for more attention to client and therapist factors and the use of other methods. In this panel, four papers are presented showing some of the possibilities to adapt, complement and extend classic RCT research. The first paper presents the main quantitative results of an RCT, the Ghent Psychotherapy Study, that did not focus on the relative effectiveness of two treatments, but on the interaction between the treatment approach and the the personality style as an important patient characteristic. The second presentation adds to the Ghent Psychotherapy Study by qualitatively mapping experiences of change and what was (un)helpful in that process for patients who recovered, improved, didn't change or even deteriorated. In line with this, the third presenter will explore the experiences of patients with bulimia nervosa in two conditions of an RCT and compare these results with former qualitative outcome studies. Finally, the fourth presentation will focus on the therapist perspective by mapping their private theories of curative and hindering factors that influenced the therapeutic process and therefore treatment outcome.

The differential efficacy of supportive-expressive and cognitive behavioral interventions in dependent and self-critical depressive patients: main findings and reflections from the Ghent Psychotherapy Study Reitske Meganck, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium

Aim: Different types of psychotherapy showed to be effective in the treatment of major depressive disorder, however, large variability in outcome within groups remains a challenge for improving treatment. Patient characteristics are considered crucial dimensions to predict differential outcome. We aimed to assess the interaction between therapeutic approach (pre-structured versus explorative) and personality styles of patients (dependent versus self-critical).

Method:We conducted a pragmatic stratified (dependent and self-critical) parallel trial with equal randomization (Belgium). 100 patients were recruited with major depressive disorder and dominantly dependent or self-self-critical personality style. Participants received either 16-20 sessions of cognitive behavioral therapy of psychodynamic (supportive-expressive) psychotherapy. The Hamilton Rating Scale was the primary outcome measure; secondary outcomes included self-reported depression, symptoms, and interpersonal functioning, DSM diagnosis of depression, and salivary cortisol.

Results:The interaction between therapy and personality style was not significant for any of the outcome measures as were the main effects of treatment or personality style. A remarkable trend was observed for anaclitic patients in the CBT group showing consistent increase of symptoms in the follow-up phase while all other groups showed increasing improvement. **Discussion:**Findings don't support the hypothesis that personality style interacts with therapeutic approach. We discuss how more complex interactions might be at work in therapy, which require to take into account and study individual patient-therapist dyads. Some of the findings however are in line with specific personality characteristics. Finally limitations of quantitative assessment at group level are considered.

Understanding the different shades of RCT outcome: Patients' perspectives on recovery, improvement, no change and deterioration in psychotherapy for depression Melissa De Smet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium

Aim: To compare and discuss patients' experienced changes in psychotherapy for depression as evaluated in the context of an RCT. Starting from the widely used statistical classification of clinical significance by Jacobson and Truax (i. e. , recovery, improvement, no change and deterioration; 1991), we explore the meaning of these categories in light of the experiences of the patients within these groups.

Method: Four mixed methods studies are conducted (analyses will be finalized by March 2019). Four groups were selected from the Ghent Psychotherapy Study based on their pre-post outcome scores on the BDI-II: 28 patients recovered, 19 patients improved, 19 patients did not show improvement and 3 patients deteriorated. Using qualitative methods (Grounded Theory and IPA) patients' Client Change Interviews administered at the end of therapy were analyzed.

Results: Four conceptual models, comprising patients' experienced changes and explanatory factors are presented in comparison to each other. The important role of therapy (CBT versus PDT), the therapist, the patient, the external context and their interaction are discussed. **Discussion:** The different shades of psychotherapy outcome are outlined, illustrating the value of the patients' perspective for understanding the phenomenon of outcome in psychotherapy for depression. The presentation further aims to discuss the implications of the findings for measuring outcome in the context of RCTs.

Client experience of change in two psychotherapies for bulimia nervosa: A comparative qualitative study Stig Poulsen, University of Copenhagen, Denmark; Louise Tækker, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Denmark

Aim: While cognitive behavior therapy (CBT) is considered an efficacious treatment for bulimia nervosa (BN), the effectiveness of psychodynamic approaches for BN is disputed. A randomized controlled trial comparing psychoanalytic psychotherapy (PPT) and CBT for BN (Poulsen et al. , 2014) showed larger effects of CBT in terms of recovery and symptom reduction. However, a case study by Lunn et al. (2012) reported positive experiences of therapy among clients in PPT with a limited symptomatic outcome. The present qualitative study compares experiences of change from 57 patients in CBT or PPT for BN.

Method: 70 adult clients meeting DSM-IV criteria for BN participated in a randomized controlled trial of CBT and PPT. 57 of these clients (n, CBT=33, n, PPT=24) were interviewed about their experience of the therapy using an adapted version of the Client Change Interview Schedule (Elliott, 1996). Interviews were analyzed through Grounded Theory methodology.

Results: Following the approach of Nilsson et al. (2007), clients were divided into four clusters based on type of therapy and general evaluation of the therapy (satisfied / dissatisfied). Correspondence and discrepancies between qualitative and quantitative assessments of outcome as well as prototypical therapy trajectories of the various clusters will be reported. **Discussion:** The results will be compared to the results presented by Nilsson et al. (2007) with a specific focus on the importance of the clients' eating disorders for the findings of the present study. Implications for adaptation of CBT and PPT for BN to the individual client will be discussed.

Therapist's private theories on curative and hindering factors in long-term psychoanalytic psychotherapy for treatment-resistant depression Felicitas Rost, Tavistock Clinic, London, UK; Guy Maissis, University College, London, UK

Aim: The Tavistock Adult Depression Study (TADS, Fonagy et al. , 2015) has provided important evidence that long-term psychoanalytic psychotherapy (LTPP) is more effective than treatment-as-usual in reducing depressive symptoms for patients suffering from treatment-resistant depression. Overall, 40% of patients who received LTPP significantly improved. Despite this remarkable achievement, a considerable number of patients did not benefit. In pendant to our study that focused on the patients' experience presented previously, the aim of this study is to elucidate the findings by focusing on the therapists' private theories of curative and hindering factors that influenced the therapeutic process and therefore treatment outcome. **Methods:** Thematic analysis was used to analyse the Private Theories Interviews (PTI, Werbart et al 2006) of 25 therapists whose patients completed the treatment. Of

particular interest was thereby to compare and contrast the emerging themes among therapists whose patients benefitted from the treatment (N=14) and those who did not (N=11) based on the Hamilton Depression Rating Scale. Therapists were blind to their patients' quantitative outcome. Results and Discussion: Qualitative methodology that stresses the subjective meaning-making bridges the gap that exists between primary clinical data and quantitative outcome data within a RCT design. The data analysis is currently under way and will be completed in time for the conference. Results so far point to interesting emerging themes of specific helpful as well as hindering factors from the treaters perspective, which may further our understanding in terms of the need to adapt psychoanalytic treatment for this particularly complex patient group.

Panel

Change process

Organizer: Eugénia Ribeiro,
University of Minho

Significant Events in psychotherapy: Their Relation with Therapeutic Collaboration and the Quality of Sessions.

The collaborative collaboration between therapist and client, has been considered the core dimension of the therapeutic alliance and is an important predictor of the therapy gains and critical in the client's decisions to complete the therapy. Alliance, as evaluated at the end of session, has been related with the quality of session. To the best of our knowledge there are not studies analysing the in-session therapeutic collaboration with quality of session and significant events as identified by both clients and therapists at the end of session. The first paper analyses the therapeutic collaboration through significant events in psychotherapy identified by client of a CBT-clinical case, the second paper analyses the types of therapeutic collaboration that initiate the helpful events identified by both client and therapist of a CBT good outcome case; the third paper analyses the relation between the significant events impact and the quality of sessions as evaluated by client at the end of sessions.

Therapeutic Collaboration Through Significant Events in Psychotherapy: A CBT-Case Study Eugénia Ribeiro, University of Minho; Dulce Pinto, University of Minho; Fábio Carvalho, University of Minho; Vânia Silva, University of Minho

Aim: Studies on therapeutic collaboration (TC) have shown that, in effective therapy, the therapeutic dyad tends to progressively coordinate their actions closer to client's potential developmental level. Research on significant events (SE) has suggested that they are like a window that helps to understand the therapeutic mechanisms of change. In this study, we aim to characterize the therapeutic collaboration during significant events identified by the client throughout the therapy process of a depressive client under cognitive behavior therapy. Methods: The SE were collected at the end of each session, using the Helpful Aspects of Therapy (HAT) questionnaire. The Therapeutic Collaboration Coding System (TCCS) was used to code the TC throughout each therapy session, independently of the SE identification process. After, we selected the TC codes corresponding to each SE period of each session. We used the State Space Grids (SSG) method to analyze the development of the TC throughout the SE by contrast to the remaining therapist-client interactions of each therapy session. The analysis process is still ongoing.

Results: Descriptive analysis show that, through SE, the mean proportion of therapist's challenging interventions is higher in comparison with supporting interventions. Regarding the client's responses, his response of safety is the most frequent during SE. Preliminary results suggest that during the SE as identified by the client, the dyad worked more often closer to the client's potential developmental level. Discussion: Clinical implications of these results will be discussed.

Therapeutic Collaboration and the Helpful Events Impact identified in both Therapist and Client's Perspectives: A Case Study. Andriza Saraiva Corrêa, Faculdade Integrada de Santa Maria; Cátia Cardoso, University of Minho; Eugénia Ribeiro, University of Minho

Aim: In this study we aimed to analyze the relation between the significant events impacts and the type of (non)collaborative therapeutic exchanges that initiated them. For this purpose, we studied the in-session significant events identified by both the therapist and the client in a good outcome case of cognitive-behavioral therapy. Methods: A total of 12 significant events identified by client and 12 events identified by therapist were studied. To analyze the impact of the significant events we used a deductive thematic analysis. The therapeutic collaboration coding system was used to

code the therapeutic collaboration.

Results: The findings showed that the most frequent impacts of the significant events identified by client were empowerment and insight and the most frequent impacts of the significant events identified by therapist were: insight, problem solution and empowerment. In both perspectives, the most frequent therapeutic exchange that initiated the significant events was collaborative, characterized by a challenging intervention from the therapist side and a safety response from de client side.

Discussion: The findings suggest that a collaborative therapist's challenging intervention, pushing forward the client change in a safety climate, is very important in both client and therapist's perspectives.

Significant Events Impact and Session Quality in Cognitive-Behavioral Therapy: The Client's Perspective. Nuno Pires, Instituto Superior de Serviço Social do Porto; Gabriela Silva, University of Minho; Ângela Ferreira, University of Minho; Eugénia Ribeiro, University of Minho

Aim: Studies focusing on significant events and their impact have contributed to the understanding of client's change throughout the therapeutic process. The depth and smooth sessions have been related with good outcome. In this study, we aimed to understand the relation between the impact of in-session significant events identified by clients and the quality of their sessions. Methods: A total of 348 significant events were collected from 23 Cognitive Behavioral Therapy cases. We used the Helpful Aspects of Therapy to collect the significant events and the Session Evaluation Questionnaire to analyze the quality of the sessions. To categorize the impact of the Significant events, we conducted a deductive thematic analysis. The analysis are ongoing.

Results: Preliminary results of qualitative analysis on the impact of significant events show that the most prevalent categories were: insight, problem solving, empowerment and exploration of feelings. Discussion: Clinical implications of the results will be discussed.

Panel

Systemic Case Studies

Organizer: Claudia Kami Bastos
Oshiro, Universidade de São Paulo

Single-case designs and systematic case study: contributions to psychotherapy

Systematic case studies can make a vital contribution to the task of building an evidence base for counselling and psychotherapy theory and practice. It brings a systematic investigation of a single individual or some other unit in which the researcher examines in-depth data relating to several variables. When it comes to the need to demonstrate the impact of an intervention in some target behavior with strong experimental control, the single-case experimental designs are indicated. They are characterized by repeated measurements of an individual's behavior, comparisons across experimental conditions imposed on that individual, and assessment of the measurements' reliability within and across the conditions. The goal of this panel is to present findings from four studies that addresses the discussion of the importance of systematic case study and single-case designs to clinical issues. The first paper will examine the impact of experiential and analytic interventions on quality of life, values-committed actions and anxiety disorders. The second paper discuss the contribution of specific factors (interventions and behaviors of the therapist, behaviors and attitudes of the patient and the interaction between both) to the process. The third paper focused on the effects of FAP on clinically relevant behaviors (CRB) of institutionalized individuals with SUD. Finally, the fourth paper will present the impact of evoke effects of direct evocation on client CRBs in session.

Effects of experiential and analytic interventions on quality of life, values committed actions and anxiety symptoms Amanda Raña Ferreira, University of São Paulo; Claudia Kami Bastos Oshiro, Universidade de São Paulo

Psychotherapy studies aim to investigate the effects of some interventions on target behavior. Regarding efficacy, most recent behavioral-analytic therapy studies have shown that experiential interventions like metaphors and meditation were superior when comparing to analytic interventions. The Acceptance Commitment Therapy (ACT) has a fundamental role considering the experiential interventions and part of the population treated presents anxiety as clinical demand. The present study will investigate the following hypothesis: these interventions will have different impact on quality of life, reduction of anxiety symptoms and values committed actions. Methods:

A reversal single-case design will be used to test the hypothesis above mentioned. Four clients will participate in this study (AB1C1B2C2). To control the carry over effect the order of the interventions will be different. Participants 1 and 2 will be submitted to AB1C1B2C2 and participants 3 and 4, AC1B1C2B2 (A= baseline; B = experiential interventions; C = analytic interventions). The instruments selected are: GAD-7, OQ-45, VLQ, PSWQ, AAQII, CFQ-7 and FFMQ.

Results: Experiential interventions might have a higher impact on mindful repertoires rather than on value committed actions. Analytic interventions might have a higher effect on value-committed-actions rather than mindful repertoires. Changes on mindful repertoires do not imply in changes in value-committed-actions and vice versa. Discussion: The effect of the independent variable, the experiential and didactic interventions, will be observed on the repertoires above mentioned. Keywords: Acceptance commitment therapy, experiential interventions, analytic interventions, anxiety disorder.

The technical flexibilization with borderline patients Suzana Catanio dos Santos Nardi, Aline Alvares and Silvia Benetti, Universidade do Vale do Rio dos Sinos - Unisinos

Aim: The present study aimed to investigate the contribution of specific factors (interventions and behaviors of the therapist, behaviors and attitudes of the patient and the interaction between both) to the process. Methods: This is a systematic case study with a patient with borderline personality disorder (PBS) in psychoanalytic psychotherapy, whose videotaped sessions were coded through the Psychotherapy process Q-Set (PQS). A total of 68 sessions were considered over a period of 18 months, and the process was analyzed through the calculation of the averages of the items of the sessions, identifying the most and least salient items of this total session. Then, the description of the psychotherapy process was performed by means of a simple ordering of the averages of each item of the PQS, indicating the more and less characteristic items of the treatment corresponding to the general process. In this way, narratives of the process were constructed that demonstrated a warmth therapist, trying to understand the patient and sensitive to the feelings. In turn, the patient responds in a collaborative way, bringing significant material to the sessions. The current or recent life situation and interpersonal relationships of the patient are discussed.

Results: Thus, the results indicate that interventions characteristic of a psychoanalytic treatment such as: transference, defense, were less used in the treatment. Discussion: This demonstrates the need for flexibility of the technique, since TPB patients present failures in symbolization and do not possess the desired mentalization capacity for understanding the intervention. Keywords: Process; Psychoanalytic Psychotherapy, process, specific factors, borderline

Single-case experimental design: Functional Analytic Psychotherapy applied to Substance Use Disorders. Alan Souza Aranha, University of São Paulo; Claudia Kami Bastos Oshiro, Universidade de São Paulo

Aim: Functional Analytic Psychotherapy (FAP) focuses on improving interpersonal relationships and emphasizes the core of the therapist-client relationship. Little evidence of FAP has been shown to Substance Use Disorder (SUD). This study aimed to investigating the effects of FAP on clinically relevant behaviors (CRB) of institutionalized individuals with SUD diagnosis. Methods: The participants were therapist-researcher and two clients. A single-case experimental design A/A+B was used (A= analysis of external contingencies; B= FAP). The sessions were recorded, transcribed and coded with Functional Analytic Psychotherapy Rating Scale (FAPRS). Changes in the symptoms were assessed on a weekly basis with the Outcome Questionnaire (OQ-45. 2), while the drug use frequency was assessed three months before and after using the Timeline Followback (TLFB). Follow-up was carried out after three months to verify the maintenance of the changes.

Results: frequency of problem behaviors (CRBs1) decreased and improvement behaviors increased (CRBs2) when FAP was introduced. During the follow-up, the client who had been assisted longer maintained the CRBs2 frequency. Instrument OQ-45. 2 was not sensitive to change in experimental phase. Instrument TLFB has shown quantitatively improvement in substance abuse for both clients. However, the client assisted longer was the only to show improvement, while the second patient indicated a progressive revert to the dependency condition. Discussion: results support the hypothesis that FAP provides therapeutic changes to individuals with SUD. Only the

client exposed to therapy for a longer period proved to maintain the progress achieved in the follow up session and change the frequency in the substance abuse. Keywords: Functional Analytic Psychotherapy, drug abuse, behavior therapy, experimental design,

Effects of the evocation on clinically relevant behaviors in Functional Analytic

Psychotherapy Joana Figueiredo Vartanian, Universidade de São Paulo; Claudia Kami Bastos Oshiro, Universidade de São Paulo

Aim: Functional Analytic Psychotherapy (FAP) proposes that client behaviors in session have parallels to those occurring outside the clinical setting. They are classified as CRB1s (problem behaviors) and CRB2s (improvement behaviors). FAP therapists should be aware of CRBs (rule 1), evoke CRBs directly (rule 2), contingently respond to CRBs (rule 3), observe the effects on client's behavior (rule 4) and implement generalization strategies (rule 5). It has been emphasized the role of consequence (rule 3), however, there is evidence that such a change is a result of evocative processes occurring in session. Thus, the goal of this investigation was to identify the effects of direct evocation (independent variable) on client CRBs in session (dependent variables).

Methods: it was conducted a single-case experimental procedure, with design A-B1-BC1-B2-BC2 for one client and A-BC1-B1-BC2-B2 to another client, in which phase A was the baseline, phases B corresponded to FAP without direct evocation and phases BC, to the use of complete FAP. The sessions were categorized with the instrument FAPRS. The Outcome Questionnaire (OQ-45. 2) was applied weekly and after three months, a follow-up session was conducted.

Results: there was an abrupt increase of CRB2s and decrease of CCR1s when direct evocation was inserted, the increase of CRB1 and decrease of CRB2 when it was withdrawn, as well as the replication of these two phases and their effects with both clients. **Discussion:** These results solidify the proposal that the increase of CRB2 in FAP is also related to evocative processes. **Keywords:** Functional Analytic Psychotherapy. Stimulus control. Motivating operations. Single-case experimental design. Process Research.

Panel

Relationship factors

Organizers: Dana Atzil-Slonim, Bar Ilan University; Wolfgang Tschacher, University of Bern, Switzerland

Synchrony and Emotion Regulation in the Therapy Session

During psychotherapy, client and therapist tend to spontaneously synchronize their body movements, their speech signals and even their physiological processes. Over time these dyadic interpersonal processes may lead to improved client's emotion regulation capabilities and to better therapeutic outcome. This panel presents four studies, each tapping a different aspect of dyadic interpersonal processes in psychotherapy. The first study focuses on physiological synchrony and examines the coupling of respiratory behavior and cardiac activity using two different methods of synchrony estimation. The second study examines clients' and therapists' responses following moments of silence. The third study examines emotion regulation strategies that therapists employ as they formulate interventions in response to their clients' statements about their cultural identities. The fourth presentation elaborates on the process of coregulation between clients and therapists and examines whether vocal features of intra-personal and inter-personal emotion regulation within-sessions and across treatment facilitate the understanding of the development of favourable changes in the treatment of Major Depressive Disorder. These presentations are expected to shed light on the theory of change in psychotherapy as a process that occurs within the context of the therapeutic relationship.

Physiological Synchrony in Psychotherapy Wolfgang Tschacher, University of Bern, Switzerland

Current quantitative research increasingly shows that therapeutic interaction is grounded in therapists' and patients' posture, body motion, gesture, prosody, and physiology -- in short, in their bodies. Nonverbal behavior is still widely uncharted territory in psychotherapy research. This is particularly true for the latter phenomenon, physiological synchrony. Recent studies found that patients and therapists spontaneously synchronize their physiological responses during interaction. Such physiological synchrony has been linked to better therapeutic alliance. This presentation will discuss methods by which physiological synchrony can be quantified, especially the approach based on cross-correlations (SUSY -- Surrogate Synchrony) and the approach based on cross-correlations of piecewise slopes (Concordance Index). The methods were applied to a dataset of 55 sessions from four dyadic psychotherapy courses where respiratory behavior and cardiac activity were monitored throughout

sessions. Session reports were provided by the therapist and the clients after each respective session. The results indicated significant coupling between clients and therapists for respiratory activity and for cardiac variables such as heart rate and heart rate variability. Several synchrony markers were associated with the therapist's alliance ratings in session reports. The results will be discussed in light of different methods to measure physiological synchrony.

Was. . . that awkward?: A quantitative exploration of silence in

psychotherapy Christina S. Soma, University of Utah, Salt Lake City, USA; Nikolaos Flemotomos, University of Southern California; Raghuveer Peri, University of Southern California; David A. Atkins, University of Washington; Zac E. Imel, University of Utah, Salt Lake City, USA

Psychotherapy is essentially a conversation, though not exclusive to the words spoken. Silence is an integral part of both regular conversation and the therapeutic process. Therapists may utilize silence depending on the specific treatment (e. g. , Gale & Sanchez, 2005), as well as formulating personal reactions and reflections to therapeutic content (Hill, Thompson, & Ladany, 2003). Clients silence may be indicative of emotional engagement, thought formulation, reflection (Levitt, 2001), or disengagement (Frankel & Levitt, 2009). Previous research has focused primarily on self-report and qualitative analysis of therapist and client experiences of silence during therapy, beginning to extend personal therapy experiences with therapeutic outcomes (Landan, Hill, Thompson, & O'Brien, 2004; Cook, 1964). Though these methods provide depth, these studies have yet to provide some initial descriptive information about silence within psychotherapy. Such information is available for other conversation data, and has been hypothesized that characteristics of silence within conversation, and may extend into other domains, such as psychotherapy (Heldner & Edlund, 2010). By automatically generating a dataset of silence within psychotherapy from time-stamped and coded Motivational Interviewing transcripts, we have compiled 32,735 instances of silence ranging from 0. 1 seconds (Xiao et al. , 2015; Levinson & Torriera, 2016) to 38. 77 seconds. The average silence was 1. 15 seconds (SD = 0. 47). Over half of silences are started and broken by the same person (54%), and the client is slightly more often the speaker after a silence (51%). Descriptive data of the codes indicated that clients are more likely to indicate taking steps towards change before and after a silence; therapists are more likely to say simple reflections preceding a silence and indicate changes after a silence.

Navigating Diverse Worldviews and Identities: Emotion Regulation of

Psychotherapists During Cultural Conversations Joanna M. Drinane, University of Utah; Monika Lohani, University of Utah

Psychotherapy has been found to be a remarkably efficacious treatment modality whose effects are considered greater than those of many medical practices and comparable to those of medication in the treatment of mental health (see Wampold & Imel, 2015 for review). These assertions propel psychotherapy process and outcome research forward; however, much of the nuance associated with specific clients improving (or not improving) in counseling and the therapists who treat them is not yet understood. One way that researchers have begun to unpack this complexity is by examining therapist effects. Indeed, therapists account for approximately 5--10% of the variance in therapy outcomes, across a range of variables, such as distress, psychological symptoms, life-functioning, and client unilateral termination (e. g. , Baldwin & Imel, 2013; Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011; Okiishi, Lambert, Nielsen, & Ogles, 2003; Owen, Adelson, Budge, Kopta, & Reese et al. , 2014; Wampold & Brown, 2005). Accordingly, we know that some therapists have clients with superior outcomes, but the question of "why" remains. While some studies have looked at therapists' aggregate abilities on process variables (e. g. the working alliance and cultural humility), we still do not know much about the internal processes of therapists as they engage with clients. During therapy sessions, therapists are tasked with responding to complex client presentations as they themselves synthesize the emotional and culturally laden content being shared. The strategies that therapists employ to manage cognitive load and emotional reactivity during difficult conversations may be paramount to their clinical abilities and to their client outcomes. The present study will represent a pilot examination of the emotion regulation strategies that therapists in training employ as they take in information and formulate interventions in response to client statements about their cultural identities (e. g. identity development, client reactions to racism, or coming out processes). Therapists will be presented with videos of clients sharing about these topics and then asked to

respond in vivo into a camera as if they are intervening in the moment. In addition, therapists will be asked to rate their reactivity to each client video and to complete measures associated with global and situation specific emotion regulation strategies (using the Emotion Regulation Questionnaire, for example (Gross & John, 2003)). Therapist responses will be coded for multicultural orientation and compared to determine if certain emotion regulation strategies are associated with enhanced cultural humility and cultural comfort. Results, implications, and future directions for research, for training, and for this methodological approach will be discussed.

The Sounds of Change: Using Vocal Measures to Study Intra-Personal and Inter-Personal Emotion Regulation in the Treatment of Depression Dana Atzil-Slonim, Bar Ilan University; Adar Paz, Bar-Ilan University, Israel; Eva Gilboa-Schechtman, Bar-Ilan University Israel; Eshkol Rafaeli, Bar-Ilan University, Israel

Emotion regulation processes are postulated to be at the epicenter of Major Depressive Disorder (MDD), a highly prevalent and debilitating condition. Consequently, the modification of such processes is at the core of many therapeutic interventions. Understanding these regulatory dynamics within therapy requires the analysis of the ways emotions fluctuate within and across individuals and dyads at a session as well as treatment-course levels. So far, the nuanced dynamic nature of the temporal unfolding of emotions during therapy was mostly measured at discrete time-intervals using clients' subjective reports. Moreover, most previous studies focused solely on clients' experience, and few assessed interpersonal dynamics. Yet, the understanding of intra- and inter-personal regulatory dynamics crucially depends on the existence of sensitive, continuous, and objectively codified measures of emotion intensity. Voice is a primary channel of emotion expression containing all these features. We examined whether vocal features of intra-personal and inter-personal emotion regulation within-sessions and across treatment facilitate the understanding of the development of favorable changes in the treatment of MDD. To this end, data of clients (N=40) and therapist (N=8) treated for MDD using a 16-session Supportive Expressive Therapy were analyzed. Intensive repeated measurements of client and therapist computerized vocal arousal and observer ratings of emotional arousal were assessed each session. Outcome measures were completed each session. The findings have the potential to expand the understanding of the mechanisms that account for gains in the treatment of depression.

Discussant: Bernhard Strauss, Friedrich-Schiller-Universität Jena, Germany;

Panel

Evidence-based psychotherapies

Organizer: Claudia Kami Bastos
Oshiro, Universidade de São Paulo

Systematic Case Studies as a tool to build bridges between research and practice.

Single-case experimental designs are characterized by repeated measurements of an individual's behavior, comparisons across experimental conditions imposed on that individual, and assessment of the measurements' reliability within and across the conditions. Such designs were integral to the development of behavioral science. On the other hand, longitudinal studies in naturalistic contexts with special group of patients; where process and outcome were measured from multiple perspectives; can contribute to Evidence Based Practice. From different perspectives, we can assess the way in which patients improved (or not); in relation to specific interventions. This methodology allows to assess in a trans-theoretical and trans-diagnostic fashion that is consistent with the latest developments in Psychopathology. In this way, we can assess process and outcome even in the most difficult patients, who are not suitable to be included in standard controlled studies. The goal of this panel is to present findings from four studies from two different research groups utilizing different methodologies within the Systematic Case Study perspective. Keywords: systematic case studies methodologies - evidence based practice - process outcome research - research and clinical perspectives

What can we learn from Systematic Case Studies with difficult patients? Elena Scherb, University of Flores, Argentina; Bernardo Samuel Kerman, Universidad de Flores; Marian Durao, University of Flores, Argentina

Aim: For those of us who work in the Clinical Practice; we are in permanent contact with a large number of patients who wander through different types of treatments; many times in worse subjective conditions than when they began their journey in search of therapeutic help. This is because; besides not having been able to overcome; they find themselves with an aggregate of frustration and hopelessness. We know that Mental Health problems will tend to increase in the future (NIMH); that in less

developed countries its effect is much more devastating (NIH); and that it impacts tremendously on the countries' GDP (Layard & Clark). The paradox is that there is a wide spectrum and variety of Effective Evidence-Based Psychotherapies for most disorders (APA). We have not yet been able to articulate effective psychotherapies with their application to more patients, there are socio - economic reasons, public policies, and academic ones. A Longitudinal Study with patients with these characteristics, between 1998 and 2016; evaluating processes and results with new treatment based on the Integrative Model of Fernández Alvarez, indicated that the 'changes in daily life' was the best predictor of good results (Scherb). Methods: We present some cases of a new cohort (2017 - 2018); with patients diagnosed with multiple severe diagnostic characteristics; implicating previous treatments with medications or even hospitalizations, evaluated from multiple perspectives (Kazdin); focusing on specific factors (evidence-based interventions) and common factors (therapeutic alliance, remoralization); with standardized and non-standardized evaluation measures.

Results: Relevant conclusions will be drawn for the clinic with this type of patients, generalizable from the Case Study methodology. Discussion: When facing patients that had undergone various previous treatments without clear results, that bear severe; persistent and multiple problems, we need to apply evidence based research informed interventions. The Systematic Case Study methodologies applied herein allows to identify progress and correct course of treatment, in order to achieve better results. Keywords: systematic case study - difficult patients - evidence based practice - process outcome research

Research methodology of single case psychotherapy at the University of São Paulo

Paulo Sonia Beatriz Meyer, University of São Paulo

Aim: 1. Improve the procedure of analysis of psychotherapy sessions. 2. Replicate the single-case experimental design. To improve the procedure of analysis of sessions of psychotherapy, the methodological issues studied were: methods of categorization; registration unit; analysis of the registration units. Methods: To achieve the second objective were replicated single case design with several interventions with different cases and different researchers. For Objective 2 six studies were analyzed. The total number of cases analyzed was 11.

Results: The main results obtained in relation to Objective 1 was a more in-depth knowledge of the differences that can be found with different modalities of categorization; the conclusion that the traditional mode of categorization used by the Functional Analytic Psychotherapy Rating Scale is most appropriate, not distorting the view of the therapeutic process and allowing the use of sequential analysis. The main results obtained in relation to Objective 2 were: When interventions of Functional Analytical Psychotherapy were compared with those of analytic-behavioral therapy with a focus on the analysis of problems that occur outside the session, the difference in both procedures was clear and consistent for the same participant and between participants. Discussion: When one aspect of Functional Analytic Psychotherapy intervention was compared to another aspect of the same form of psychotherapy, the differences were not as clear. Keywords: psychotherapy process research, single-case design, replication.

Functional Analytic Psychotherapy methodological issues in single-case designs

designs Claudia Kami Bastos Oshiro, Universidade de São Paulo; Joana Figueiredo Vartanian, Universidade de São Paulo; Alan Souza Aranha, University of São Paulo

Aim: The goal of this study is to present four single-case studies (seven clients) discussing the methodological aspects related to the type of instruments used, different single-case designs and the Functional Analytic Psychotherapy (FAP) as independent variable. All the single-case studies were a systematic replication of Oshiro's research (2012) to promote generality of effects of FAP in different disorders.

Method: All the psychotherapy sessions from seven clients were recorded, transcribed and coded. The measuring instruments were: Functional Analytic Psychotherapy Rating Scale and Outcome Questionnaire (OQ-45. 2). The single-case experimental designs were: multiple baseline (three clients; PSDT), reversal design (two clients; unspecific) and quasi-experimental (two clients; substance use disorder and sexual abuse/anxiety).

Results: The results for all cases indicated that the effects of FAP were: behaviors that affect the progress of therapy (CRBs1) decreased and the inverse occurred when FAP was withdrawn. The behaviors that helped the progress of therapy (CRBs2) showed the opposite trend. OQ45. 2 needed to be analyzed with the case conceptualization to get

important details of the therapist-client interaction. Different single-case design allowed keeping the psychotherapy sessions as natural as they are, and the differences from each client were considered. Discussion: Single-case experimental design proved to be useful for the research in psychotherapy and the results confirm that the main mechanism of change involved in FAP is the direct shaping of CRBs occurring in session, within the context of the therapeutic relationship with clients with different disorders. Keywords: Functional Analytic Psychotherapy, systematic replication, single-case designs

Panel

Child & family

Organizer: William B Stiles, Miami University, Oxford, USA

Techniques for facilitating assimilation in treatment of children and adolescents

The assimilation model is a theory of psychological change. The assimilation of problematic experiences sequence (APES) summarizes a developmental series of stages by which initially problematic experiences are assimilated into the client's usual self. Theoretically, progress from one stage to the next is mediated by semiotic meaning bridges--words or other signs that have similar meanings to author and addressee. Whereas most assimilation research has studied adult clients, this panel focuses on techniques and procedures that may facilitate progress from one APES stage to the next in children and adolescents. First, Sofía Fernández will present a conceptual analysis of how techniques commonly employed with patients in this age group might advance assimilation. Second, Nicolle Alamo will present a qualitative study of how these techniques affected APES levels in passages from published case studies of children and adolescents. Third, Evi Chryssafidou will present a case study in which computer-generated digital images seemed to function as nonverbal meaning bridges in the counseling of an adolescent girl.

Conceptual analysis of child and adolescent psychotherapy techniques from an assimilation model perspective Sofia Fernandez Sanz, Universidad de los Andes, Chile; Nicolle Alamo Anich, Pontificia Universidad Católica de Chile, Santiago; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; William B Stiles, Miami University, Oxford, USA

Aim: The assimilation model seeks to explain the process of change during the psychotherapy. Whereas most assimilation research has focused on adult patients, the aim of this research was to extend the model to children and adolescents. We considered how the main psychotherapeutic techniques used with patients in this age group might promote assimilation.

Method: The meanings and conceptualizations that underlie the most used techniques in child and adolescent psychotherapy described by a range authors and theoretical approaches were analyzed for their potential applicability to advancing problematic experiences along the assimilation of problematic experiences sequence.

Results: The methods and techniques used in child and adolescent psychotherapy can be grouped in three categories: (1) action-based activities, which include various games and role-playing; (2) image-based activities, which include graphical techniques and imagination-related techniques; and (3) verbal activities, including verbal dialog, short stories, letters, and metaphors. A review of accounts of the use of these techniques in varied approaches (e. g. psychodynamic, gestaltic, cognitive and narrative therapies) suggested that the assimilation model can be successfully applied to understand the process of child and adolescent psychotherapy. Discussion: Distinguishing the inner voices used in the voices formulation of the assimilation is a little harder in children than in adults because the techniques often aim to help children express themselves nonverbally, due to their limited language. This makes analysis an interesting challenge and requires more intensive interpretive efforts and draws on the use of metaphorical expressions.

Assimilation analysis of published case studies of child and adolescent psychotherapy

Nicolle Alamo Anich, Pontificia Universidad Católica de Chile, Santiago; Sofia Fernandez Sanz, Universidad de los Andes, Chile; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago; William B Stiles, Miami University, Oxford, USA

Aim: The assimilation model and Assimilation of Problematic Experiences Scale (APES) have been used mainly in studies with adults. The aim of this study was to assess how psychotherapeutic techniques commonly employed with children and adolescents may affect APES levels.

Method: Passages illustrating a range psychotherapeutic techniques (e. g. sand tray, drawing, fantasy, letters, short story) were drawn from seven published case studies of children and adolescents between 7 and 13 years old who were undergoing treatment in a variety of therapeutic approaches. The passages were analyzed according the assimilation model, and APES levels were assigned.

Results: In the seven cases analyzed, the assimilation model and the APES proved applicable to child and adolescent therapy. Some children and adolescents verbalized their problems and insights and their undergoing processes, which helped to reveal the presence of dominant and problematic internal voices more clearly and facilitated applying the APES directly. In other cases, use of metaphor tools and more intensive interpretive efforts were required. It was generally more difficult to establish a clear APES level in children and adolescents than in adults because their utterances sometimes seemed to be at several levels at the same time and/or to shift between levels within the same session fragment. **Discussion:** Certain differences were observed compared to adults. These differences point toward adaptations required to apply the APES to children and adolescents, along with suggestions for further assimilation research on child and adolescent psychotherapy.

Can digital imagery contribute to therapeutic communication and assimilation in school counseling? The case of Sophie Evi Chrysafidou, Metanoia Institute; Biljana van Rijn, Metanoia Institute; Caroline Falconer, University College, London, UK; William B Stiles, Miami University, Oxford, USA

Aim: According to the assimilation model, communication between people and between internal parts of a person, described metaphorically as voices, is mediated by semiotic meaning bridges. Meaning bridges are words or other signs that have a similar meaning to both people or voices. Theoretically, building meaning bridges with problematic voices underlies therapeutic assimilation. Whereas previous assimilation research has studied verbal meaning bridges almost exclusively, this case study investigated whether and how digital imagery could serve as interpersonal and intra-personal meaning bridges for an adolescent girl in school counseling.

Method: Sophie (pseudonym) was 16 year old girl who presented with poor self-image, depression, anxiety, eating problems, and self harm and was treated in school counseling. During the first ten sessions of a longer treatment, she participated in a trial of avatar software that allows clients to represent their relationships and concerns as digital images. We applied assimilation analysis to recordings of the onscreen imagery with background audio.

Results: In collaboration with her counselor, Sophie constructed three major digital scenes: a river valley where she represented her ongoing problems, a castle and surrounds that represented a safe haven, and a blocked and guarded gate that represented protection in her safe haven but also isolation. Much important action took place at the gate. **Conclusions:** The images appeared to serve as significant meaning bridges between Sophie and her counselor. There were also indications that Sophie used the images in building internal meaning bridges to accommodate her problematic voices.

Discussant: Gillian E. Hardy, University of Sheffield, UK;

Panel

Process and outcome

Organizer: Micaela Jimenez,
Universidad San Francisco de Quito

The Central Role of Emotional Processing

Introduction: Emotion-Focused Therapy (EFT) is grounded on the understanding that emotional processing during psychotherapy is fundamental for clients' growth. The aim of the therapeutic process is that of facilitating clients' contact with their emotional experiences and cultivating their ability to fully process these. For this reason, EFT research has focused much of its attention on understanding in-session emotional processes that account for therapeutic transformation. The overall argument is that optimal human functioning is the result of deep awareness, emotional flexibility, the

ability to symbolize and organize inner experiences, the capability of accessing new emotional states and creating new meanings, and the facility to share these with others in an appropriate manner. In contrast, psychological difficulties arise from overwhelmed emotional states, a lack of emotional awareness, emotional avoidance, or a tendency to rigidly symbolize experience. Objective: The current panel discusses three studies exploring the concept of emotional processing. The first study explores the impact of EFT on clients with anxiety symptomatology participating in a student counseling service. The findings suggest that problematic emotional processing is in the center of generalized anxiety symptomatology. The second study compares emotional processing on a daily basis with emotional processing during psychotherapy sessions. The third study explores how therapists can distinguish between different levels of emotional processing, and how their perspectives can predict clients' therapeutic improvement. Conclusions: At the end of this panel, the audience will be sensitized to the relevance of assessing emotional processing to understand psychological difficulties and as a predictor of therapeutic outcome. Keywords: Emotional processing, Emotion-Focused Therapy, Outcome Study, Modes of Engagement, Mechanisms of Change

Emotion-Focused Therapy for Worry and Generalised Anxiety Symptoms in Student Population Julie Anne O'Connell Kent, Trinity College, Dublin, Ireland; Aaron Jackson, Trinity College, Dublin, Ireland; Chuck Rashleigh, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College Dublin

Introduction: Emotion-focused therapy (EFT) is a form of research-informed psychological therapy. Although EFT has been demonstrated to be effective in treating depression and other issues, there has been limited research into its application with anxiety. Generalised anxiety symptoms are a common cause of distress among student population. The aim of the current study was to investigate the effectiveness of EFT for generalised anxiety symptoms and worry in college students. It aimed to explore quantitative pre-post outcomes (open trial format), what changes occur during therapy, and the aspects of therapy which are helpful, difficult but helpful and unhelpful.

Method: Participants (n=20) presenting to a brief-therapy university student counselling service were administered measures of worry and generalised anxiety (GAD-7, Penn State Worry Questionnaire -- Past Week, and the Counseling Center Assessment of Psychological Symptoms-34 (CCAPS-34; Generalised Anxiety subscale) throughout therapy and were interviewed following therapy using Client Change Interview.

Results: Analyses suggested that there was a significant decline in worry and anxiety symptoms over the course of therapy. A cross-case analysis revealed that clients experienced a wide variety of changes in their lives, including experiencing less anxiety and increased resilience. Experiential work and a positive therapeutic relationship were reported to be helpful aspects in therapy, yet some clients found therapy emotionally challenging. Unhelpful factors included a continuation of symptoms and confusion during therapy. Conclusion: The findings of current study indicate that EFT in a brief-therapy setting shows promise. However, there are several limitations, which suggests that further research is needed into the effectiveness and processes present in EFT for generalised anxiety.

The application of the Client Modes of Engagement Questionnaire (Participant System) Micaela Jimenez, Universidad San Francisco de Quito; Robert Elliott, University of Strathclyde, Glasgow, UK; Carlos Jimenez-Mosquera, Universidad San Francisco de Quito

Introduction: Emotion-Focused Therapy is grounded on the understanding that emotions shape our behaviour and are deeply intertwined with our most fundamental needs. During psychotherapy clients process their experience in more or less productive manners. Emotionally overwhelmed or disengaged modes of processing interfere with clients' ability to access, express, elaborate, symbolise, and transform their emotions. EFT refers to the way clients process their experience as "Modes of Engagement". Objective: The current study explored the predictive utility of the Client Mode of Engagement Questionnaire (CMEQ). The aim was to examine the relationship between early, middle and late phase CMEQs and therapeutic outcome.

Method: The CMEQ asked therapists (N=18) to rate the extent to which their clients (N=73) had engaged in each of the 28 CME items during a given session. Therapeutic outcome measures included the Clinical Outcome Routine Evaluation-Outcome

Measure (CORE-OM), Strathclyde Inventory (SI), and the Personal Questionnaire (PQ).

Results: The results suggested that the extent to which clients engage in each of the CMEs during each phase of therapy served as autonomous predictors of outcome.

Conclusion: This study suggests that CMEs that arise during early, middle and late phases of therapy mediate the predictive utility of the CMEQ scores. This implies that Client Modes of Engagement are amenable to change and can be better understood as a process that emerges and shifts across therapy. It also provided firm ground for arguing that the therapist perspective can be systematically analysed. However, there are some limitations suggesting that more research is needed to validate these findings.

Emotional processing assessed in psychotherapy sessions versus ecological momentary assessment: A validation study Hélène Beuchat, CHUV (Lausanne University Hospital); Loris Grandjean, CHUV (Lausanne University Hospital); Jean-Nicolas Despland, CHUV (Lausanne University Hospital); Antonio Pascual-Leone, University of Windsor, Ontario, Canada; Ueli Kramer, University of Lausanne, Switzerland

Background: Emotional processing is a promising mechanism of change during psychotherapy. The Classification of Affective-Meaning States (CAMS) allows the assessment of emotional processing step by step as they appear and change within psychotherapy sessions. While psychotherapy sessions usually occur on a weekly basis, the question of emotional processing on a daily basis remains poorly understood.

Objective: This paper aims to compare emotional processing as assessed by ecological momentary assessment and with emotional processing as assessed in psychotherapy sessions, using compatible items. Methods: In this validation study, we assessed N = 50 healthy volunteers (university students). They responded to EMA items on emotional processing in interpersonal situations of their daily lives during seven consecutive days, and participated in a video-taped clinical interview (Relationship Anecdote Paradigm) assessed with the CAMS. In addition, they filled in self-report questionnaires on psychological symptoms. Within-subject comparisons are made.

Results: This ongoing study presents the first results on EMA data compared with psychotherapy sessions. Correlations between non-productive emotional processes and self-reported symptoms are examined, as well as correlations between negative emotional processes and self-reported symptoms. Discussion: The use of the present new assessment module in the daily lives of patients may be promising, in particular in order to differentiate and complement in-session observations of emotional processing. Internal validity (inter-rater reliability) as well as external validity (ecological validity) are discussed.

Panel

Mentalization

Organizer: Alemka Tomicic,
Universidad Diego Portales,
Santiago, Chile

The interactive space of mentalization: Its presence in the psychotherapeutic change process

In the last decade, mentalization and reflective functioning have become key concepts in the investigation of the process and the psychotherapeutic result. Together with the exploration of the association between the increase in the patient's reflective functioning and the change in psychotherapy, a couple of years ago the new studies in this field have overcome these limits and have answered questions from other perspectives or in other contexts. Some of these new approaches include considering the process of mentalization as a regulating function of the therapeutic interaction, others include the reflective function as an emergent propriety of the therapist-patient interaction and others consider it as a central mechanism in the generation of therapeutic changes in the patients. Taking into account these new approaches, in this panel are presented three studies coming from a Chilean research program regarding to the study of the regulatory function and the changes effects of the reflective functioning in long-term psychotherapies with patients diagnosed with a personality disorders.

Quality of the Reflective Functioning in the verbalizations of patients and therapists in relevant episodes of psychotherapy

J. Carola Perez, Universidad del Desarrollo, Santiago, Chile; Cecilia De la Cerda, Universidad de Playa Ancha Valparaíso, Chile; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile

Introduction: Understanding that the therapeutic process allows a psychic change of a non-homogeneous character, which varies within the sessions and between them, implies study its development in moments of change (episode of change) as in of ruptures of the alliance (episode ruptures). In addition, understanding mentalization as an interactive process in which each participant remains attentive to their own mental states as, at the same time, realizes the mental states of the other, allows hypothesizing that plays a relevant role in regulating patient-therapist interaction during the mentioned relevant episodes of the psychotherapy.

Method: The sample was composed of episodes of change and episodes of rupture of the therapeutic alliance, extracted from seven long-term psychotherapies (40 or more sessions) with adult patients. All verbal speaking turns of the patient-therapist verbal interaction that make up the episodes were transcribed, and the Reflective Functioning scale (RF) was applied. These data were analyzed using hierarchical regression models whose predictors were the type of episode and the actor (patient / therapist), controlling the session in which the episodes occurred.

Results: The results indicate that the level of mentalization was of better quality in episodes of change than in those of rupture, being this difference more evident in the case of patients compared to their therapists. Only in one therapy were differences observed only by actor and not according to episodes, being better the quality of RF of the therapist.

Mentalizing voices: A single case analysis Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile

Considering the framework provided by the Dialogical Theory of the Self we have focused in the way in which some self-states of patient and therapist -- expressed by discursive voices revealing subjective positions-, fulfill a mentalizing function that stimulates dialogue and therapeutic change. Therefore, this approach regarded the verbal interaction between patient and therapist as conveying different subjective positions verbally expressed. Some of them are believed to participate during the therapeutic dialogue diminishing dissociated aspects of the patients and contributing to achieve therapeutic changes and having a mentalizing function.

Aim: To show the way by which subjective positions of patient and therapist, expressed in the discourse by means mentalizing voices, configure interactions conducive to the integration of dissociated aspects of the patient's self and its therapeutic change.

Method: A long-term psychoanalytic therapy, with a patient with a personality disorder diagnosis, was analyzed using the MAPP System (Model of Analysis of Positioning in Psychotherapy). A sequential qualitative analysis was applied to those segments of the sessions in which mentalizing discursive voices of patient and therapist were presented.

Results: Emerged three ways in which mentalizing discursive voices are presented and participate in the therapeutic dialogue: (a) as an initiative taking by the patient, (b) as an initiative taking by the therapist and (c) as a joint initiative and activity. **Conclusion:** The "initiative and joint activity" is constituted as a mentalizing interaction which, although not necessarily frequent, seems to have an accelerating and a deepening effect of psychotherapeutic change.

Mentalizing Interactions in psychotherapy: A co-construction of reflective functioning in the therapeutic process

A. Javiera Duarte Soto, Universidad de Chile, Santiago; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; cata. rosenbaum@gmail.com Rosenbaum, Universidad Diego Portales, Santiago, Chile

Background: More than a personal capability, mentalizing appears to be a contextual, relational and contingent function that emerges and expresses itself in a dynamic interpersonal process. In the case of psychotherapy, patient and therapist reflective functioning has shown to be related with the patient's change, both as a change mechanism and as outcome. Regarding the former, this study deepens in the development of mentalizing interactions throughout the therapeutic process analyzing six complete long-term psychotherapies. **Objective:** The objective was to understand

how mentalizing interactions are constructed by the patients and therapist and identify their emergent patterns during the psychotherapy process.

Method: The Reflecting Functioning scale adapted for psychotherapy was applied to relevant episodes within the sessions of six long-term psychotherapies ((gt) 40 sessions). Sequences of mentalizing interaction were identified and analyzed regarding their contents and themes, RF quality and therapists' and patients' contribution.

Results: The presence of mentalizing interactions during the psychotherapy process have different purposes depending on the moment of therapy in which they take place. The themes and contents around which mentalizing interactions take place are specific for each therapeutic dyad and seem to be significant for the comprehension of the patients' difficulties. Therapists and patients' contributions tend to vary showing more contribution from one or the other part at different times. **Discussion:** The value of mentalizing interactions for therapeutic change are discussed as well as their possible implications for clinical work and empirical research.

Panel

Methods

Organizer: Carolina Cardenas,
Universidad de Chile, Santiago

The micro-phenomenological interview applied to research in Psychotherapy: cases of first-person research

AIM: The objective of this panel is to present the micro phenomenological interview and its usefulness as a tool of first-person investigation of psychotherapy.

METHODOLOGY: Three studies are presented, one oriented to know the applicability of the micro-phenomenological interview in the investigation in psychotherapy and two investigations that used the micro-phenomenological interview for the psychotherapy study. Cárdenas & Duarte present a qualitative study on the results of the use of the micro-phenomenological interview on the investigation in psychotherapy in Chile. Rodríguez & Alomar present an investigation in which they analyze the experience of "Appropriation of self" in the first person, as a fundamental element of the psychotherapeutic cure proposed from the model of Phenomenological Psychotherapy and Serrano, Moreno & Duarte, through the micro-phenomenological interview, explored the subjective experience of diagnosed patients with depression.

RESULTS: Preliminary results from the interviews conducted and the studies reviewed seem to indicate that the micro-phenomenological interview offers an enriching perspective to the research processes in psychotherapy. The results obtained in the investigation of "Appropriation of self" in the first person, give an account of how a renewed understanding of oneself, contribute to the cure of the patient. In the study of patients with depression, valuable information is obtained about the construction of the lived experience of depression. **DISCUSSION:** We discuss the contributions and challenges of the microphenomenological interview applied to psychotherapy research, as well as the new guidelines to be considered for future research. Possible collaborations between researchers are considered for future investigations.

The micro-phenomenological interview applied to research in Psychotherapy: a first-person approach. Carolina Cardenas, Universidad de Chile, Santiago; A. Javiera

Duarte Soto, Universidad de Chile, Santiago; Danilo Rodríguez Lizana, Private Practice

Over the last years the "subjective experience" had been excluded from the field of scientific research, using only data available of the "third person", that is, those collected by an external observer. A small but growing group of researchers has recently come to the conclusion that, in order to study processes in psychotherapy, it is no longer possible to limit themselves to the data that can be observed and recorded from the outside, being essential to take into account their subjective dimension (Petitmengin, 2006). **OBJECTIVE:** The objective of this presentation is to discuss the use of a methodology in the first person derived from a phenomenological approach called micro phenomenological interview, as an adequate and promising approach to explore the experience of patients and therapists in psychotherapy research.

METHOD: We used 2 forms of information gathering; interviews with researchers and therapists who have used the micro fenomenológico interview in their psychotherapy research and results of research conducted in the clinical field that have used this methodology.

RESULTS: Preliminary results from the interviews conducted and the studies reviewed, allowed to detect different categories for the use of the micro phenomenological interview, also that this technique allows to deepen into different relevant aspects of

psychotherapy such as specific moments of the process, experiences of Patients and therapists. **DISCUSSION:** The value of a first-person approach is discussed through the micro phenomenological interview in psychotherapy research and access to new categories of information.

Psychotherapy as a hermeneutic experience: Experiential approach to self-

appropriation Danilo Rodriguez, Universidad de Chile, Santiago; Francisca Alomar, Universidad de Chile, Santiago

Experiencing the symptomatology, associated with the various psychopathological scenarios, as a strange and baseless experience, is a common perception in patients who consult psychotherapy. Several psychotherapeutic models, such as those that fit into a constructivist epistemology, and research in psychotherapy, agree that the generation of a new understanding of the feeling or "Appropriation of self" is directly linked to the healing process. The model of Phenomenological Psychotherapy, proposed by Giampiero Arciero (2018), seeks to answer on how a renewed understanding of oneself becomes a cure, by highlighting the ontological and experiential role that narrative capacity has in the motility of life.

Aim: Describe, from the patients experience in the first person, the main conditions and characteristics of the phenomenon "Appropriation of self", that takes place during psychotherapy of Constructivist orientation.

Method: Using the Micro-Phenomenological Interview (Petitmengin, 2006) experience of "Appropriation of self" in the first person will be analyzed, on patients who have attended at least 6 sessions of a psychotherapy, ascribed to a constructivist epistemology.

Results: Specify the main experiential characteristics of the phenomenon "Appropriation of self" in the diachronic and synchronic axes stipulated by the Micro-Phenomenological Interview. **Discussion:** The relevance of this psychotherapeutic phenomenon in relation to psychotherapeutic practice will be discussed, as well as the difficulties and methodological limitations of its study.

Towards an understanding of subjective experience an depression diagnosis

María Renee Serrano, Universidad de Chile, Santiago; Diego Moreno, Universidad de Chile, Santiago; A. Javiera Duarte Soto, Universidad de Chile, Santiago

According to data published by the WHO (2017), more than three hundred million people in the world suffer from depression, equivalent to 4% of the world population. Depression rates grow disproportionately, expecting that by 2030, it will occupy the first place in the measurement of disease burden according to the years of life adjusted for disability (AVISA) (Botto, Acuña, Jiménez, 2014). Due to the high prevalence in depression, it is that the desiderative model is being increasingly questioned in two aspects: 1) medicine has a scientific look at the disorder in depression and 2) patients have an experienced symptomatology. There is a gap between both views because patients are unaware of their diagnosis, so that the interest in the pharmacological proposal diminishes or disappears and this inevitably results in the abandonment of all treatment as a cure option (Becerra, Zavala and Rivera, 2017). **Objective:** To understand how the lived experience of depression is constructed in people diagnosed with this pathology.

Method: using the micro-phenomenological interview created by the Frenchman Pierre Vermesch, as a methodology to study the subjective experience, in the diachronic and synchronic axes of the experience.

Results: Obtain important information on clinical aspects, on the construction of the concept of depression, as a contribution to social sciences and medical sciences for a better understanding and diagnosis of depressive disorder.

Discussant: A. Javiera Duarte Soto, Universidad de Chile, Santiago;

Panel

Methods

Organizer: Gaby Lunansky,
University of Amsterdam

The Network Perspective on Psychopathology: Theory, Estimation & Application

The network perspective on psychopathology (Cramer et al. , 2010; Borsboom & Cramer, 2013) conceptualizes mental disorders as clusters of mutually reinforcing symptoms. Alternatively, the classical latent variable perspective on psychopathology conceptualizes mental disorders as unobserved common causes that underlie the observed symptoms. The network perspective has been widely applied to mental disorders such as depression (Van Borkulo et al. , 2015), psychosis (Isvoranu et al. , 2017), PTSD (McNally et al. , 2015), panic disorder (Robinaugh et al. , in preparation)

and autism (Deserno et al. , 2016). Network analysis allows estimating the direct relationships between symptoms, for example, insomnia can lead to concentration problems, which leads to worrying and loss of energy, with the possibility to eventually spiral into a depressive episode (Borsboom & Cramer, 2013). This panel discusses the network perspective from a clinical and methodological point of view. The first presentation introduces the network perspective and discusses in what ways the network perspective differs from the traditional latent variable perspective on mental disorders. The second presentation discusses the estimation of network models from empirical data, showing the differences between networks based on partial correlations and pairwise correlations by focusing on their application to psychopathology research. The third presentation introduces dynamic networks, their clinical relevance and connections to dynamical systems theory of mental health. Finally, the fourth presentation explains how this dynamical systems perspective relates to psychological resilience and proposes a novel way for assessing resilience using network analysis, presenting an online, interactive tool for this.

Networks and Latent Variables: Two Frameworks for Understanding Psychopathology Riet van Bork, University of Amsterdam

The standard paradigm in which mental disorders are studied, approaches mental disorders in a similar way as medical diseases, that is, as an underlying cause of observable symptoms. The medical disease as an analogy for mental disorders has certain implications such as that symptoms are understood as equivalent and interchangeable indicators of the disorder, and correlations between the symptoms are explained by their shared reliance on the underlying disorder (i. e. , correlations between symptoms are spurious). The network perspective provides an alternative understanding of mental disorders in which mental disorders are conceptualized as clusters of symptoms that mutually reinforce each other rather than as a latent cause of the symptoms. In this framework, the correlations between symptoms arise from direct effects between symptoms. This talk provides an introduction to the network framework as an alternative to the more classical latent variable framework for mental disorders. While the frameworks diverge strongly in how they explain the associations between symptoms, the models prove much harder to disentangle; several papers have proved that the models are in fact equivalent. The last part of the talk discusses the relation between the frameworks and the models that follow from these frameworks. While the equivalence makes it impossible to statistically compare network models and latent variable models in a general sense, there are groups of network models and latent variable models that can be compared in how well they explain observations in the data.

Comparing Pairwise Correlation and Partial Correlation Networks Anna Wysocki, University of California, Davis

Network models are an increasingly popular method to study the structure and characteristics of psychopathologies such as depression and PTSD. Typically, these models are constructed by estimating relations between psychopathology symptoms to identify highly influential symptoms and visualize the overall structure of the construct. Although there are many different algorithms to estimate the relations between symptoms, they fall into two main approaches: partial correlations and pairwise correlations. Partial correlations represent conditional independencies between symptoms; that is, the unique relation between a pair of symptoms after controlling for (removing the shared variance with) all other variables. Pairwise correlations, or marginal correlations, index the strength of relation between two variables without considering other variables. Partial correlations emerged as the more popular choice because they can, in theory, map onto the causal structure of the data. Alternatively, pairwise correlations reveal both direct and indirect effects. Thus, the two approaches produce non-identical networks even when applied to the same data as they provide different information about the underlying construct. As such, it is important for researchers to have an understanding of these two types of networks and their properties. Here, we compare partial correlation and pairwise correlation networks with focus on their application to psychopathology research. We discuss theoretical and statistical considerations that should inform the choice of method, such as how the research question, the sample size, and the set of measured variables affect the interpretability of the network and its metrics, and provide suggestions on when each network is appropriate.

Dynamic networks and complex dynamic systems approaches to psychopathology Anna Kuranova, University Medical Center Groningen

Psychopathology is dynamic in nature: symptoms vary within individuals over time and between people. However, most of standard research approaches do not consider these dynamics. This discrepancy between clinical reality and research may be resolved by the dynamic network approach (Borsboom, 2017). Applied to time-series data, the network approach allows assessing and visualizing networks of temporal interrelations between symptoms or mental states. Such networks can potentially uncover dynamical mechanisms underlying the development of symptoms. Recent studies support this claim, showing that dynamical networks can yield important understanding of mechanisms of psychopathology both on a group and individual (N=1) level. Furthermore, individual level networks can be directly used in clinical practice (Bos et al. , 2017). Moreover, a closely related field of research utilizes dynamics of symptoms and mental states in a different way, namely to examine whether mental health behaves according to the principles of dynamic systems theory. If mental health behaves like a complex dynamic system, it can potentially undergo a transition from one stable state to another, e. g. , from a healthy state to a more psychopathological state. Interestingly, the process of moving from one state to another seems to follow certain universal mathematical patterns, which can be used to predict an impending transition as well as resilience of the system. Indeed, recent studies suggest that similar mathematical patterns can be found in transitions to psychopathology (Scheffer et al. , 2009; Wichers et al. , 2016). Thus, this approach may foster the development of new dynamics-based predictors of mental health trajectories.

Assessing psychological resilience using the network perspective of psychopathology Gaby Lunansky, University of Amsterdam

Why do some people collapse and develop psychopathology after suffering from a stressful life event, while others do not? A pressing yet unanswered question is what makes the latter group of people resilient. They are seemingly able to withstand the 'attack' that adverse events launch on their health and well-being. If a patients' healthy state is resilient, (s)he will quickly bounce back to normal. Depression symptoms such as worrying and insomnia will disappear relatively quickly (Van de Leemput et al. , 2014). However, if his/her healthy state is not resilient, the occurrence of some depression symptoms might lead to an 'activation spread' over all nodes of the symptom network, spiraling into a major depressive event. Using the network perspective of psychopathology, we propose a novel, dynamical framework for studying resilience. The main focus of this presentation is the question of what makes a network's architecture resilient in the face of adversity. By simulating timepoints from the network structure and doing a perturbation analysis, which resembles adding "shocks" to the system, it is possible to study the resilience of a network model and provide resilience indicators. Thus, if a network model is estimated from empirical data (for example, a network model of depression symptoms), this method will indicate how resilient the network of the patient is. As a means to facilitate further study, we also present an online, interactive simulation tool where researchers can play around with networks to gain insights into their dynamics and resilience.

Discussant James Boswell, University at Albany/SUNY, USA

Our discussant will be dr. James F. Boswell.

Panel

Treatment process and outcome

Organizer: Roberto Alves Banaco,
Paradigma - Centro de Ciências e
Tecnologia do Comportamento -
Brasil

The new, the traditional and the auto observation of the therapist: valid ways to manage the therapeutic process.

Three works from Brazilian therapists focus therapeutic processes through three kinds of interventions: one of them will focus on the Aerodromophobia in ten patients applying the traditional technique of exposure the person who suffers to phobic stimulus with prevention of avoidance responses, with great success. The second one will focus the new technique named Virtual reality exposure (VRE) combined to behavioral therapy procedure, to face acrophobia and fear, with similar good results. The third, will present a way to supervision the performance of therapists, demonstrating that, when used as a technique over discrete response class, could improve the performance of newly formed therapists. All of them will try to demonstrate the importance of defining responses classes to collecting data as a good way to highlight the effects of the interventions over learning processes. The research methods were diverse, as the A-B and follow up, combined individual and group psychotherapy, and multiple baseline to enter the independent variable.

Virtual reality as a resource for behavioral therapy of fear of height. Veronica Bender Haydu, Universidade Estadual de Londrina

Virtual reality exposure (VRE) combined to behavioral therapy procedure may be advantageous in the treatment of fears and phobias, especially in situations in which in vivo exposure involves risks to the patient. This study aimed to evaluate: (a) the effects of a behavioral intervention procedure combined to the VRE for height fear, (b) evaluate the capacity to generate sense of presence of the Virtua. Therapy simulator. Ten participants were randomly distributed in three groups according to the baseline extension. The following instruments/equipment were used: the Virtua. Therapy Simulator, the Acro-Phobia Questionnaire, a Behavioral Avoidance Test (BAT). The design was the nonconcurrent multiple baselines. The procedure phases were: an initial interview; two, three or four baseline sessions, six intervention sessions, one closure session, and two follow-up sessions. The Acrophobia Questionnaire scores showed a decrease in fear throughout the intervention and in the follow-up sessions. The participants reported sense of presence. There was a statistically significant reduction in BAT after the intervention, considering the participants' anxiety, and fear and danger assessment; there was also a reduction in the scores of the Acro-Phobia Questionnaire from the initial session to the session after the intervention, and a small recovery in follow-up. The participant's reported an increase in the frequency of coping behaviors on the day to day. These results suggest that the procedure contributed to reduce the fear of height of the participants and that the simulator was able to evoke anxiety responses and generate a sense of presence, proving useful in the therapy process.

The Treatment of Aerodromophobia: Strategies and Initial Results João Ilo Barbosa, Universidade Federal do Ceará

Aerodromophobia is the term used to refer to the phobia of flying by plane. One of the main behavior interventions for phobias is the exposure therapy: technique of exposure the person to phobic stimulus with prevention of avoidance responses. Statistics indicate that up to 30% of the population is afraid to fly by plane. The objective of the study is to present a procedure of a behavior intervention for aerodromophobia. Ten people: five women and five men, aged 24 to 52 years, participated in two classes of the "Projeto Sem Medo de Voar" ("Fearless to fly Project"). Six participants were able to fly with great discomfort and four did not fly. They went through individual and group sessions, watched videos about airplanes and informative lectures about flight security, visited an aircraft and, finally, made a round trip between two capitals of the Brazilian Northeast, accompanied by the responsible psychologist by the project. As a way of measuring the results obtained with the project, two pre and post-intervention questionnaires were applied to measure the degree of anxiety and annoyance with situations related to airplane travel. From the results found, it was possible to verify that 9 of the ten participants made progress in coping with aerodromophobia, performing new flights with less intense fear responses or making the first flight of their life. It is considered that the results obtained evidenced the efficacy of the exposure technique and pointed out a promising alternative for the treatment of aerodromophobia.

Study on relationship between saying and doing: some variables that operate in the control of the planning of therapeutic sessions. Roberto Alves Banaco, Paradigma - Centro de Ciências e Tecnologia do Comportamento - Brasil

We Investigated the correspondence "doing-saying" about conducting therapeutic process, and changes in the behavior of the therapist as an effect of interview data collection, through multiple baseline procedure. Two newly formed therapists participated in this study and two clients, one each a therapist, in therapeutic process. The two processes had 15 therapeutic sessions recorded in audio and transcribed. On average, 12 episodes of a certain class of responses were selected as the focus of 4 interviews, each of them obeying one criterion selected from manuals about conducting psychotherapy (two desirable behavior and one of undesirable behavior of the therapist to occur during therapeutic sessions). During the interviews, the researcher reported the verbal antecedent emitted by the client and asked the therapist what he had done in that situation. After his answer, the researcher read, then the registered verbal behavior from the therapist in the therapeutic session. A comparison was made between the responses reported during the interview with the responses observed in the therapeutic sessions. There was some correspondence between the behavior reported and observed and the main effect was that the report requested in the procedure has improved the performance of the therapist according to the criteria of literature. It is discussed the verbal correspondence and that auto observation it produces adjusted performance for both therapists.

Panel

Culture

Organizer: Ayumi Goto,
Ochanomizu University, Tokyo,
Japan

Therapist experience and culture: Relational depth, Moments of Meeting, and Therapeutic courage.

Our work as a psychotherapist is always embedded in the cultural and social context. Our interventions are communicated through language and interpersonal contact which are both culturally loaded and framed. Examining how those cultural and social factors influence therapeutic process and therapist interventions may shed light on the nature of what this endeavor of psychotherapy means in different cultures and thus also illuminates some essential common aspects across cultures. The proposed panel addresses the intersection between culture and psychotherapy through the experience of therapists. Four studies will be presented. First, Kim and Joo will present a study on the experience of relational depth in Korean psychotherapists. Second, Goto and Iwakabe will present a qualitative study on gender difference in the experience of exercising courage in Japanese therapists. Third, Butler will present a study on the experience of therapists in UK exploring the thinking based on intersubjectivity, emotional experience and imagination. Finally, Duarte, Tomicic and Martinez from Chile will present a study on the experience of moments of meeting in Chilean psychotherapists. The proposed panel will address the issue of diversity by focusing on the cultural factors associated with the practice of psychotherapy.

Understanding the therapists' experience of Relational depth in culture perspective: A qualitative study Jiyea Kim, St. Mary's Hospital in the Catholic University of Korea; Eunsun Joo, Duksung Women's University, South Korea

Relational depth can be conceptualized as the moments of experience that are increasingly likely to occur in therapy characterized by Rogers (1957a) six necessary and sufficient conditions. It is the understanding that a therapeutic relationship is a therapeutic alliance with in-depth connectedness (Hovarth and Bedi, 2002). A large proportions of therapists confirmed that they experienced the moments of profound connection with a client. In other word, not only from a client but also from a therapist, there is a level of relational depth with their client in which they experienced their high levels of acceptance, congruence and empathic response towards their clients and it is accepted by their clients (Cooper, 2005). The experience of RD from the therapists is the blending together of high degrees of the three core conditions of empathy, unconditional positive regard and congruence. According to the research interview from Korean therapists, It was discovered that the therapists' RD is categorised by three, general, traditional and variant based on the directions of the relationship, therapist's change, bridge, client's change and together (Kim & Joo, 2018). Interestingly participants described their experience as 'wait' which is based on the sensitive reflection to give time and space for the client who wants to be safe. They stated that the attitude being 'wait' is the meaning of change the relationship from vertical to horizontal and this is their experience of RD as a therapist. Even though the

power balance within a therapeutic relationship is suggested in many different cultures, it could be questioned that RD includes the awareness of the movement in the relationship from vertical to horizontal in the more hierarchical culture.

Aim: The aim of this study is to explore the therapists' experiences of relational depth as a therapist in cultural aspect particularly the understanding of the relationship structure. A therapist understands the therapeutic relationship with a client not only the role as a therapist but also social and traditional roles such as teacher, the elder or by gender (Joo, 2009). However the descriptions from the participants suggested that when a therapist recognizes the relationship between two individuals fairly, there is the change of their core conditions and also the relationship (Kim & Joo, 2018).

Method: Data will be gathered from an unstructured interview within the framework of a person-centred methodology. 12-15 participants will be interviewed according to consensual qualitative research. The interview will include the description of their experiencing moments of relational depth with the clients particularly the recognition of the relationship structure and their positions within it.

Results: (Hypothesis) Korean therapists recognize the change of therapeutic relationship to horizontal as the experience of relational depth. **Discussion:** How does culture play a role in relational depth? Is there any other cultural singularity to understand relational depth? **Keywords:** Person-centered, Relational depth, culture and psychotherapy

Gender differences in therapists' experience of courage in psychotherapy: A qualitative study Ayumi Goto, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

Aim: This paper investigates gender differences in therapeutic courage of beginning therapists in Japan. There is an increasing interest in understanding therapeutic roles of courage in therapy (Geller, 2014; Lyman, 2016; Rabu & McLeod, 2018). Our previous study compared the experience of courage in experienced therapists and beginning therapists in Japan. The result indicated that beginning therapists were fearful of making mistakes, concerned about being evaluated and as a result, flooded with feelings of incompetence, all of which inhibited exercising courage and lessened their therapeutic presence (Iwakabe, Kimura, & Goto, 2018). The sample of this study consisted of mostly female psychotherapists. This study examined gender differences in the experience of therapeutic courage focusing on social and cultural factors associated with their experience. **Methods:** Five male therapists with less than ten-year of experience were interviewed for ninety minutes. The data was analyzed using the Grounded Theory Approach. Ethical approval was obtained from the researchers' institution.

Results: (In progress) Preliminary analyses suggest that male therapists saw courage as essential and natural to their therapeutic practice and reported more examples of situations in which they had exercised courage during therapy. They also tend to report frustration when their work was not progressing in the way they had expected.

Discussion: Differences in attitude and readiness to courageous moments in therapy may influence the therapist's experience of courage. **Keywords:** Beginning therapist, courage, gender differences, therapeutic presence

Experiencing the 'in between' - The possibility of thinking beyond and exploring the therapeutic landscapes Sheila Butler, Open University UK and KMPT NHS

Aim: This presentation explores a kind of thinking based on intersubjectivity, emotional experience and imagination. Taking the idea of an intermediate area between inner reality and external life, the experience of therapists in two studies will be explored. The implicit intersubjective dynamics of the clinical interaction in group and in individual therapy will be the focus; the experience of the Moments of Meeting study as part of a Practice/Practitioner Research Network (PRN), and the other will focus on the therapists' experience of a specialist service Therapeutic Community model for people with Personality Disorder in the National Health Service (NHS) in the UK. The Therapeutic Community model provides a space where people with long standing and complex emotional problems explore a culture of belonging (attachment), a culture of

openness (communication), a culture of safety (containment), a culture of participation (involvement and inclusion) and a culture of empowerment (agency). Experiencing the 'in between' and exploring the therapeutic landscapes in both studies will be discussed.

Method: Qualitative methods for research into experience and meaning with a focus on the experience of therapists (focus groups, interviews, open-ended questionnaire)

Results: With the analyses it was possible to capture the quality and intensity of therapists' experience working with complex cases in group Therapeutic Community and tapped into the complexity of clinicians' reactions. The co-construction of therapeutic landscapes highlighted in the experience of therapists in both studies highlight the importance of an epistemology and methodology to capture the implicit intersubjective dynamics of the clinical interaction in group and in individual therapy. Discussion: In an intersubjective, relational approach, the therapist and client in individual and group therapy co-construct a sense of the meaning of the patterns of communication and relationship informed by culture. The clinical and research implications are addressed. Key words: intersubjectivity, emotional experience, transitional space, Culture & culture

Therapists' experience on episodes of meeting: constructing implicit relational knowledge in the psychotherapy process A. Javiera Duarte Soto, Universidad de Chile, Santiago; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile

Background: Moments of meeting, described as shared emotionally charged moments, between therapist and patient (Stern, 1998; 2004) produce a mutual implicit understanding about their relationship, which can generate a new state of intersubjectivity that reshapes the patient's procedural knowledge of "being with the other". This knowledge is called implicit relational knowing (IRK; Lyons- Ryth, 1998), but despite generous theoretical investigation and clinical description of these phenomena, little is known, from an empirical standpoint, about how moments of meeting take place, how they contribute to changes in the IRK and their relation with the psychotherapeutic process. Objective: This study explores therapists' experience of moments of meeting with their patients and its effect on implicit relational knowing with the purpose of identifying the essential elements, characteristics of its configuration and effects for the psychotherapy process.

Method: 15 in-depth interviews were conducted to therapists with different levels of experience and theoretical orientation. Open and axial coding from grounded theory was performed for analyzing data.

Results: Four main features of moments of meeting and their relation to new IRK and psychotherapeutic change from the therapists' point of view were found. A comprehensive model of moments of meeting and how changes in IRK takes place was developed. Discussion: The value of moments of meeting for the therapeutic process is discussed and reflected upon, as well as their effects implicit relational knowing as a central axis of change.

Discussants: Kristen G Pinto-Coelho, Private Practice; Harold Chui, The Chinese University of Hong Kong, China;

Panel

Therapist effects

Organizer: Michael J. Constantino,
University of Massachusetts

Therapist performance in psychotherapy from the perspective of patients, therapists, and objective outcome measurement

Therapist performance in psychotherapy comes in many guises, including individual track records of general success or "unsuccess," within-therapist strengths and weakness in treating different types of mental problems, between-therapist differences in general and domain-specific effectiveness, fidelity in delivering evidence-based interventions, and so forth. There are also different vantage points on such clinician performance, including the perspective of patients, objective measures, and therapists themselves. The goal of this panel is to present original research on therapist performance from all of these angles. In the first paper, Boswell will present results from a mixed-method study that explored mental health patient perspectives on therapist selection, as well as the potential utility of using therapists' efficacy track records in the selection process. In the second paper, Constantino will present findings from a study that examined the associations between therapists' self-perceived outcome domain-specific effectiveness and their actual domain-specific effectiveness, based on a routine outcome tool used in naturalistic practice. In the third paper, Coyne

will present a study that tested domains of therapist-level variables as possible determinants of between-therapist efficacy differences, again in the context of naturalistic mental health care. Finally, Oswald will present a qualitative study that obtained clinician feedback on an in-development self-report measure of treatment fidelity, an important component of evidence-based practice implementation in routine treatment settings. With four distinct talks, and to allow time for audience-presenter exchange, no formal discussant will be assigned.

Patient perspectives on clinician selection and patient-reported outcome track records: A mixed-method study James Boswell, University at Albany/SUNY, USA; Michael J. Constantino, University of Massachusetts; Jennifer Oswald, University at Albany/SUNY, USA; Matteo Bugatti, University at Albany/SUNY, USA; Brien Goodwin, University of Massachusetts Amherst; Alice E. Coyne, University of Massachusetts; Nicholas Morrison, University of Massachusetts Amherst

Research demonstrates significant differences in treatment outcomes both among therapists and among patients within a therapist's caseload. What works for whom should be considered within the context of who works for whom, and patient perspectives on this topic represent a knowledge gap.

Aim: Explore patient perspectives on the process of clinician selection and patient-reported outcome (PRO) track records. **Methods:** This study adopted a mixed quantitative-qualitative approach. N = 403 mental health care patients completed a survey with items addressing demographics, treatment history, and attitudes/beliefs regarding clinician performance information and its use in decision making. A subset of survey completers participated in a semi-structured phone interview; 15 interviews were randomly selected for qualitative analysis using consensual qualitative research methods.

Results: Among the survey results, the majority of patients (a) reported experiencing difficulty finding a good-fitting clinician; (b) endorsed that they would trust clinician performance information that was generated from clinicians' PROs; and (c) endorsed that they would use clinician performance information to select a clinician if such information were available. Among the results from qualitative analyses, the most salient themes clustered around difficulties searching for and maintaining clinicians, beliefs about how mental health outcome data should be used, preferred methods of accessing clinician performance information, factors affecting clinician selection, and ways to improve care through performance information. **Discussion:** Clinical and empirical considerations, as well as future directions, will be discussed, including steps at the individual and systemic levels to help patients select clinicians who are best-suited to their needs and preferences.

Therapists' accuracy in predicting their own objective effectiveness in treating specific mental health concerns Michael J. Constantino, University of Massachusetts; James Boswell, University at Albany/SUNY, USA; Alice E. Coyne, University of Massachusetts; Felicia Romano, University of Massachusetts; Kimberlee Trudeau, Outcome Referrals, Inc.; David Kraus, Outcome Referrals, Inc.

Aim: Most psychotherapists report being more effective than the average clinician. Yet, objective outcome measurement indicates that therapists differ in their general effectiveness. Hence, despite their self-perceptions, not all therapists are effective generalists. Moreover, outcome measurement indicates that therapists possess relative strengths and weaknesses within their own practice depending on their patients' presenting problems; that is, many clinicians may have specialist tendencies, though it remains unclear how much they are aware of it. In this study, we examined the associations between therapists' self-assessment of their outcome domain-specific effectiveness and their actual domain-specific effectiveness, based on a routine outcome tool -- the Treatment Outcome Package (TOP). **Methods:** Data derive from a naturalistic trial testing a patient-therapist match intervention. At baseline, we drew on existing TOP data (from at least 15 past cases) to establish therapists' (N = 49) objective strengths and weaknesses across 12 outcome domains (e. g. , depression, substance abuse). Therapists then rated their own perceived effectiveness across these domains in general, relative to other similarly trained and experienced therapists, and relative to themselves (rank ordered).

Results: On average, therapists largely overestimated, and in no case underestimated, their effectiveness. Moreover, therapists were no better than chance at predicting their own outcome classification, whether rating self-perceptions in general, relative to similar therapists, or relative to themselves. **Discussion:** Results highlight that

therapists are poor prognosticators of their own performance, and that objective measurement of their domain-specific outcomes can help improve accuracy of self-assessment and harness therapist effects data for the wellbeing of patients.

Accuracy of therapist self-perceived effectiveness as a determinant of between-therapist effects Alice E. Coyne, University of Massachusetts; Michael J. Constantino, University of Massachusetts; James Boswell, University at Albany/SUNY, USA; Felicia Romano, University of Massachusetts; David Kraus, Outcome Referrals, Inc.

Aim: It is now well-established that therapists differ in their general and domain-specific effectiveness. Yet, much less is known about the variables that determine such between-therapist differences. Addressing this gap, we examined the following domains of therapist-level variables as possible determinants: (a) personal (e. g. , age, gender) and professional (theoretical orientation, experience) characteristics, (b) self-reported typical behaviors/practices (e. g. , focus on the therapeutic relationship, use of theory-specific techniques), (c) self-reported training practices (e. g. , supervision, workshop attendance), and (d) self-awareness of their own strengths and weaknesses in treating different mental health domains.

Method: Data derive from the baseline phase of a naturalistic trial testing a patient-therapist match system. Specifically, we drew on existing pre- and posttreatment outcome data (assessed via the Treatment Outcome Package) from 1,363 patients treated by 50 therapists. Therapists also completed a survey that assessed the aforementioned determinant domains.

Results: Multilevel modeling revealed that only therapists' awareness of their strengths and weaknesses predicted differences in therapist effectiveness, when controlling for baseline severity. Specifically, therapists who consistently overestimated their own effectiveness had significantly worse outcomes than those who were more accurate in their self-assessment, whereas therapists who sometimes underestimated their own effectiveness had better outcomes than those who overestimated or accurately assessed their own effectiveness. **Conclusions:** Results point to self-perception accuracy as a key indicator of between-therapist outcome differences. Namely, therapist humility vs. over-confidence may respectively differentiate the most from the least effective therapists. Importantly, such humility may represent a mutable therapist-level variable that is often overlooked in traditional clinical trainings.

Development of a clinician self-report fidelity measure for implementation in intensive eating disorder treatment settings Jennifer Oswald, University at Albany/SUNY, USA; James Boswell, University at Albany/SUNY, USA; Melanie Smith, Renfrew Center; Gayle Brooks, Renfrew Center

Aim: Fidelity monitoring is a vital component of successful implementation of evidence-based practice in routine treatment settings. However, resource-intensiveness and lower clinician buy-in act as barriers to traditional objective monitoring approaches. Self-report approaches may therefore have practical utility in real world settings. Using a cognitive interviewing approach (Willis, 2004), this study gathered user feedback on an initial draft of an in-development self-report fidelity measure with aims of investigating (a) clinician perceptions of the initial measure draft, and (b) changes to optimize the accuracy, user-friendliness, and acceptability of the measure. **Methods:** N = 10 clinicians at a residential eating disorders treatment center volunteered to participate in feedback interviews for the measure. Using cognitive interviewing, participants were asked to "think aloud" while answering measure questions, as an interviewer probed this verbal stream for areas of confusion, misinterpretation, excessive user burden, or poor design. Feedback was reviewed and compiled for each item, then measure language and structure were edited accordingly.

Results: Feedback indicated a need for clarification or additional examples in certain items, more specific anchors, and a tendency for users to under-report fidelity due to the perception that the highest quality ratings indicated an unattainable "perfect" performance. **Discussion:** Cognitive interviewing generated actionable feedback that strengthens the current measure. Additionally, the process of seeking clinician feedback may increase user engagement with the larger implementation effort, potentially increasing compliance with fidelity monitoring efforts. Future implementation and fidelity monitoring efforts can integrate these strategies in order to promote more efficient and sustained fidelity monitoring.

Panel

Treatment process and outcome

Organizer: Ueli Kramer, University of Lausanne, Switzerland

Therapist responsiveness: empirical perspectives

Therapist responsiveness was defined as the mutual influence between client and therapist, on a moment by moment, session by session and entire treatment basis, affecting the process and outcome of psychotherapy. This symposium proposes an empirical update on the effects of therapist responsiveness, from three different psychotherapy research perspectives. The first presentation will focus on para-verbal markers of therapist responsiveness in relationship with facilitative interpersonal skills (FIS), the second presentation will study the role of in-session responsiveness as part of an integrative treatment for generalized anxiety disorder, incorporating cognitive-behavioral and motivational interviewing, and the third presentation will study the effects of therapist responsiveness initial treatment sessions for clients with borderline personality disorder on the therapeutic alliance and outcome. William B. Stiles will act as discussant.

Responsiveness as voice characteristics to difficult FIS standard clients and ratings of helping skills Timothy Anderson, Ohio University, Athens, USA; Clara Hill, University of Maryland, College Park, USA

Authors: Timothy Anderson, Ph. D. , Chao-Yang Lee, Ph. D. , and Clara E. Hill, Ph. D. Introduction: Responsiveness has been identified by global ratings, but it's also been conceptualized as occurring as therapists' moment-to-moment abilities to react to clients' individual experiences. Therapists' responsiveness are assumed to be most identifiable within critical momentary interactions with clients. The Facilitative Interpersonal Skills (FIS) experimental procedure was developed for collecting helper's verbal responses to challenging, standardized client video presentations. Specifically, the characteristics of voice within FIS responses were hypothesized to predict later ratings of helping skills. It was predicted that physical characteristics of voice in FIS responses would be correlated with independent ratings of relational and helping skills.

Method: Verbal responses to the FIS video stimulus clips were collected at the beginning of training. Helping Skill were rated during practice interactions, and self-report measures of Helping Skills and other helper measures were also collected during Helping Skills training. Acoustic analyses of the helpers' voice recordings were conducted using the PRAAT software on several acoustic measures that have been previously associated with emotional responsivity, including mean fundamental frequency (F0, indicating voice pitch), F0 standard deviation (StdF0, indicating voice pitch variation), and spectral slope (SS, indicating voice breathiness/loudness). Preliminary results. Correlational trends of SS, F0, and StdF0 with Exploratory Helping Skills and FIS were in the predicted negative direction, but mixed in terms of statistical significance. Discussion: Vocal characteristics associated with more exploratory helping skills were associated with a more breathy and lower-pitched voice quality, whereas more active-oriented helping skills were associated with a less breathy and higher-pitched voice quality.

Responsively assimilating motivational interviewing into CBT for generalized anxiety disorder: Interpersonal outcomes and mechanisms Heather J. Muir, University of Massachusetts; Michael J. Constantino, University of Massachusetts; Alice E. Coyne, University of Massachusetts; Henny A. Westra, York University, Canada; Martin M. Antony, University of Ryerson

Authors: Heather J. Muir (presenter), Michael J. Constantino, Alice E. Coyne, Henny A. Westra, Martin M. Antony

Aim: In a recent trial, responsively integrating motivational interviewing (MI) into cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD) outperformed CBT alone on long-term worry reduction (Westra et al. , 2016). Consistent with MI's target, this effect was mediated by less midtreatment resistance in the integrative treatment (Constantino et al. , 2017). Insofar as GAD is marked by interpersonal styles of nonassertiveness and over accommodation, we tested here whether MI-CBT also outperformed CBT, across acute treatment and follow-up, on reducing these interpersonal problems. Moreover, as patient resistance is an interpersonal event for which person-centered MI may be more helpful than directive CBT over the long term, we tested if resistance would also mediate the long-term effect of treatment on the interpersonal outcomes.

Method: Eighty-five patients with severe GAD were randomly assigned to 15 sessions of MI-CBT or CBT. Patients completed the Inventory of Interpersonal Problems repeatedly through treatment and follow-up. Observers reliably rated patient resistance at midtreatment.

Results: Mirroring the primary worry outcome, structural equation models revealed comparable reductions in nonassertiveness and over accommodation during acute MI-CBT and CBT, and greater follow-up reduction in these problems in the integrative treatment. Regarding mediation, and again mirroring the worry outcome, MI-CBT promoted less midtreatment resistance that in turn associated with lower levels of both problematic nonassertiveness and over accommodation at 12-month follow-up. Discussion: The findings support the beneficial reach of MI-CBT for GAD to interpersonal change, and they help to clarify a possible interpersonal mechanism that transmits these expansive effects on relevant interpersonal outcomes.

Therapist responsiveness in the initial session with patients presenting borderline personality disorder: links with the therapeutic alliance and outcome Ueli Kramer, University of Lausanne, Switzerland; Ines Culina, University of Fribourg, Switzerland; Elsa Fiscalini, University of Fribourg, Switzerland; Chantal Martin-Soelch, University of Fribourg, Switzerland

Ueli Kramer, Ines Culina, Elsa Fiscalini, Chantal Martin-Soelch

Background: Therapist responsiveness was described as an ubiquitous variable affecting process and outcome in psychotherapy (Stiles, 2009). It denotes the mutual influence therapist and patient have on each other, moment-by-moment, in the medium and long term of the treatment. Therapist responsiveness might be particularly influential of the subsequent process in initial sessions with patients presenting with chronic interpersonal patterns, such as observed in patients with borderline personality disorder. The present study analyses the impact of therapist responsiveness observed during the very first contact between therapist and patient on further alliance development and outcome in a brief psychiatric treatment.

Methods: The study re-analyses the data from a randomized controlled trial on the effects of motive-oriented therapeutic relationship on process and outcome in brief 10-session version of a general psychiatric treatment, in comparison with a standard intervention (Kramer et al. , 2014). A total of N = 59 patients with borderline personality disorder were included in the present study and the first session of the treatment was analyzed using the Responsiveness Scale (RS; Elkin et al. , 2014), applied to the video material. The therapeutic alliance was measured after each session using the WAI, by the patient and the therapist, and outcome was assessed pre and post intervention using the OQ-45.

Results: The results indicated that several sub-scales of the RS were related with the mean alliance over time, as coded by the patient, as well as with the rate of change of the therapeutic alliance. In addition, the global items of therapist responsiveness were related with the mean alliance. No difference was found between the two conditions of the trial in terms of levels of responsiveness, when measured using the RS.

Discussion: The present findings speak to the importance of therapist responsiveness at the initial contact for treatment of borderline personality disorder. Interestingly, specific components of responsiveness are closely linked with the therapeutic alliance, while they were independent from outcome. As such, these findings extend the ones found by Elkin et al. (2014) by suggesting that therapist responsiveness may operate as constituent force of change across treatment contexts.

Discussant: William B Stiles, Miami University, Oxford, USA;

Panel

Culture & identity

Organizer: Jesse Owen, University of Denver

Therapists' Multicultural Orientation: Cultural Processes in Psychotherapy and Training

The multicultural movement has been described as the fourth major force in psychology--following psychoanalysis, behaviorism, and humanism (Pederson, Draguns, Lonner, & Trimble, 2002). Owen and colleagues proposed the Multicultural Orientation (MCO) framework (Owen, Tao, Leach, & Rodolfa, 2011; Owen, 2013), which includes three pillars: cultural humility, cultural opportunities, and cultural comfort. MCO is concerned with how the cultural worldviews, values, and beliefs of the client and therapist interact and influence one another to co-create a relational experience that is in the spirit of healing. Although the framework has initial empirical support, there are some limitations in these studies. First, all of the studies on MCO are cross-sectional with clients' rating their therapist. Second, there is little data on

how educators utilize the MCO pillars in their work with students across a variety of roles (e. g. , supervisory, teaching, etc). Third, there are no known studies of MCO in other countries. This panel addresses these limitations through two qualitative studies, one that was conducted in Japan. The last study presents the preliminary results from a longitudinal study of MCO that includes external raters and client ratings of therapist MCO.

Multicultural Orientation in Psychotherapy within Detention Centers Jesse Owen, University of Denver; Cirleen DeBlaere, ; Don Davis, Georgia State University; Josh Hook, University of North Texas, Denton, USA; Brad McMillan,

Individuals with mental illness are disproportionately represented in the criminal justice system (Munetz et al. , 2001; Steadman et al. , 2009). There is scant empirical evidence about the impact of therapeutic services in detention centers. Morgan et al. (2012) conducted a meta-analysis on treatments in detention centers and identified 26 studies. Although the overall treatment effects for detention center therapy studies were positive for mental health symptoms ($d = 0.87$) and criminality outcomes ($d = 0.42$), there was wide variation in the effect sizes of outcomes (range $d = -1.57$ to 2.98). Sufficient data were not available to test moderators or process variables, leaving many unanswered questions about the change mechanisms. However, we suspect that properly attending to cultural processes (e. g. , race/ethnicity, religious identity) will bolster treatment outcomes. In this study, we will test whether therapists' multicultural orientation (MCO) are associated with stronger alliances and better therapy outcomes. The MCO framework has three pillars (Davis et al. , 2018; Owen, 2013). First, cultural humility involves respect for and openness to the client's cultural identity (Hook et al. , 2016). From the intake through termination, the therapist engages in behaviors that indicate openness to explore the client's cultural identity, and how this identity is linked to the client's presenting problem and treatment. Second, cultural opportunities involve taking the initiative to discuss the client's cultural identity, values and beliefs and integrate this perspective into therapy sessions. This begins in the intake, as therapists inquire about cultural identity, and also ask how these identities are related to the presenting problem, and whether the client would like their cultural identities integrated into the therapy process. Throughout therapy, the therapist looks for opportunities to honor and discuss the clients' cultural identities as they relate to the material in therapy. Third, cultural comfort involves being at ease when discussing cultural material. The therapist should be able to regulate their emotional reaction and engage in conversations in a natural, unforced manner that invites further exploration and discussion. To date, the MCO framework has only been tested in cross-sectional studies (see Davis et al. , 2018 for review). Although these studies support all three pillars, this will be the first longitudinal study of MCO. We hypothesize that therapists who are rated as engaging with higher MCO features (i. e. , evidenced by high client ratings of cultural humility as well as comfort working with and willingness to explore cultural themes) will be associated with stronger quality working alliances, which in turn will be associated with more positive therapy outcomes. We will report the data from an on-going study (currently client $n = 97$, therapist $n = 20$), we expect by SPR we will have approximately 150 clients and 25 therapists. The MCO and alliance measures are completed by clients at session 3, and outcome data is collected every session. Additionally, we will also present results from external raters who coded session 1 for a subset of clients. We will conduct analyses to account for the nested nature of the data (MLM), and discuss therapist effects as well.

A Grounded-theory analysis of Cultural Humility in Counseling and Counselor Education Peitao Zhu, Syracuse University; James Bellini, Syracuse University; Melissa Luke, Syracuse University

Aim: The primary purpose of this study is to qualitatively describe the process of enacting and developing cultural humility in various professional (e. g. , therapeutic, supervisory, teaching) settings within the context of counseling and counselor education. **Methods:** Using a grounded-theory methodology, the researchers conducted two rounds of semi-structured interviews with 14 counselor educators with diverse cultural backgrounds who have extensive experiences in multicultural, social justices, and/or cross-cultural issues in counseling. Member check, multiple coders, journaling, and peer debriefing were implemented for triangulation.

Results: The results of the study supported previous findings that cultural humility is a disposition that entails both intrapersonal and interpersonal dimensions. An iterative process including the necessary conditions (e. g. , openness), antecedents (e. g. , encountering cultural discrepancy), action/interaction strategies (e. g. , responding

non-defensively, seeking deeper understanding), and consequences (e. g. , impactful cultural learning experience) emerged from the data to illustrate the enactment and development of cultural humility. Additionally, a few moderating and contextual factors were identified as influential in this process. Discussion: The results of this study provided a qualitative depiction of the iterative process in which cultural humility is enacted and developed through life-long learning from cultural encounters. Implications for future research are discussed. Furthermore, the results suggested various interpersonal, pedagogical and supervisory strategies that might facilitate the development of cultural humility in counselor training.

Authentic humility or cultural imperative: A qualitative study on the experience of humility in Japanese psychotherapists Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Ayumi Goto, Ochanomizu University, Tokyo, Japan; Yuka Kimura, Ochanomizu University, Tokyo, Japan

In Japanese society, interpersonal harmony is emphasized over independence and the assertion of one's uniqueness. The formality and implicit rules of interpersonal engagement can strongly influence the process of the social relationship. Humility plays a crucial role in managing interpersonal relationships and may not necessarily reflect an authentic attitude toward the other but is a part of a polite interpersonal and instrumental behaviour. As the importance of cultural humility in multicultural psychotherapy and counselling is increasingly recognized, particularly in North America, it is important to explore what humility may entail in different cultural contexts where humility might have different meanings and social functions. The goal of this study is to examine the experience of humility in Japanese psychotherapists.

Method: This study was a qualitative study based on interviews with experienced Japanese psychotherapists on their experience of humility. Participants: Ten experienced psychotherapists were recruited from the webpage announcement. Some were invited by the researchers. Interview. Topic domains of the interviews were: (a) differentiate and define humility that is culturally imperative (instrumental behaviour) and authentic humility that emerge from their experience, (b) to discuss cases and therapeutic situations in which authentic humility (or a lack of) played a crucial role in facilitating therapeutic processes, (c) to discuss cases and therapeutic situations in which instrumental humility (or a lack of) played a crucial role in facilitating change, and (d) to provide possible strategies for improving and enhancing therapist's humility. Analysis: Grounded theory approach was used to analyse the qualitative data. Result: The study is currently in progress. A preliminary analysis shows that Japanese psychotherapists humility as one of the most basic attitude toward the other person and both instrumental humility and authentic humility were important. Although humility itself was not considered a change promoting factor, it was an essential relational condition, a lack of which can create relational ruptures, impasses, and dropouts. However, they also pointed out the danger of inflexible and Perfunctory humility. Discussion will focus on the cross-cultural implications of cultural humility.

Panel

Therapist effects

Organizer: Harold Chui, The Chinese University of Hong Kong, China

Therapy Process: From Therapist Affect to Collaboration

Therapist factors have been identified as important contributors to psychotherapy process and outcome (Castonguay & Hill, 2017). These factors range from therapist personality to therapy techniques applied in sessions. In a recent study, within-therapist variables across sessions, such as therapist affect, has also been shown to be associated with therapy process and outcome (Chui, Hill, Kline, Kuo, & Mohr, 2016). Most studies on therapist factors have used self-report instruments in naturalistic settings. We believe that the application of different research methods, such as experimental design and qualitative coding, can offer additional perspectives in therapist factors research. In addition, further examination of how clients respond to therapists would illuminate how different therapist factors impact psychotherapy. The goal of this panel is to present findings from 3 studies that looked at different therapist factors in conjunction with client response using diverse research methods. In the first study, therapists were induced to experience different affect prior to sessions. Affect conditions were studied in relation to volunteer client affect, therapist empathy, and session quality. In the second study, therapist interpretation and probes for insight were coded consensually and studied in relation to client collaboration and gains in insight. In the third study, therapist advice-giving was examined using consensual

qualitative research in a naturalistic setting, with special attention being paid to post-event level of therapist-client collaboration. Keywords: therapist factors, therapist affect, advice-giving, interpretation, collaboration. Discussant: Heidi Zetzer, University of California, Santa Barbara, USA

Mood Induction in Therapists before Sessions: What are the Effects? Harold Chui, The Chinese University of Hong Kong, China; Ka Wa Lee, The Chinese University of Hong Kong, China; Sarah Luk, The Chinese University of Hong Kong, China

Aim: Therapists' work is emotionally-laden. How their emotions may influence therapy sessions requires further study. In particular, most studies conducted were naturalistic and observational; experimental designs can provide more direct evidence on the relationship between therapist emotion and psychotherapy process. Methods: An experimental study is being conducted (expected $n=34$ dyads). Each therapist-volunteer client pair had three counselling sessions. Prior to each session, therapists were induced to experience elation, depression, or neutral affect. Therapists reported mood before induction, before sessions, and after sessions, and clients reported mood before and after sessions. After each session, therapists and clients rated session quality. Clients and observers also rated therapist empathy in each session.

Results: Preliminary analysis on 25 dyads revealed that after induction, "elated" therapists had higher positive affect (PA) and lower negative affect (NA); "depressed" therapists had lower PA and higher NA; and "neutral" therapists had lower PA and NA. One-way repeated measures ANOVA showed that the change in therapist affect from pre- to post-session was significantly different across conditions. "Depressed" therapists had greater increase in PA and decrease in NA from pre- to post-session. Interestingly, clients of "depressed" therapists also had greater increase in PA, suggesting possible co-regulation of PA within dyads. Change in client NA from pre- to post-session did not differ across conditions. Discussion: Mood induction produced the desired moods in therapists. Additional analyses will be conducted to examine the associations between mood condition, therapist empathy, and session quality. Direction of emotion co-regulation requires moment-to-moment assessments in future studies. Keywords: Therapist factors, therapist affect, mood induction, psychotherapy process, client affect

A Case Study of Client Insight and Collaboration in Psychodynamic Psychotherapy: The Role of Interpretations and Probes for Insight Kathryn Kline, University of Maryland, College Park, USA; Yun Lu, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA; Judith Gerstenblith, University of Maryland, College Park, USA; Jason Wang, University of Maryland, College Park, USA; Xu Zhu, University of Maryland, College Park, USA

Aim: Client insight and collaboration are major goals of psychodynamic psychotherapy. Beyond the therapeutic relationship, therapist interventions are also likely important in facilitating insight and collaboration. Two potentially helpful interventions are interpretations and probes for insight (PIs). The purpose of this study was to examine the association between interpretations and PIs with client gains in insight and collaboration.

Method: We used mixed methods to examine sessions of one client paired with three successive therapists for psychodynamic psychotherapy. For each of the three treatments, six judges consensually coded pre and post collaboration and insight and intervention quality for all interpretations ($n = 33$) and PIs ($n = 36$) in 18 sessions with the highest therapist-rated client insight.

Results: Multilevel modeling revealed event and therapist level effects. PIs and interpretations facilitated more insight and collaboration when given at a time when the client was more collaborative, regardless of intervention quality. Additionally, there was a significant intervention type by quality interaction, such that quality predicted gains in insight for PIs, not interpretations. Lastly, one therapist was on average more effective at facilitating insight. Discussion: We speculate that client factors such as being emotionally distant and fearful of appearing inadequate limited interpretation and PI effectiveness. Timing of interventions was vital, as the client showed more gains in collaboration and insight when he was more collaborative with the therapist. We believe higher quality PIs (e. g. , gentle delivery, succinct) were more effective because they allowed him to be more in control of self-exposure. Keywords: Mixed methods, psychotherapy process, therapist interventions

Advice-Giving in Psychotherapy: Is it Advised? Clara Hill, University of Maryland, College Park, USA; Megan Prass, University of Maryland, College Park, USA; Arcadia Ewell, University of Maryland, College Park, USA; Dennis Kivlighan Jr., University of Maryland, College Park, USA

Aim: We examined what occurs before, during, and after events in which adult clients in individual psychodynamic psychotherapy asked doctoral student therapists for advice and in situations where therapists gave unsolicited advice; we also examined whether attachment style was related to whether advice was given.

Method: Trained judges coded client collaboration in the 3 min prior to each advice event, then coded whether advice was solicited or unsolicited, type of advice if given (outside of therapy vs. therapy-related), and then coded client collaboration in the 3 min subsequent to the advice event.

Results: For solicited advice, when clients were collaborating well before asking for advice, therapists gave more advice. Post-event collaboration was lower when clients sought therapy-related advice (versus outside of therapy advice). Post-event collaboration was also lower when therapists gave advice (versus did not give advice) either in solicited or unsolicited advice events. For solicited advice, therapists gave the most advice when clients were similar to them in terms of attachment anxiety (both high, both low) and when either therapist or client was low on attachment avoidance. For unsolicited advice, therapists gave less advice when they were low in avoidant attachment and clients were high in anxious attachment and when clients were older.

Discussion: We concluded that therapists should be cautious about giving advice in psychodynamic psychotherapy. Implications for practice and research are provided.

Keywords: psychotherapy process, therapist techniques, advice

Panel

Translational research

Organizer: Patricia T Spangler,
Uniformed Services University, USA

Translational Biomarkers in Psychotherapy Research: Integrating Neuroimaging, Physiologic, and Genomic Methods as Measures of Process and Outcome

Rapid technological and scientific progress in neuroimaging, genomic assays, and physiologic monitoring has expanded the range of assessments that can be put to use in psychotherapy research. The inclusion of fMRI studies, assays of genetic and other biological markers, and the seemingly ubiquitous wristband monitor are all increasingly making their way into treatment outcome studies. The goal of this panel is to present findings from four translational studies that utilized biomarkers in psychotherapy research. The data from these studies are derived from neuroimaging (fMRI); monitoring of heart-rate variability (HRV), electrodermal conductance (EDC), and actigraphy; and assaying genomic and inflammatory markers in blood samples. The first paper will examine the pre- to post-treatment change in fMRI results and in the Relationship Anecdote Paradigm in patients with borderline personality disorder who have undergone 3 months of psychiatric treatment. The second study will present findings from a cross-sectional investigation of the relationship between autonomic reactivity (as measured through HRV) and emotion regulation, and their impact on interpersonal relationships patterns, stress, and coping. The third study will present fMRI data from a treatment effectiveness study examining the effect of augmentation of 7-day prolonged exposure therapy for post-traumatic stress disorder (PTSD) augmented with single ketamine infusion. The fourth study will present preliminary outcome results for a novel treatment for PTSD nightmares, as well as evidence of the methodologic feasibility of integrating HRV, ECD, actigraphy, and assay of genomic and inflammatory markers in treatment outcome research.

the Assessment of Interpersonal Processes in Psychotherapy Loris Grandjean, CHUV (Lausanne University Hospital); H  l  ne Beuchat, CHUV (Lausanne University Hospital); Jean-Nicolas Despland, CHUV (Lausanne University Hospital); Bogdan Draganski, Centre Hospitalier Universitaire Vaudois, Switzerland; Ueli Kramer, University of Lausanne, Switzerland

Method: We assessed eight patients diagnosed with BPD before and after a three-month long psychiatric treatment using the Relationship Anecdotes Paradigm (RAP) of the Core Conflictual Relationship Theme (CCRT), functional Magnetic Resonance Imaging (fMRI) and outcome questionnaires. The functional Magnetic Resonance Imaging (fMRI) scans were run during an emotion reaction task related to individualized narratives to monitor changes at a neurobiological level.

Exploring the Physiological Substrate to Understand Psychotherapeutic Change:

Aim: The autonomic nervous system has a hierarchical organization to self-regulate physiological states that support fighting behaviors (decreased vagal tone) and promote spontaneous socialization behaviors (increased vagal tone). Heart rate variability (HRV) is a non-invasive health parameter that makes it possible to evaluate functioning and adaptability of the autonomic nervous system. There is a positive relationship between emotional regulation and cardiovascular health, which impacts heart rate variability, making emotional regulation act as a protector and facilitator of the development of effective strategies to reduce the impact of negative emotions in challenging situations. The aim of this study was to establish the relationship between autonomic reactivity (HRV) and emotional regulation, and their impact on interpersonal relationships patterns, the ability to cope with stress and anxiety, the regulation of their impulses, and the self-observation of emotions and behaviors.

Results: Preliminary results confirm the relationship between heart rate variability and emotional regulation as an indicator of the individual's adaptation to constantly changing environmental demands, specifically those measures commonly used in psychotherapeutic contexts.

Aim: One signature feature of PTSD re-experiencing symptoms is impaired memory reconsolidation. The traumatic memory is preserved in its original form and maintains the original sensations and physiological arousal. Moreover, PTSD symptoms of anxious arousal (exaggerated startle responses and hypervigilance) and avoidance are associated with overgeneralization of the fear response to the traumatic experience. Although prolonged exposure (PE) therapy is recommended by the US Department of Defense and Department of Veterans Affairs as the "first line" intervention, a large body of research concluded that about 50% of individuals remain symptomatic after treatment. Prolonged uncontrolled stress has a profound effect on the brain. Stressors initially activate glutamatergic circuits and trigger pro-inflammatory processes that

initiate a cascade of neural events, impairing functional and structural glutamatergic connectivity. This results in neural atrophy - loss of dendritic spines and dendritic retraction in cortico-limbic circuits regulating mood and fear. The NMDA receptor antagonist ketamine was found to drive rapid and profound growth of functional dendritic spines that enhance neuroplasticity and restore functional neural connectivity. This neurogenesis presents an opportunity for new learning that will modify the fear memory. The aim of this study was to examine changes in neurocircuitry following ketamine treatment combined with PE.

Method: Participants with posttraumatic stress disorder were administered a single ketamine infusion prior to beginning a 7-day course of PE. Pre- and post-treatment fMRI images were acquired.

Results: Results show promising changes in neurocircuitry that occurred after a single ketamine infusion which was followed by 7-day prolonged exposure therapy.

Feasibility of a Novel Treatment for PTSD-Related Nightmares: Measuring Physiologic and Genomic Responses to Treatment Process and Outcome Patricia T Spangler, Uniformed Services University, USA; James West, Uniformed Services University; David Benedek, Uniformed Services University; Catherine Dempsey, Uniformed Services University; Keke Schuler, Uniformed Services University; Maegan Paxton, Uniformed Services University

Aim: Nightmares are a signature symptom of posttraumatic stress disorder (PTSD) and are thought to play an essential role in trauma memory encoding and retention. Current evidence-based PTSD psychotherapies focus on extinction and reconsolidation of daytime intrusive memories via exposure and reprocessing. Activating trauma memory through exposure to nightmare content and reprocessing thoughts and feelings related to the nightmare may facilitate trauma memory reconsolidation. This study is investigating the feasibility of Nightmare Deconstruction and Reprocessing (NDR), which combines exposure to nightmare images, meaning-making and reprocessing, and nightmare rescripting and rehearsal. Our aims are to test NDR's plausibility as a treatment for combat-related nightmares. We are also testing the feasibility of biomarker data collection methods, including tracking participant compliance with daily download of physiologic data and collection of blood samples within a prescribed circadian window.

Method: Up to 30 combat veterans with trauma-related nightmares and insomnia, ages 18-64, are currently being recruited at Walter Reed National Military Medical Center and Naval Hospital Camp Pendleton. Primary outcomes are nightmare and insomnia severity. In addition, use of the Empatica E4 wristband enables monitoring of sleep disturbance (actigraphy) and in-session stress (heart rate variability and electrodermal activity). Finally, brain-derived neurotrophic factor (BDNF) and Val66Met, a BDNF single nucleotide polymorphism, which are related to PTSD etiology and treatment outcome, are being assayed from blood samples taken between 8am and 12pm.

Results: Preliminary results on primary treatment outcomes and methodologic feasibility will be presented.

Panel

Treatment outcome

Organizer: Vera Gergov, University of Helsinki, Finland

TREATme: From a systematic review on evidence-based psychotherapeutic interventions for young people to identifying the moderators of the outcome

TREATme is an EU funded COST Action building a European multidisciplinary researcher network which focuses on individualized psychotherapy for young people with mental disorders. The network consists of a diverse group of researchers from 29 European countries who are distributed into five working groups, each one focusing on specific aspects of process-outcome research in psychotherapy for adolescents and young adults. This panel focuses on the work done by working group one which focuses on research of moderators (specific markers) of outcome in various forms of psychotherapy for young people. The aim of this panel is to present the process the working group went through to come up with the defined protocol and carrying out comprehensive systematic review of moderators of youth psychotherapy. In total the group carried out nine separate systematic reviews of outcome studies of psychotherapeutic interventions for young people, one for each different mental disorders; ADHD, anxiety disorders, autism, conduct disorder, eating disorders, mood

disorders, psychosis, personality disorders and substance use disorders. The results will include the findings from the systematic reviews of evidence-based psychotherapeutic interventions for some of the disorders and preliminary findings on the moderators of youth psychotherapy will be discussed.

How to do a systematic review on the moderators of psychotherapeutic interventions? Vera Gergov, University of Helsinki, Finland; Eleni Voursoura, Athens University Medical School, Greece; Bogdan Tulbure, West University of Timisoara, Romania; Stig Poulsen, University of Copenhagen, Denmark

Aim: Systematic reviews and meta-analyses are essential methodological tools for identifying evidence-based treatments for mental disorders and offer an important base for further research questions. Yet, the process of defining search terms, as well as in- and exclusion criteria, determining which studies should be included in the systematic review, is challenging. When reading a systematic review, it raises many questions on why the authors made the choices they did, and how the results would have varied if other choices had been made. This presentation will introduce a step by step process of actualizing a systematic review on the moderators of youth psychotherapy in the TREATme project. **Methods:** Prior to the searches there were a number of discussions on what is understood by a moderator, which search engines to use and how they work, the search terms and inclusion criteria on which studies would be selected for the systematic review. The systematic searches were conducted in PubMed and PsycINFO in September 2018. The search aimed to cover relevant clinical outcome studies for psychotherapeutic interventions with participants in the age range of 13 to 29. The search was conducted by disorder groups: ADHD, anxiety disorders, autism, conduct disorder, eating disorders, mood disorders, psychosis, personality disorders and substance use disorders.

Results: A total of 9,938 different studies with mentioned disorders were identified. Based on inclusion criteria implemented in three steps, studies meeting the criteria for relevant outcome studies were selected. Subsequently, studies including data on moderators of treatment outcome were identified and the results regarding moderators were reported in relevant clusters of diagnostic groups. **Discussion:** The challenges of building up a search string and defining the inclusion criteria will be demonstrated, and the observations from the inclusion process done separately by two independent reviewers ensuring the inter-rater reliability will be discussed.

Evidence-based psychotherapeutic interventions for youth mental disorders Tamara Prevendar, Sigmund Freud University, Vienna, Austria; Stig Poulsen, University of Copenhagen, Denmark; Eleni Voursoura, Athens University Medical School, Greece; Henriette Löffler-Stastka, Medical University of Vienna, Austria; Branka Milic, Medical University of Vienna, Austria; Sandra Torres, University of Porto, Portugal; Silvana Markovska, Macedonian Academy of Sciences and Arts, North Macedonia; Andrea Saliba, University of Malta, Malta; Elena Poznyak, University of Geneva, Switzerland; Vera Gergov, University of Helsinki, Finland

This presentation provides an overview on the findings of evidence-based treatments for adolescent and young people for several mental disorders based on the systematic literature reviews carried out in the TREATme project. The systematic review process is still ongoing, but the results from ADHD, autism, eating disorders, personality disorders and psychosis are expected to be ready and presented in the conference.

Moderators of psychotherapeutic interventions for young people: What do we know so far? Eleni Voursoura, Athens University Medical School, Greece; Vera Gergov, University of Helsinki, Finland; Bogdan Tulbure, West University of Timisoara, Romania; Ioana Podina, University of Bucharest, Romania; Stig Poulsen, University of Copenhagen, Denmark

Research on the effectiveness of psychotherapeutic interventions and evidence-based treatments for adolescents and young people has increased in the past decades. However, the understanding on how these interventions work for whom, and under what circumstances, is still highly limited. Methodologically, this means that in addition to overall effectiveness, research investigators should focus on those characteristics that influence clinical outcome differentially, depending on treatment allocation, i. e. , treatment moderators. Moderators refer to the pre-treatment characteristics of the patient or therapist such as; gender, age, ethnicity, genetics, temperament, attachment, or treatment delivery such as form or frequency of therapy, which influences the direction or the magnitude of the relation between the intervention and outcome. Moderators help researchers identify subpopulations that are particularly

responsive to a treatment, or for whom a treatment is inadequate or even harmful. This is essential for designing personalized treatments tailored to clients' specific needs, thus maximizing therapeutic gains. This presentation presents the preliminary findings of the TREATme project on moderators of psychotherapeutic interventions for adolescents and young people. Implications for future research, clinical practice and policy are to be discussed.

Panel

Process and outcome

Organizer: Shayne R. Anderson,
Brigham Young University, Provo,
USA

Understanding Factors Associated with Engagement in Couple Therapy and Change Across Time

Couple therapy is effective in treating a wide range of problems from depression and substance abuse to infidelity (Shadish & Baldwin, 2003). Yet, these positive outcomes can only be attained if couples engage in treatment and remain in therapy. Since approximately 20 % of couple therapy cases dropout prior to the fourth session of therapy (Anderson, Tambling, Yorgason, & Rackham, 2018), it is essential to understand the factors associated with engagement in treatment to improve retention. Once clients are engaged in treatment, it is also essential to understand factors that are associated with how relationship distress changes across treatment. Unfortunately, the research in these areas is comparatively sparse given their central importance to the practice of couple therapy. The goal of this panel is to present four studies that help us better understand how couples engage in treatment and progress across time. The first two papers will address dropout in couple therapy. The first seeks to understand how families decide to remain in therapy. The second uses examines the therapist's contribution to early therapy dropout. The third paper will concentrate on how experiences in one's family of origin impact initial distress and change across time in couples treatment. Finally, the fourth paper will describe the Marriage and Family Therapy Practice Research Network, a routine outcome monitoring system developed specifically for couple and family therapy to advance our understanding of change process in systemic therapy. These panel will discuss including the development of a measure of couple functioning

How Clients Make Decisions About Therapy Persistence and Discontinuation Carissa D'aniello, Texas Tech

Aim: Though empirical research indicates that therapy is more effective than no therapy for producing change (Lambert, 1992), many clients drop out before reaching their goals (Bohart & Wade, 2013). In this study, we explore the process by which clients of marriage and family therapists decide to either stay in or drop out of therapy by investigating their perception of therapy productiveness and the therapeutic relationship. Methods: Clients of marriage and family therapists were interviewed and surveyed about the elements of therapy they believe contributed to therapy productiveness and their intentions to remain in therapy. Interview data from 19 clients were analyzed using grounded theory, and survey data from 72 clients were analyzed using logistic regression. Results were compared for triangulation.

Results: Clients identified the following productive factors; the relationship with the therapist, the therapist's way of working, and observation of change markers. The relationship with the therapist included non-judgmental listening, and therapist neutrality in relational therapy, and comfort and connection with the therapist. The therapist's way of working included the therapist's understanding of the presenting problem, the therapist's way of framing the problem, therapeutic activities, and therapy pacing. Recognizing change markers involved noticing evidence of change both in and outside of therapy. Participants used these assessments to decide whether they would remain in therapy, stop therapy, or change therapists. Discussion: The contribution of common factors and therapy process factors in participants' decision about therapy retention will be discussed as will the implications for therapists.

Keywords: dropout, family therapy

Therapist Effects in Relational Therapy Richard Miller, Brigham Young University, Provo, USA

Aim: There is substantial evidence that there are significant therapist effects in psychotherapy. Indeed, research has consistently demonstrated that therapist effects (who conducts the therapy) are significantly greater than treatment effects (what treatment model the therapist uses). However, this robust research literature has focused on individual psychotherapy; very little is known about therapist effects in relational (couple and family) therapy. Consequently, research is needed in order to

understand therapist effects in relational therapy. This study will examine therapist effects for relational therapy using a large clinical database, with dropout being the outcome variable. Methods: Data came from a university-based marriage and family therapy (MFT) clinic in the Western part of the United States. Therapists were either doctoral or masters students in the university's MFT program. The study included 244 therapists who saw at least 10 cases at the clinic, with a total client population of 7,086 cases. Based on existing research that has examined clinical dropout, dropout was conceptualized as attending fewer than four sessions of therapy.

Results: Overall, 41.19% of clients dropped out of therapy before the fourth session. Therapists ranged from 9.1% to 90.9% of their clients dropping out. Analysis indicated that therapists accounted for 5.0% of the variance for dropout in relational therapy. Discussion: Using a large dataset, these results indicate that therapist effects account for significant variance in relational therapy dropout. Keywords: dropout, couple therapy, therapist effects

Family-of-origin predicts initial distress but not trajectories of change in couple therapy. Nathan Hardy, Oklahoma State University; Kelley Quirk, Colorado State University; Robert Lueger, Wisconsin School of Professional Psychology

Aim: Previous data from couple therapy in naturalistic settings has established a clear link between individual and relational factors at the start of therapy and in how change unfolds over time. Many theoretical frameworks suggest, however, that individual and relational factors are deeply rooted in early life experiences; nevertheless, no process studies have empirically explored these links and how they may impact the process of change in couple therapy.

Method: Using a sample of 535 couples, this study explored how partner's evaluations of their own family of origin (FOO) experiences were related to their individual problems and strengths (IPS) and relationship with partner (RWP). We hypothesized that ratings of one's FOO would predict both initial levels and trajectories of change of both IPS and RWP. We also hypothesized that RWP and IPS would covary in some way over time. Data was collected from the systemic therapy inventory of change (STIC).

Results: Using dyadic multilevel analyses, this study revealed that FOO was significantly related to initial levels of RWP and IPS, but not trajectories. Initial levels of RWP and IPS predicted one's own trajectories (but not partners). Changes in RWP predicted changes in IPS, but not the other way around. Discussion: These findings suggest that while one's family of origin experience may predict initial levels of distress, couple therapy may provide an important context where significant change can occur even in light of one's history and that relational changes in couple therapy can have a powerful effect on individual well-being. Keywords: Process, couple therapy, family of origin, relationships,

Facilitating Process Research and Routine Outcome Monitoring in Marriage and Family Therapy: The MFT-Practice Research Network and Couple Relationship Scale Shayne R. Anderson, Brigham Young University, Provo, USA; Lee N. Johnson, Brigham Young University, Provo, USA

Aim: Routine Outcome Monitoring (ROM) is commonly seen as best practice in individual psychotherapy. It improves client outcomes and can provide rich data for researchers interested in studying change processes (Anker, Duncan, & Sparks, 2009). Despite these benefits, ROM is not widely implemented among couple therapists due to the lack of cost-effective ROM systems and feasible couple measures. This paper will present information to improve the feasibility of ROM for couple therapists. First, we will introduce the Marriage and Family Therapy Practice Research Network (MFT-PRN), a free ROM system designed for family therapists. Second, we will present research on the Couple Relationship Scale, a visual analog scale that was developed for the MFT-PRN to assess multiple domains of couple functioning with minimal client burden. Methods: The Couple Relationship Scale (CRS) was developed in consultation with expert couple therapists and couples to assess multiple domains of couple functioning. An initial validation study was then conducted with a national sample of 300 individuals in a committed relationship to examine reliability and concurrent validity. Clinical data comes from the MFT-PRN.

Results: The initial validation study indicates that the CRS has strong internal consistency and concurrent validity with gold standard measures. Results of an exploratory factor analysis indicate that items load onto a single factor of general couple functioning. A reliable change index and cutoff will be provided. Discussion: The use, limitations, and future development of the MFT-PRN and the CRS will be discussed. Keywords: Process, couple therapy, routine outcome monitoring, practice research network

Panel

Relationship factors

Organizer: Nelson Valdes, Pontificia Universidad Católica de Chile, Santiago

Understanding the new meanings of intimacy in couple relationships

This panel will analyze some consequences that postmodern culture has on contemporary couples; specially, that changes suffered through the last two centuries. The concept of intimacy is used to explain some transformations of couple relationships as a consequence of changes and sociocultural movements. These changes have been changing the meanings associated with the couple, both individually and in the intersubjective organization that is built between the members of a loving relationship, characterized by an emotional disposition between both (intimacy), the unconscious fantasies and propositive actions of power relations, among others. Some of these modifications have to do with the change in the role of women and men, changes in sexuality, technological development, changes in life expectations, changes in the value deposited in institutions, even changes in the way love is conceptualized. All these changes have originated the rupture of many of the social controls that the couple could exercise before, putting the emphasis in the affective, sexual and communicational satisfaction, which implies new demands to its members, who in some cases are not completely prepared to face them. This panel will consist of 3 presentations: first, María Elisa Molina will talk about the dependency and emotional connection of the love relationship; second, Corina Aguilar-Raab will talk about mindfulness and compassion as new approaches in couple therapy; and third, Jocelyn Scharfstein will show how sociocultural changes have impacted the consultation motives in couple therapy. The panel discussant will be Dr. Diana Kirszman.

The love relationship: A dialogical dynamic of desire, dependency and emotional connection María Elisa Molina, Universidad del Desarrollo, Santiago, Chile

Intimacy in the amorous relationship is viewed as an emotional connection, a phenomenon with a special relevance in the actual times. The quality of life has driven to a loss of social routines and practices that entail human emotional interactions. On other part, psychologists and experts have criticized the notion of romantic love in favour autonomy leading to prejudices with love bond and dependency. The presentation points at the construction of intimacy as a space of the shared identity of the couple -- the We-ness. In this process some factors of semiotic tension in the here-and-now construction of amorous relationship perceived by the members are explored. The presentation takes a theoretical and methodological perspective of Cultural Psychology considering semiotic mediation (Valsiner, 2014) Dialogical Self Theory DST (Hermans, 2010), and the concept of Intersubjectivity particularly taking some concepts for the analysis developed by the sociologist Alfred Schutz (1970). From the perspective of semiotic regulation and identity construction the presentation proposes that the we-ness construction creates a shared space of the self in which me and you experience a community of two. When intimacy is referred to the shared aspects of the self we are dealing with the notion of fusion that may not bring sense to the DST. The presentation attempts to analyse the way in which intimacy refers to fusion, dependency and desire in a dialogical interaction of caring, unveiling and demanding. Some illustration of semiotic analysis will be presented.

Mindfulness- and compassion-based approaches in couple interventions: a review of the current literature Corina Aguilar-Raab, Institute of Medical Psychology; Friederike Winter, Institute of Medical Psychology; Beate Ditzen, Institute of Medical Psychology

Interpersonal functioning is an important aspect in healthy couple relationships. Couples who are searching for help via counseling and therapy are often impaired in interacting positively with each other, which in turn is related to decreased relationship satisfaction and quality of relationship. Mindfulness- and compassion-based approaches are proven to be effective in various preventative and clinical settings and in reducing symptomatology in different mental disorders. Current research has additionally demonstrated that mindfully and compassionately relating and behaving

to each other impact different types of close relationships in important ways. For example, empathic concern is an important predictor of marital satisfaction and adjustment as well as relationship-enhancing behavior as it provides emotional support. In this presentation, we review self-reported as well as observer-based behavioral and physiological outcomes of published empirical studies on mindfulness- and compassion-based couple interventions with the special focus on aspects of interpersonal functioning. Online published articles evaluating mindfulness- and compassion-based interventions including healthy and distressed couples as well as couples dealing with psychopathology were included. According to the literature-based evidence, we discuss the importance of aspects of mindfulness and compassion in social contexts and in treating couples to re-establishing healthy relationships. We will highlight the benefits of compassionate care for self and others and its impact on psychological and physiological health issues. However, there is an intense need for future research on the effects of mindfulness- and compassion based approaches in interventions including the social context.

Breaking paradigms: intimacy in postmodern couples Jocelyn Scharfstein, Mentaliza; Cyntia Saavedra, Mentaliza; Nelson Valdes Sanchez, Millennium Institute for Research of Depression and Personality

In postmodernity, the type of love relationships has been changing and amplifying. Postmodern couples inscribe in socio-cultural changes, such as; hedonistic culture, individualism and change in traditional gender roles. The aim of this research is to describe the similarities and differences in intimacy, between monogamous and non-monogamous relationships. For this purpose, a mixed methodology will be used, which implies the use of self-reporting instruments. On the one hand, Questionnaire of The Experiences in Close Relationships (Fraley, Waller & Brennan, 2000) will be applied. This evaluates the two dimensions of romantic attachment (the anxiety of the relationship and the avoidance of intimacy), allowing to distinguish 4 categories of attachment in the adult (secure, fearful, worried and disorganized). The other questionnaire is Personal Assessment of Intimacy in Relationships Scale (Schaefer & Olson. 1981), which allows to evaluate the conjugal intimacy and adjustment of the couple through the perception and expectation in relation to the following 5 aspects: social, emotion, sexual, intellectual and recreational. All questionnaires will be applied on-line, including open questions, in order to explore the meanings that might or might not explain these differences. The sample will consist of 100 participants (50 monogamous and 50 non-monogamous). Preliminary results show that there are greater sexual and erotic intimacy among members of non-monogamous couples. Meanwhile, in monogamous couples, there are greater affective intimacy. The implications of the results in clinical practice are discussed and a different look at the ways of being a couple in postmodernity.

Panel

Internet based

Organizer: Daniel Espinosa, CES University, Medellín, Colombia

Web-based interventions for prevention, treatment and relapse prevention of mood disorders in Latin America

Several psychological treatments for mood disorders are available, but they are often expensive or inaccessible for many people who need them. Web-based interventions that require only minimal or no contact with therapists have been shown to be effective in enhancing mood. This panel presents data of four different Latin American research initiatives for respectively prevention, treatment and relapse prevention of mood disorders using mainly internet resources. The first presentation is going to show the estimation of the effectiveness of the program Cuida tu ánimo in Colombian context. The second presentation shows preliminary evidence of effectiveness of a web-based intervention for depressive symptoms originally developed in Germany and now translated and adapted for Brazilian users (Deprexis). In the third presentation the process of adaptation and use of a web-based psychoeducational program about Bipolar Disorders for patients and relatives in Mexico will be discussed. Finally, it is presented data of the results of the use and effectiveness of the intervention ASCENSO in Chile, implemented in a complementary way to the usual treatment of depression for the reduction of depressive symptoms, the improvement of the quality of life and prevention of depression relapse.

"Cuida tu ánimo": Effectiveness study of an online program for the prevention and early intervention of depression in adolescents Daniel Espinosa, CES University, Medellín, Colombia; Mauricio Fernandez, Universidad de Antioquia; Vania Martinez, Universidad de Chile, Santiago; Juan Carlos Jaramillo, CES University, Colombia; Paulina Estrada, CES University, Colombia; Maria Paula Ruiz, CES University, Colombia; Markus Moessner, Heidelberg University, Germany; Stephanie Bauer, Heidelberg University, Germany; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

To develop innovative interventions for adolescent depression is a highly relevant scientific task due to its high prevalence and the serious associated consequences.

Aim: The objective of the present study is to estimate the effectiveness of the online program Cuida tu ánimo for the Prevention and Early Intervention of Depression in Adolescents who attend high school in Colombia. **Method** A clinical trial was conducted with two groups of adolescents to test the effectiveness of Cuida tu Animo. The active group (324 students) had access to a platform with psychoeducational information and support modules, and the control group (323 students) participated in two self-knowledge workshops. The variables analyzed were: symptoms of depression and anxiety, health and well-being and stigma associated with depression.

Results: When comparing the groups, there is a decrease in the depressive, anxious symptomatology and in the stigma associated with depression in both groups, although it was greater in the active group. No difference was found in the perception of health and wellbeing in any of the groups. **Discussion:** The results suggest that the participation in this type of interventions can have a positive impact on different variables related to mental health in adolescents. In addition to this, the present study shows multiple variables that can be related to the impact of this type of interventions in natural contexts.

Effectiveness of an internet-based self-guided program to treat depression in a sample of Brazilian users Rodrigo Lopes, Universidade Católica de Petrópolis; Adriana Svacina, Universidade Católica de Petrópolis, Brazil; Björn Meyer, Gaia Group, Germany; Thomas Berger, University of Bern, Switzerland

Deprexis is a program designed on the basis of empirically based principles of cognitive-behavioral therapies to reduce depressive symptoms. Evidence from several previous trials supports Deprexis' effectiveness in German-speaking countries and in the United States of America, but as far as we know, no study has yet been conducted using this treatment format in countries with low literacy rates. The aim of this presentation is to evaluate preliminary evidence of a randomized controlled trial designed to test the effectiveness of Deprexis with Brazilian users. Participants with clinically significant depressive symptoms and diagnosed with a depressive disorder were recruited through the Internet (forums, social networks, e-mail lists in Brazil) and randomly assigned to (1) treatment as usual (TAU) plus immediate access to Deprexis, or (2) TAU and delayed access to Deprexis (after 8 weeks). Effectiveness is conceived as change in the primary outcome measure (PHQ-9) and in the second outcome measure (CORE-OM).

Acceptability and viability of an Online Psychoeducational Program for Patients with a Diagnosis of Bipolar Disorder and their Families. Sandra Caicedo, Universidad Autónoma de México UNAM; Ma. Asunción Lara Cantú, UNAM, México; Marcela Alejandra Tiburcio Sainz, UNAM, México; Juan José Sánchez-Sosa, UNAM, México

Background: The lack of knowledge about bipolar disorder of relatives and patients negatively influences the treatment, course and prognosis of Bipolar Disorder (BD). Psychoeducational interventions have proven their effectiveness by increasing quality of life and functionality. Internet has shown to be a viable and feasible way to inform, reducing costs and access barriers.

Aim: Evaluate acceptability and viability of the Online Psychoeducational Program for BD with patients, relatives and mental health professionals. **Methods:** Qualitative study, focus groups and semi-structured interviews were conducted. 7 family members, 12 patients, 14 mental health professionals were recruited.

Results: Patients and relatives find the content interesting and clear, it is important for them to have reliable information available all the time. Mental health professionals perceive the program as promising and necessary, patients and family members constantly request information; sometimes the quality of what they find is not

appropriate. Access barriers to the internet of the participants should be considered. Discussion: The Program is potentially acceptable and feasible. Useful for people who want to know about the disorder, have access to the internet and cannot attend the hospital. The motivation to maintain adherence to the Program, the commitment of health professionals in the development and implementation of Internet-based interventions must be considered.

A web based intervention to prevent the relapse of depression: Results in the short and medium term Olga Fernández, Universidad de Chile, Santiago; J. Carola Perez, Universidad del Desarrollo, Santiago, Chile; Daniel Espinosa, CES University, Medellín, Colombia; Cristian Cáceres, PsicoMedica Clinic & Research Group, Chile; Sergio Gloger, PsicoMedica Clinic & Research Group; Alvaro Carrasco, Instituto Milenio para la Investigación en Depresión y Personalidad; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

E-mental Health interventions allow access to a greater number of people as well as to people who live in remote places. These tools have been used more frequently in the prevention of mental health rather than in the treatment of pathologies. The present study shows results of the use and effectiveness of the intervention called ASCENSO, implemented in a complementary way to the usual treatment of depression for the reduction of depressive symptoms, the improvement of the quality of life and prevention of depression relapse. The study is a randomized controlled trial in naturalistic settings. The participants are adults, of both genders, with major depressive disorder. The intervention group (N = 86) receives regular psychiatric and psychological treatment at the health center and the ASCENSO program. The control group (N = 86) received treatment as usual at the health center. The follow up and measurements were conducted at 6 and 9 months. The results of 120 patients who have completed the intervention are presented: At 6 months a decrease in depressive symptomatology and an improvement of the quality of life associated with health in both groups was found. Regarding the use of the program, the monitoring response rate and the generation of alerts due to suicidal ideation is presented. We discuss the implications of the findings and the usefulness of integrating complementary technological support to the treatment of depression, giving continuity and follow-up to focal interventions.

Panel

Facilitative Interpersonal skills

Organizer: Timothy Anderson, Ohio University, Athens, USA

What Therapist Characteristics Are Associated with Facilitative Interpersonal Skills? Implications for Measurement, Therapy Process, & Training

Facilitative Interpersonal Skills uses an experimental procedure for collecting therapists responses to challenging therapeutic situations and then to rate the quality of those responses on various interpersonal skills. While these have been correlated with therapy sessions and outcomes, there is little understanding of what other therapist characteristics are associated with these ratings. For example, it may be that other therapist characteristics are causing how observers are judging therapist interpersonal skills or that therapist personality and emotional intelligence may provide separate and/or related sources of variance. This panel examines this issue through creative, multiple lens approaches to identifying these therapist characteristics and uses multiple language versions of the FIS in these investigations. In our first presentation examines the issue of the difficulty of the client stimulus clips as a factor in shaping therapist response. Specifically, the Leiden Lab examines the previously unexplored of whether the challenging quality of the stimulus clips matters, particularly in regard to therapists' physiological responses. Our second presentation is a multi-year study that examines therapist personality and other characteristics as predictors of the development of FIS during training. The final study examines therapist FIS and general and emotional intelligence, which also has not been studied before. Specifically, the association of a working memory task and an emotional perception task was associated with therapist FIS and other characteristics. In conclusion, we will engage in a discussion about the broader set of variables that might account for therapist effects.

Therapists interpersonal skills in benign and complex therapy situations Sabine van Thiel, Tilburg University, Netherlands; Kane Steggles, Leiden University, Netherlands; Kim De Jong, Leiden University, Netherlands

Therapists' interpersonal skills have been predictive of their clients' outcomes. In particular, the FIS task developed by Anderson measures the therapists' skills in complex therapy situations that are interpersonally challenging for the therapist. Given that therapist effects seem to be most pronounced in more severe (and thus complex) cases, it is hypothesized that part of the reason the FIS task is predictive of outcomes is that it assesses complex therapy situations. It is yet unclear whether the task can also differentiate between therapist in more benign situations. In this presentation, we are assessing whether therapists' interpersonal skills also differentiate between therapists in benign therapy situations, in which there is no interpersonal challenge for the therapist. The Dutch and English versions of FIS have been tested in university students and experienced therapists. In the first study, the emotional charge of the benign and complex vignettes is rated to test whether there are differences in emotional charge. In the second study, both the benign and complex vignettes are administered and scored and FIS scores for both types of vignettes are compared. Preliminary results suggest that students find the complex vignettes more distressing, but not more complex. No difference was found in FIS scores between the vignettes, suggesting that therapist skills are being utilized in both type of situations, not just in more complex situations.

Predictors of Facilitative interpersonal skills (FIS) in a cross-sectional and longitudinal sample of trainee therapists Truls Ryum, Norwegian University of Science and Technology, Tordheim, Norway; Patrick Vogel, Norwegian University of Science and Technology, Tordheim, Norway; Heidi Brattland, Norwegian University of Science and Technology, Tordheim, Norway

Aim: The person of the therapist has been found to be important for the effect of therapy outcomes, and Facilitative Interpersonal Skills (FIS) may be conceptualized as an integrating concept explaining differences between therapists in outcome studies, as demonstrated in experimental studies using the FIS task procedure (Anderson et al. , 2015; 2016). Research also suggests that the FIS task procedure is suitable for use cross-culturally (Vogel et al. , 2018). The present study examined self-reported predictors of FIS (experimental task procedure) amongst trainee therapists in a clinical psychology program, utilizing a cross-sectional and a longitudinal sample of trainee therapists.

Method: A Norwegian translation and adaption of the stimulus clips developed by Anderson and colleagues was used to test for trainee therapists levels of FIS. Self-report data from participating students, consisting of demographic data, personality/identity, symptom measures as well as students' experience of the group climate in skills training groups, was used as predictors of FIS.

Results: The paper will discuss findings examining the relationship between characteristics of trainee therapists and FIS, based on cross-sectional and longitudinal data. To what extent skills training groups contributes to the development of FIS will also be discussed, as well as cultural issues.

Therapist effects: Correlates of interpersonal skills Christine Wolfer, University of Zurich, Switzerland; Peter Hilpert, University of Surrey; Judith Held, University of Zurich, Switzerland; Andreea Vlăsă, University of Zurich, Switzerland; Christoph Flückiger, University of Zurich, Switzerland

Therapist effects are of increasing interest in the psychotherapy research. Within this field trainee assessments for therapist interpersonal skills have shown promising results in predicting patient treatment outcome. The aim of this explorative study was to cross validate two trainee assessments in two samples consisting of trainee therapists and students. Furthermore, we validate these assessments with a working memory task as an indicator of general intelligence and an emotion perception task as an indicator of emotional intelligence. Results from this exploratory study are presented and discussed in respect to convergent and discriminant validity of the trainee assessments.

Panel

Methods

Organizer: Megan Knoll, McGill University, Montreal, Canada

Who gets talked about in psychotherapy? The Relationship Episode Rating System (RERS) and changes in defensive and coping functioning.

The conceptual lineage of defense and coping mechanisms began with Sigmund Freud in an 1894 paper. A rich theoretical tradition subsequently developed positing differential relationships between certain defenses and symptom disorders. By the 1960's, researchers began to distinguish conscious coping from the more unconscious defense mechanisms. Thereafter, the empirical literature developed in parallel. However, to-date there has been no method for examining whether there are differences in defense and coping toward specific persons/objects, including the self. Using the same study sample, we present four papers furthering that aim. In the first presentation, Dr. Perry will present the results of the study in which adults with acute recurrent major depression (N=30) were treated with antidepressive medications and randomized to up to 18-months of either CBT, Dynamic, or Supportive psychotherapies. Defenses and coping were rated on 5 therapy sessions over the course of treatment, and on both Dynamic and RAP interviews at intake and 18-months. Ms. Leduc-Cummings will present on a new method to identify who is being talked about in psychotherapy sessions. Derived from Luborsky's idea of the Relationship Episode (RE), the Relationship Episode Rating System (RERS) has been systematized. In the third presentation Ms. Knoll will examine how defenses change across psychotherapy sessions when examined by different object types. In the fourth presentation, Dr. Starrs will present how conscious coping changes across psychotherapy sessions by object type. Together these presentations will elucidate the relationship between change in defenses conscious coping and important persons/objects in the patient's life.

The Relationship Episode Rating System (RERS): A description of relationship episodes in psychotherapy Isabelle Leduc-Cummings, McGill University, Montreal, Canada

Aim. Relationship episodes (REs) are "client narratives describing interactions with others" (Hamilton & Kivlighan, 2009), originally defined as part of the Core Conflictual Relationship Theme (CCRT) method. The identification of REs has been used to examine transference, patterns, and outcomes in psychotherapy (Crits-Christoph, Cooper, & Luborsky, 1988; Luborsky, Crits-Christoph, & Mellon, 1986). However, no method has been developed to systematically identify and describe REs in psychotherapy sessions. The present study will introduce such a method and examine the most prevalent characteristics of REs. Method. We developed a manual and rating form (the Relationship Episode Rating System (RERS)) to identify and code REs. 150 audio-recorded and transcribed therapy sessions from 30 clients were divided into REs. Each was coded for the following elements: object type (e. g. , relative), object subtype (e. g. , mother, father), gender, recency (past, present, future), and reality (reality, dream, fantasy). Results. The method produced acceptable to good reliability. Therapy sessions contained an average of eight REs and "self" was the most common object type. We will present the most prevalent characteristics of REs, patterns and changes over time, and differences between approaches (CBT, psychodynamic, supportive) and diagnosis (MDD, PD). Discussion. REs provide a natural basis for segmenting sessions into coherent stories. They appear to be a potentially useful unit of analysis for research. They can be used to look at how elements of the therapy shift over shorter time intervals and within/between objects. They can also be used to isolate therapist REs as an important predictor of treatment outcome.

Defensive functioning across relationship episodes. Megan Knoll, McGill University, Montreal, Canada

Aim. Research examining defensive functioning in psychotherapy has demonstrated that defense mechanisms may be an important mediator between psychological treatment and outcome (Perry & Bond, 2012). However, defenses manifest in different contexts and it may be that an individual's defensive functioning changes depending on the context. One way to account for context is to use the concept of relationship episodes (Luborsky, Barber, & Crits-Cristoph, 1990). The aim of this paper is to examine individuals' defensive functioning across relationship episodes. This will shed light on how context influences defensive functioning and how this may change over the course of treatment. Method. Thirty patients were treated with psychotherapy for depression for up to 1.5 years; 5 sessions for each of the 30 patients have been randomized and transcribed for analyses in a larger project. Each session was divided into separate relationship episodes using the Relationship Episode Rating System

(RERS). Each relationship episode was defined by characteristics of the object, recency, and reality. Defense mechanisms have also been identified in these sessions using the Defense Mechanisms Rating Scale (5th edition; Perry, 1990). Defensive functioning will be characterized across common relationship episode categories. Results. We will explore how defenses differ across relationship episode categories and how they change within relationship episode categories. We will determine among which relationship episode categories is defensive functioning predictive of outcome. Discussion. This study will allow us to understand how context influences defensive functioning and how defensive functioning influences treatment outcome. Clinical, research, and theoretical implications will be discussed.

Defensive functioning across relationship episodes. Claire J. Starrs, SUNY Potsdam

Aim. Coping functioning has been shown to improve with psychotherapy and to be related to decreases in depression and enhanced interpersonal functioning (Starrs & Perry, 2018). Coping, by definition, occurs in response to stressors, thus it is directly impacted by context, and therefore may vary depending on the characteristics of the context (e. g. , relationship with the other, gender of the other, etc.). This paper seeks to assess coping functioning at a micro-level of analysis, by examining coping patterns within relationship episodes (Luborsky, Barber, & Crits-Cristoph, 1990). Method. Thirty patients with major depression received treatment including medication and psychotherapy for up to 1. 5 years; 5 sessions per patient were randomized and transcribed for a larger project. Each session was divided into separate relationship episodes (RE) using the Relationship Episode Rating System (RERS, Perry, Knoll & Leduc-Cummings, 2018). Each RE was defined by characteristics of the object (type, subtype, sex), recency (past, present, future), and reality (reality, dream, fantasy). Coping patterns were identified using the Coping Action Patterns method (CAP, Perry, Drapeau, & Dunkley, updated 2014). Coping functioning will be examined across common RE categories. Results. This paper will explore how coping differs across RE categories. Additionally, we will compare changes in coping functioning across RE categories, and we will determine among which RE categories coping functioning is predictive of outcome. Conclusions This study will allow us to understand how context influences coping functioning and how coping influences treatment outcome. Clinical, research, and theoretical implications will be discussed.

Change in defenses, depression and functioning over treatment in recurrent major depression. Christopher Perry, McGill University, Montreal, Canada

Objective. Defenses are fundamental mechanisms that underlie basic personality functioning, affecting both symptom disorders and adaptation. However, we do not know the degree to which change in defenses is similar comparing psychotherapy sessions with external interviews. This report examines change in defenses by data source, in a sample of adults undergoing treatment 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 CBT, Dynamic, or Supportive psychotherapies. 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. The Hamilton Rating Scale for Depression was assessed monthly and the BDI-2 every six months, as were other measure of functioning. Results. The sample showed a highly significant reduction in depressive symptoms. Overall Defensive Functioning improved significantly, from levels associated with depression to the low-neurotic range in external interviews. Session data were more complicated. So-called depressive defenses were more highly correlated with improved HRSD-17 scores, than BDI. External interviews were better predictors than in-session data. 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 of the data source for examining defenses.

Panel

Treatment process and outcome

Organizer: Lee N. Johnson, Brigham Young University, Provo, USA

Within-Session and Between-Session Processes in Couple and Family Therapy

The efficacy of couple therapy as a treatment has been well established. However, despite this consistent finding research also shows that anywhere from one-third to one-half of couples do not benefit from therapy (Snyder, Castellani, & Whisman, 2006; Whisman & Snyder, 1997). While research further supporting the efficacy of couple and family therapy will be helpful, the field needs quality process research that shows what in-session and between-session variables lead to improved outcomes. Research such as the studies presented in this panel will provide valuable information with potential to improve couple therapy outcomes. The goal of this panel is to present findings from 4 papers that address important processes in couple and family therapy related to improving outcomes. The first paper will examine the role of both partner's sleep efficiency, stress, and physical exercise on the role of within session client physiology in couple therapy. The second paper presents results from a couple therapy study that examines the influence of clients receiving after-session feedback on the therapy alliance and how this feedback influences client's relationship satisfaction. The third paper will focus on the development of a measure of Systemic Intersession Processes. Finally, the fourth paper is on aspects of the therapy alliance in family therapy and focuses on therapy bonds in Multi Systemic Therapy outcomes. Results from these papers will provide information helpful in improving couple and family therapy processes and outcomes.

The Influence of Sleep, Stress, and Physical Exercise on Couple's In-Session

Physiology Lee N. Johnson, Brigham Young University, Provo, USA; Angela B Bradford, Brigham Young University, Provo, USA; Christina Rosa-Holyoak, Brigham Young University, Provo, USA; AnnaLisa Carr, Brigham Young University, Provo, USA; Shayne R. Anderson, Brigham Young University, Provo, USA

Aim: The influence of physiology on relationships and change has been gaining attention in couple therapy. Thus, understanding the role of physiology in the change process will improve couple therapy outcomes. Research has shown that when clients are flooded, or outside of their window of tolerance, they can't connect to their partner and are less amenable to change. This study examines the influence of sleep, stress, and physical exercise on within session client physiological reactions.

Method: Data are from 22 couples who requested couple therapy for a variety of reasons, but one partner reported clinically significant relationship distress. Each partner wore an Actigraph accelerometer that gathered information on their daily sleep, stress, and physical exercise. During the first four therapy sessions client's physiology (galvanic skin response-GSR or freezing response; respiratory sinus arrhythmia-RSA or heart rate variability; and pre-ejection period-PEP or fight/flight response) were measured. Actor Partner Interdependence Models (APIM) were used to examine the influence of sleep, stress, and physical exercise from the 24 hours prior to each session on client's physiological reactions in therapy.

Results: Preliminary results from show that each partner's sleep, stress, and physical exercise is related to physiological reactions more amenable to connection and change. **Discussion:** These results show that in addition to being beneficial to overall health, improved sleep, lower stress, and physical exercise can facilitate changes to in-session physiological reactions that are more amenable to making changes.

The Perils of Using After-Session Feedback in Couple Therapy Suzanne Bartle-Haring, Ohio State University, Columbus, USA

Aim: Anker et al. (2009) suggested that providing after-session feedback to couple clients and therapists was positively associated with outcomes. Our current data suggests that only when the couple is at risk does providing after session feedback seem to make a difference. However, in the current project we also uncover an unintentional negative outcome.

Method: The current study used a sample of 84 couples who presented for couple therapy at an on-campus clinic. The clients were randomly assigned to conditions in which they provided after-session feedback about alliance and other variables and both the clients and the therapist could see change in these variables, or neither could see change in these variables.

Results: In a model that regressed both partners' bond with therapist, condition, and the interaction of bond by condition onto the intercept and the slope of satisfaction, male partner's satisfaction decreased if their partner had a higher bond score and they

were in the condition in which they and the therapist could see the after-session feedback. When couples were in the condition in which they could not see their after-session feedback, male partners' satisfaction increased regardless of their partner's scores on bond. Discussion: This leads to questions about what after-session feedback to share with couple clients. The research on individual therapy suggests that individual clients at high risk (severe symptoms) do better when they and their therapist can see after-session feedback specifically on alliance. It seems that with couples, it may be better not to share this information.

Between the Sessions: Intersession Processes in Couple Therapy Kelley Quirk, Colorado State University; Nathan Hardy, Oklahoma State University

Aim: Intersession processes (ISPs) are the thoughts and actions clients engage in between therapy sessions, and have been shown to influence outcomes (Owen, Quirk, & Hilsenroth, 2012). ISPs have only been examined in individual therapy, with the systemic influences of ISPs untested (Orlinsky & Geller, 1993). This study tests the first measure of Systemic ISPs by assessing couple and family level between-session processes, and the influence of extended family and important social relationships.

Method: Systemic ISPs items were developed by researchers who study and practice psychotherapy, to capture couple-level ISPs, partner-level ISPs, and systemic-ISPs. The systemic items were sent to 12 respected psychotherapy researchers for a content validity check. Based on feedback ISP items were adjusted. This resulted in 21 systemic ISP items, to be tested alongside the individual items from the existing ISP scale (12 items).

Results: Results from an EFA in Study 1 (44 individuals in couple therapy) supported the 3-factor structure, and 16 of the items demonstrated support to be retained. In Study 2, 38 individuals in couple therapy completed the items retained from the EFA. A CFA supported the final 16 items, with three factors: couple-ISPs, partner-ISPs, and systemic-ISPs. Additionally, greater engagement with the three systemic dimensions was associated with greater relationship satisfaction and commitment. Discussion: This study advances process research by adding a systemic lens to our understanding of between-session processes. The use of this measure will aid case conceptualization, prevent drop out, and increase positive therapy outcomes.

Therapists' and Clients' Perceptions of Bonding as Predictors of Outcome in Multisystemic Therapy® Tatiana Glebova, Alliant International University

Aim: Establishing and sustaining a trusting and collaborative relationship with the therapist is both critical and challenging in treatments of youth externalizing behaviors since youth are usually mandated to treatment or treatment is initiated by adults. Mandated family-based treatments in which the therapist interacts with multiple family members increasing the likelihood of a split alliance--when family members differ in their strength of alliance with the therapist. This study examined whether strength of alliance and split alliances in mid- and late treatment predicted outcomes in Multisystemic Therapy.

Method: Data came from a longitudinal evaluation of Multisystemic Therapy (MST; N = 52), caregivers, and youth (N = 164 families). Participants completed the 12-item emotional bond subscale of the WAI (Horvath & Greenberg, 1989) at mid-treatment and termination. To measure alliance similarity, we calculated intraclass correlations between participants between Outcome variables included youth antisocial behavior, therapist perception of treatment outcome, and termination success.

Results: Results showed a limited association between family members' emotional connection with the therapist and treatment outcome, whereas therapists' perceptions of bond with the caregiver showed highly significant associations across time. Caregiver-therapist agreement on emotional connection at both time points predicted therapist evaluation of treatment success and successful termination. Balance in bonds with the therapist between caregiver and youth had no significant associations with any outcome. Discussion: Findings will be discussed in the context of family therapy process research, its conceptual and methodological issues as well as this study's limitations and clinical implications.

Brief Paper Sessions

Brief Paper Session

Alliance in Therapy

The first five sessions study: Preliminary findings from a qualitative micro-process study of alliance formation processes

Kristina Osland Lavik, Department of Psychiatry, District General Hospital of Førde, Førde, Norway; John McLeod, University of Abertay, Dundee, UK; Christian Moltu, Western Norway University of Applied Sciences

Despite important efforts in demonstrating the effectiveness of distinct psychotherapy models, summarized research shows that dropout, deterioration and non-improvement remain large unresolved challenges to effective psychotherapy in ordinary clinical settings. Conditions for successful psychotherapy have gained less attention in research, resulting in a lack of practical knowledge about important common processes, such as the formation of therapeutic alliances. Numerous studies indicate that an early-established alliance predicts psychotherapy outcomes, prevents dropout and may counteract deterioration. The present study aimed to investigate the formation of therapeutic alliances in naturalistic settings, using an innovative video-supported micro-process methodology defined as Interpersonal Process Recall (IPR). The third and fifth psychotherapy session were IPR-videotaped. Within 48 hours after the session, the researcher met with the client and therapist separately for in-depth interviews. Watching the session with the researcher, the participant got the remote control and was instructed to pause the videotape whenever a moment of relational importance occurred. For every pause, the researcher implemented a semi-structured in-depth interview, exploring moment-by-moment experiences in rich detail. The data material consisted of 60 in-depth interviews from the client and therapist perspective, as well as 30 video-taped sessions. Data was analyzed using Interpretative Phenomenological Analysis (IPA), aimed at preserving first-person experiences. Preliminary results suggests that alliance formation processes are experienced as ongoing relational and collaborative processes moving towards safety and deep connection, initiated by an actively involved, warm, competent and tolerant therapist, and a forgiving and generous client. In turn, a successful alliance appear to promote early recovery processes.

Revisiting the Question: Can therapists be trained to improve their alliances? - A Systematic Review

Lucas Uribe, Centro MIP

Background: It is a well-established fact that the quality of the alliance and the results of the therapeutic processes go hand in hand, and it seems that it is the therapist's contribution which accounts mostly for that relationship. On the other hand, in recent years there has been an increasing focus on therapists training, and although studies consistently show the positive effects it has on therapists themselves, there is no conclusive evidence on the effect it has on the quality of the alliances that these build with their clients. **Purpose:** To systematically review the literature about the effect of alliance focused training on the quality of the alliance that therapists and their clients build.

Method: A systematic search of the scientific literature published until 2018 identified 9 relevant studies, which were analyzed in terms of their methodologies and general results.

Results: The publication rate of eligible papers for the analysis has remained close to 1 every 2 years since the publication of the first one of these in 2002. Most articles reported medium and significant effect sizes in favor of training, but there is not enough information to be able to draw conclusions regarding salient topics or methodologies for training. **Discussion:** The analysis shows promising results, but to be able to understand this phenomenon completely, the rate of publication of quality articles has to increase, and the results have to be analyzed with a more solid methodology.

The Responsibility of Therapists in Creating a Good Enough Therapeutic Alliance Peter Eduard Schulthess, Association of Swiss Psychotherapists

This paper reports about the specific role of psychotherapists in creating a good enough therapeutic alliance as the basic task for other therapeutic factors come into play. Data from a naturalistic study involving 237 patients treated by 68 psychotherapists using 10 different psychotherapy approaches were analyzed in a process-outcome research design. Clients with higher symptom load created an early complicated therapeutic alliance (sessions 5 and 10) which had to be changed into a productive working alliance over time in order to generate a constructive basis for therapeutic factors come into play. In particular, therapists had to adapt their alliance perspectives to their clients' level of alliance ratings as treatments progressed. Treatment concepts and adherence to them did not play a role in outcome. The view of a similar quality of the therapeutic alliance seems to be an indispensable precondition for favorable treatment outcomes. Successful treatments were significantly more conducted by therapists who were able to approach their clients' sense of alliance quality. These treatments showed significant convergence of alliance ratings over time, whereas discrepant alliance ratings correlated significantly with unsuccessful treatments.

Brief Paper Session

Change Processes

Significant moments of change in psychoanalytic psychotherapy from users perspective Carla Mantilla, Pontificia Universidad Católica del Perú; Pierina Traverso, Pontificia Universidad Católica del Perú

This qualitative study aimed to identify and analyze significant moments associated with psychic change perceived by former users of psychoanalytic treatments. The emerging thematic analysis of data generated from in-depth interviews, identified 18 moments grouped into four axes: 1. aspects of the analytical task, 2. things the therapist does, 3. things the patient discovers and, 4. things related to the therapeutic relationship. The nature of the moments identified in the first 3 axes is mostly of a specific type, while those of the fourth, of a global type. The moments related to the things that the therapist does and the things that happen in the relationship seem to hold those related to the aspects of the analytic task and the things that the patient discovers or passes on to him. The value given to the relationship as an agent of change transcends the therapeutic alliance, and implies the co-construction of a novel relationship with dynamics characterized by the balance in the interaction patterns of the agents in question, which would make it easier to make sense of repetitive and conflictive aspects recreated in the therapeutic relationship. The approach to the research subject based on interviews helped to activate processes of elaboration and re-signification of the personal narrative.

Discovery-oriented and theory-building surplus of systematic, mixed-method cross-case analysis of psychotherapeutic processes Shana Cornelis, Ghent University, Belgium

Aim: In Cornelis et al. (2016) four systematic case studies detailed substantiated longitudinal evolutions throughout supportive-expressive psychodynamic therapy (Luborsky, 1984) in patients' symptomatology and interpersonal functioning, as well as the dynamic interplays between both levels, including therapist interventions and extra-therapeutic events impacting on this ongoing process. In a second (macro) step, the multiple findings from the hypothesis-driven and discovery-oriented parts of the four case studies are systematically juxtaposed and compared, to identify and articulate similarities, repeated observations and common themes, as well as significant differences, pertaining to manifest constructs and underlying dynamics (Iwakabe & Gazzola, 2009; Yin, 1994), in order to distinguish therapeutically workable patterns and intervention possibilities at a broader (sub-group) level. Methods: Each case study follows a mixed method approach, in which different quantitative and qualitative methods are used, separately presented, and, throughout systematic cross-case analysis (step 2), critically integrated.

Results: detailed examination of con- and diverging findings in systematic case studies reveal both individual specificities as sub-group patterns with respect to symptomatic and interpersonal dynamics in patients' therapeutic processes. Discussion: analyses of the four cases are related to the overall study's discovery-oriented and theory-building aims, and further discussed in light of current theoretical and clinical knowledge and practice.

Psychotherapy: from an empty speech to a full speech. Liza Notaerts, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium

Aim: Despite the fact that research confirms the effectiveness of various types of psychotherapy, many questions about underlying processes of psychotherapy remain unanswered. Effectiveness research suggests that different forms of psychotherapy are all effective, but differences also appear to be observed, both in terms of effects immediately after treatment and in effects during long-term follow-up. Differences are mainly observed between (more) directive and (more) explorative therapies. In the first group (which includes (cognitive)behavioral therapy), the therapist starts more of a predetermined treatment program (sometimes called a treatment protocol), in the second group (which includes experiential and psychodynamic therapy), the therapist follows, in an exploratory way, the story of the patient without adhering to predefined structure. In the first group, the effects sometimes appear (slightly) higher immediately after treatment, but usually diminish at follow-up; in the second group, the effects appear slightly lower immediately after treatment but remain stable and even increase with long-term follow-up (Abbass 2006, Driesse 2010, Shedler, 2019). Methods: This study aims to further investigate the perceived difference between more directive versus more explorative therapies, by means of qualitative research on case study material of the Ghent Psychotherapy Study (Meganck et al. ,2017), at the level of the concrete conversation between therapist and patient, by looking at the concrete techniques used within sessions. Results/Discussion: Understanding which therapeutic interventions provoke a productive therapeutic speech and which rather inhibit patients' speech during sessions, as well as understanding how these local effects do or do not lead to long-lasting relieve of symptoms is quintessential for psychotherapeutic practice.

Therapeutic Alliance and symptomatic changes in the psychotherapeutic treatment of the clinical population in the Hospital de Clínicas "José de San Martín". Natalia Helmich, Universidad de Buenos Aires, Argentina; Martin Etchevers, Universidad de Buenos Aires, Argentina

The aim of this study is to learn about the connection between the symptomatic changes due to the treatment and its relationship with the therapeutic alliance (TA) of both patient and therapist in the framework of a study at the Hospital de Clínicas "José de San Martín" with clinical population with emotional disorders. According to decree 492/1995 of the Obligatory Medical Program of Argentina the duration of the psychological treatments is of 30 sessions. Results will be presented until the sixteenth session. Several studies (Barber, Crits-Cristoph and Luborsky, 1996; Gaston, Marmar, Thompson and Gallagher, 1991) have shown that the TA explained between 36% and 57% of the variance of the result at the end of the therapy, as well as the studies in which they have found that TA is a good predictor of therapeutic outcome (Henry and Strupp 1994, Horvath and Symonds, 1991, Orlinsky, Grawe and Parks, 1994, Martin, Garske and Davis, 2000, Horvath and Bedi, 2002; Corbella and Botella, 2004; Flückiger, Del Re, Wampold, Symonds, and Horvath, 2012). Thus, studies on the TA concept have become significant (Etchevers et al, 2010, Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012). It is also of great interest to study treatments in the clinical setting carried out in our country, given the limited ecological validity of the studies performed in the research context. As Seligman (1995) points out, to decide if, under highly controlled conditions, a treatment works better than another treatment or a control group is a different matter than deciding what works best in the clinical practice with each patient.

Children & Adolescents I

Existential Interventions for Adolescent Suicidality: Practical Interventions to Target the Root Causes of Adolescent Distress Ragan Andrew Lybbert, Brigham Young University, Provo, USA; Sam Ryland, Brigham Young University, Provo, USA; Roy Bean, Brigham Young University, Provo, USA

In this work we discuss common forms of treatment for suicidality and suicidality among adolescents. Vastly pervasive, crisis intervention-based treatment is found throughout nearly all suicidality treatments regardless of client age or intervention site. Crisis intervention-based approaches often overlook many crucial elements of suicidality in adolescents. We therefore explore elements of existential therapy and their potential merit in treatment for suicide among adolescents, including existential angst, existential despair, meaninglessness and isolation. These elements are strong predictors of suicidal thoughts and behaviors in adolescents. While the common crisis-based treatment appropriately addresses immediate safety needs, it can neglect and even exacerbate the existential features that contribute to ongoing, long-term depression and suicidality. Finally, we present three principles of existential therapy with example interventions that can be flexibly applied in clinical settings with depressed and suicidal adolescents. A sample case study, which draws on our clinical experience, further details how this existential style might be applied in a typical clinical setting with a suicidal adolescent. keywords: suicide, suicidality

Informed Consent and Treatment: right and decision making capacity in adolescents. Laura Bongiardino, IPCP/USAL; Laura Borensztein, IUSAM/APdeBA; Saskia Ivana Aufenacker, Universidad del Salvador Buenos Aires; Andrea Rodriguez Quiroga, Universidad del Salvador, Instituto Universitario de Salud Mental, IPCP

The general objective of this project is to evaluate the decision making capacity in adolescents, according to their stage of development, in relation to accepting or denying non-invasive treatment. The specific objectives are: 1) to study the psychometric properties of the MacArthur Competence Assessment Tool for treatment (MacCAT-T; Hein, 2015), in terms of its validity and reliability, in the Argentine population, between the ages of 13 and 16, and its capacity to evaluate this population's decision making capacity. 2) We will also evaluate the personality domain and function using the self administered questionnaire "Assessment of Identity Development in Adolescence" (AIDA; Goth et al. , 2012). The research design is quantitative with a descriptive stance. Sample: 65 cases, adolescents, between 13 and 16 years old from the metropolitan area of Buenos Aires, Argentina. These cases would be divided in two groups, one of 32 adolescents of 13 and 14 years of age and the other of 15 to 16. The instruments which will be used are the MacCAT-T, the expanded composite scores of the WISC-IV (non-verbal) and the AIDA. We will present the results of the pilot study, 9 cases. Establishing the level of maturity and personality functioning, in relation to the decisions of an adolescent, is very complex and it is presented throughout different health related situations and professions. This problem needs to be revised and this research tries to contribute towards this direction. Keywords: Adolescents - Informed Consent - Treatment - decision making capacity

The quality of triadic interaction (TI) and mental health and personality characteristics in adolescent outpatients Karla Alvarez Kozubova, Universidad de Chile, Santiago; Marcia Olhaberry, Pontificia Universidad Católica de Chile, Santiago; Camila Fajardo, Universidad Diego Portales, Santiago, Chile

Investigation of the primary triangle (Fivaz-Depeursinge, Corboz-Warnery, 1999 (*)), understood as an ecological niche for human development, builds bridges between child development and family processes. It makes it possible to know family resources and vulnerabilities in order to define interventions. The authors (*) develop the Lausanne Trialogue Play (LTP) to evaluate the capacity of the triad to work together on a task. Then, through microanalysis of verbal and non-verbal communication, the characteristics that emerge from the TI between parents and child are known. Chilean work brings experience to the few studies in triads with adolescents, such as the longitudinal in Lausanne and the psychopathology in Padua. Objectives: assess relationship between the quality TI, mental health and personality characteristics in outpatient adolescents.

Method: observational and quantitative analyses of family structure (participation, organization, focus, emotional warmth), errors/repair of communication and subsystems (coparenting/adolescent commitment). Sample: 30 triads. Adolescents completed MACI and Kidscreen 52. The triads participated in video Lausanne Trialogue

Play (LTP). Statistical Analysis: descriptive, bivariate and regression analysis. Result: sociodemographic and in study variables are described. Age 14. 7, urban and middle class. Public health system, private school and repetitions (52, 11, 18 % respectively), mainly biparental families, siblings 1. 68, 50% of parents with higher education. Reason for initial consultation was diverse. Family discord and impulsivity (MACI) are negatively associated with TI quality. Rough personality style (MACI) has more significant relationship with TI. Conclusions: the relationship of symptoms and personality style validate the question about the importance of IT at this developmental stage, as shown in self-report studies. This study provides the observation and microanalysis that can be used through videofeedback as a therapeutic tool with families of adolescent patients.

Brief Paper Session

Children & Adolescents II

Silence and Speaking Time in the Psychotherapy of Adolescents with Personality Pathology

Ronan Zimmermann, Psychiatric Hospitals of the University of Basel; Lukas Fürer, Psychiatric Hospitals of the University of Basel; Nathalie Schenk, Psychiatric Hospitals of the University of Basel; Klaus Schmeck, University Hospitals of the University of Basel

Introduction. Silence during psychotherapy has been associated with client resistance but, in contrast, is also seen as necessary for psychotherapeutic change. We present a paper on silence and speaking time in different speaker switching patterns in the psychotherapy of adolescent patients with borderline personality pathology. Method. Silence episodes and speaking time in different speaker switching patterns were detected automatically using adaptive amplitude threshold and machine learning in 367 therapy sessions stemming from 19 female patients. The association of these variables with personality functioning, session impact and change moments were investigated. Results. Silence and speaking time were correlated to the investigated variables. Conclusion. The patients' personality pathology affects the fluency of the therapeutic sessions. The amount of silence in a psychotherapeutic session is correlated to the rating of the session impact by the patient. Sessions with change moments had less occurrence of silence. The presented method of silence detection and speaker diarisation is promising for further applications in the field of psychotherapy research.

Studying the Effectiveness of the Storytelling/Story-Acting (STSA) Play Intervention on Ugandan Preschoolers' Emergent Literacy, Oral Language, and Theory of Mind in Two Rural Ugandan Community Libraries

Geoff Goodman, Long Island University; Valeda Dent, St. John's University

Using two rural village libraries in Uganda, this study reports on the effectiveness of the Storytelling/Story-Acting (STSA) activity, a six-month play-based intervention. Children ages 3 to 5 at each library were randomly assigned to participate in either the STSA intervention (n = 63) or a story-reading activity (n = 60) for one hour twice per week for six months. With the aid of translators, all children were administered an emergent literacy measure (knowledge of colors, letters, numbers/counting, sizes and comparisons, and shapes), receptive vocabulary measure, and theory of mind measure (along with other instruments) before and after the six-month intervention. Caregivers were also administered an interview that assessed their educational level, quality of life, reading aloud to target child, social support, and total possessions. Children who participated in the STSA intervention had higher scores on the colors subtest of the emergent literacy measure than children who did not participate in this activity. When examining both groups together (N = 121 post-intervention), girls who scored low on a baseline measure of receptive vocabulary ability showed improvement at post-intervention; however, boys who initially scored low showed no improvement. Several caregiver variables predicted child outcomes at baseline. Preschool children benefit from a story-reading activity with or without the STSA play intervention. Caregivers play an outsized role in the development of their children's school readiness skills. Widespread dissemination of rural village libraries with cost-effective caregiver and child programs focusing on the development of school readiness skills has potential to transform this developing country.

What parents think about therapy is how children benefit from it. Malenka Areas, Universidad de Belgrano, Buenos Aires, Argentina

Aim: Research about client's perspective of psychotherapy has brought an important insight about how therapy is perceived. This helps therapists understand client's reactions during treatment. Children therapy has not yet benefited from that movement given the lack of research on young client's perspective of their therapeutic process. Thus, the aim of the current study was to assess children's and parents' perception of therapy process in a sample of 10 children undergoing treatment or who had finished it in the last year. **Methods:** Participants were 10 children (F:2; M:8) aged 6 to 12 ($M = 8.6$; $SD = 1.84$) and their parents, residents of Buenos Aires City, Argentina. Researchers conducted in-depth interviews asking participants about their therapeutic experience. All interviews were transcribed and analyzed using Consensual Qualitative Research (CQR).

Results: They indicate that those children whose parents valued therapy process and their relationship with the practitioner perceived changes in their behavior, emotion, and interpersonal levels due to treatment. Also, they suggest that therapists were key in the perceived change, showing association between their perceived improvement and proper therapeutic relationship. It seems that children and parents could not only manifest the change they perceived as a result of therapy but also distinguish elements of the process linked to it. **Discussion:** Further conclusions and clinical implications will be addressed. It would be valuable to continue conducting research of this nature to promote the understanding of this device. **Clients' Perspective- Qualitative Research- Therapy assessment - Child Psychotherapy - Children's therapeutic relationship-**

The impact of childhood abuse on psychotherapy for major depression Julia Fietz, Max-Planck-Institute of Psychiatry, Munich, Germany; Johannes Kopf-Beck, Max-Planck-Institute of Psychiatry, Munich, Germany; Nils Kappelmann, Max-Planck-Institute of Psychiatry, Munich, Germany; Martin Keck, Max-Planck-Institute of Psychiatry, Munich, Germany

Aim: Exposure to traumatic events during childhood has been associated with a wide range of psychosocial, developmental, and medical impairments thus posing a high risk for psychopathology such as major depressive disorder (MDD). A substantial subset of individuals with MDD, however, have no history of experiencing childhood maltreatment. This study aimed at delineating clinically distinct subtypes of MDD psychotherapy treatment response based on self-reported childhood abuse. **Methods.** This study draws upon data from 136 participants of the OPTIMA-study, a monocentric randomized control trial investigating the respective effectiveness of cognitive behavioral therapy, schema therapy, and individual supportive therapy in an inpatient and day clinic setting. Participants received individual and group psychotherapy over the course of seven weeks. Self-report measures were administered before, during, and after treatment, which were evaluated using general linear modeling. **Results.** Analyses did not show any differences in depressive symptoms following psychotherapy depending on childhood trauma types. There was also no interaction between baseline symptom severity and the experience of childhood trauma. **Discussion.** These results suggest, that individuals who experienced abuse during childhood profit from psychotherapy comparably as individuals who did not. Considering that previous studies have described childhood maltreatment as predictive for antidepressant non-response, our results emphasize that psychotherapy could be the treatment-of-choice for this vulnerable subgroup. It would be important to integrate confirmatory and disconfirmatory findings in meta analyses to make a final decision on its relevance for psychotherapy.

Client Contributions to Psychotherapy Process

Inter-session experiences and its association with in-session processes and

outcome Thorsten-Christian Gablonski, Alpen-Adria-Universität Klagenfurt; Jennifer Kadur, University of Klagenfurt, Austria; Jonas Lüdemann, University of Klagenfurt, Austria; Luisa Wirth, University of Klagenfurt, Austria; Gabriele Lutz, Witten/Herdecke University; Sylke Andreas, University of Klagenfurt, Austria

Background: Inter-session experiences describe the processing and internalization of therapy and its contents between every single therapy session. Up to date, it is widely unclear which in-session components might be associated to higher inter-session experiences. Aims: Therefore, the aim of this study was to examine the relationship between inter-session experiences and different in-session processes as well as outcome. Methods: For this purpose, a total of 122 psychotherapy sessions (N = 11 patients) were recorded. We analyzed all sessions regarding reflective functioning (RF) and linked in-session RF to patient's subsequent inter-session experiences. In addition, we connected the in-session RF-scores to identified test-situations based on the Control-Mastery-Theory (CMT) and analyzed outcome differences.

Results: The relationship between inter-session experiences and in-session processes and outcome will be presented. Discussion: The results serve as the basis for the development of a smartphone application for collecting and controlling inter-session experiences of patients.

The influence of client interpersonal traits on therapist intervention use in the early phase of treatment for generalized anxiety disorder.

Brittany R King, University at Albany/SUNY, USA; Carly Schwartzman, University at Albany/SUNY, USA; Kyler Lehrbach, Rhode Island Hospital; James Boswell, University at Albany/SUNY, USA; Michelle Newman, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA

Aim: Although accepted as clinical reality, researchers have been slow to study the mutual influence of the client on clinician behavior. Although some research has demonstrated an influence of client interpersonal traits on therapist behavior, a rigorous examination of the impact of interpersonal variables on early treatment intervention use and common factors is lacking. The current study examined the influence of client trait interpersonal dominance and pre-treatment global interpersonal distress on therapist use of five types of therapeutic techniques in the early phase of treatment. Methods: Forty participants were drawn from a larger randomized control trial assessing the efficacy of two treatments (CBT plus supportive listening (SL); CBT plus interpersonal/emotional processing therapy (IEP)) for generalized anxiety disorder. Client interpersonal variables were measured at baseline using the Inventory for Interpersonal Problems (IIP). Video recordings of the first five sessions were coded with the Multitheoretical List of Therapeutic Interventions (MULTI), which has subscales that map onto interventions associated with different theoretical orientations, as well as common factors. Regression models were used to examine the relationship between client interpersonal variables and therapist intervention use.

Results: Neither trait dominance nor general interpersonal distress significantly predicted intervention use across treatment conditions, or in specific treatment segments within condition. Discussion: Client interpersonal variables did not influence therapist use of interventions in the early phase of treatment within the context of this RCT. Implications for the study of mutual influence, as well as the potential benefits of conducting similar research in naturalistic samples, will be discussed.

Therapeutic interaction and tests of the patient in psychotherapy Jennifer Kadur, University of Klagenfurt, Austria; Dorothea Huber, International Psychoanalytic University, Berlin, Germany; Guenther Klug, Technical University Munich, Germany; Sylke Andreas, University of Klagenfurt, Austria

Background: Already in 1936 Rosenzweig postulated that psychotherapeutic change is not only based on therapeutic technique, but also on overall common factors. Common factors imply "empathy, warmth and the therapeutic relationship" (Lambert & Dean, 2001, p. 357). A theory of psychotherapy that focusses rather on relational issues is the Control-Mastery Theory (CMT; Weiss, Sampson, & The Mount Zion Psychotherapy Research Group, 1986). According to CMT improvement in patients depends on the extent to which the therapist acts in a way that disconfirms the patient's pathogenic beliefs (Rappoport, 1996). One way to take a closer look at this therapeutic relationship, is to analyze the concrete interaction between the therapist

and his patient in psychotherapy sessions and to find out what happens in the therapeutic process. The aim of this study is to find out whether there is a connection between the concepts of CMT and the interaction behavior of the therapist after and the patient in test situations.

Method: Two psychodynamically treated patients of the Munich Psychotherapy Study (Huber & Klug, 2016) will be examined for test situations according to CMT. Therapist statements after these test situations are then coded using the "Codiersystem zur Interaktion in der Psychotherapie" (CIP; Schindler, 1989), a measurement that encodes the verbal utterances of a person. Statistical analyses are performed to identify correlations between passed and failed tests and the therapist's behaviour. Results and discussion: Results of this study will be presented and discussed on the 50th International Annual Meeting of the SPR in Buenos Aires.

Brief Paper Session

Couples and Families

An exploratory study of pursuers and withdrawers in couple therapy: mapping the attachment and emotional landscape

Stephanie Amanda Wiebe, Saint Paul University, Ottawa, Canada; Sue Johnson, University of Ottawa, Canada; Melissa Burgess Moser, Mount Allison University; Tracy Dagleish, Greenbelt Family Health Team; Giorgio Tasca, University of Ottawa

Aim: Attachment-based couple therapies such as Emotionally Focused Couple Therapy (EFT) view pursue/withdraw relationship patterns commonly seen in distressed couples through the lens of attachment theory. In this exploratory study, we examine attachment, emotional control, relationship satisfaction and trust in pursuers and withdrawers at baseline and across couple therapy sessions. Methods: We examined pursuer/withdrawer classification as a predictor of levels of self-reported attachment anxiety and avoidance, emotional control, relationship satisfaction and trust at baseline and across an average of 21 sessions of EFT in 32 distressed couples.

Results: Hierarchical Linear Modelling (HLM; Singer & Willett, 2003) analyses demonstrated no significant differences between pursuers and withdrawers in attachment anxiety or avoidance at baseline, or attachment change across EFT sessions. Withdrawn partners demonstrated significantly higher levels of emotional control, relationship satisfaction and trust at baseline. There were no differences observed in the rate of change of emotional control or relationship satisfaction across sessions. However, withdrawn partners demonstrated greater increases in trust across sessions as compared with pursuing partners. Discussion: These findings suggest that high attachment anxiety and avoidance may be contributing to both pursue and withdraw positions in distressed couple relationships. Some differences in emotional control, trust and relationship satisfaction were observed. Implications for working with pursue/withdraw couple dynamics in therapy will be explored.

Gender Differences of Generic Change Indicators in Couples Therapy

Carmen

Gloria Díaz Dosque, Pontificia Universidad Católica de Chile, Santiago

Comparative study on gender differences in the appearance and course of Generic Change Indicator (GCI) in Couple Therapy. Throughout the research in couple therapy, it has been sought to clarify how men and women who resort to this type of intervention differ, fundamentally have been analyzed the differences in marital satisfaction both at the time of initiating treatment and once it has ended, leaving open the question about the similarities and differences between men and women throughout the process. Therefore, this study seeks to answer what are the differences between men and women in the course and productivity of GCI in Couple Therapy. It uses an observational method designed to identify the moments of change and assign to them one of the 19 GCIs, the GCIs will be grouped into three stages according to the level of complexity, and analysis is performed with Random Permutations Test to compare the productivity of men and women and Thematic Analysis to compare the content of the GCIs of men and women. Comparative study on gender differences in the appearance and course of Generic Change Indicator (GCI) in Couple Therapy. Throughout the research in couple therapy, it has been sought to clarify how men and women who resort to this type of intervention differ, fundamentally have been analyzed the differences in marital satisfaction both at the time of initiating treatment and once it has ended, leaving open the question about the similarities and differences between men and women throughout the process. Therefore, this study seeks to answer what are the differences between men and women in the course and

productivity of GCI in Couple Therapy. It uses an observational method designed to identify the moments of change and assign to them one of the 19 GCIs, the GCIs will be grouped into three stages according to the level of complexity, and analysis is performed with Random Permutations Test to compare the productivity of men and women and Thematic Analysis to compare the content of the GCIs of men and women.

Client experiences of pre-treatment counselling for embryo donation for family formation Naomi Moller, The Open University; Andreas Vossler, The Open University

Aims: Donor conception challenges understandings of 'family' and this may be particularly the case for embryo donation (ED), the newest form of donor conception, where the ED-child has no genetic link to their (recipient) parent(s). To date there is minimal research on ED, in which embryos 'left over' from IVF are donated to other individuals with fertility issues. The lack of research means that the pre-treatment counselling that many donors and recipients are required or encouraged to undergo has little empirical basis.

Method: This study, one of the first to explore the meaning and experience of ED for both donor and recipient families, gathered qualitative interview and survey data from 39 UK, US and Canadian parents, recruited from donor conception organizations and snowballing. Thematic analysis was used to analyze the data.

Results: Generally participants' reported that recommended or mandated pre-treatment counselling was not experienced as helpful, and did not facilitate them to think about the longterm consequences for themselves or their children of donating/receiving embryos, which were acknowledged as complex and long lasting. **Discussion:** Study findings challenge prevalent understandings of how best to support families who engage in ED as donors or recipients. In a cultural context in which genetic kinship still dominates notions of family, there are important considerations for counselling practice that arise from the reproductive technologies, laws and clinic practices that allow donor conception where children have no genetic relation to their parent(s) and potentially no recourse to identifying their genetic parents.

Does the couple's positivity help improve the mood of their depressed partner? Diana Verónica Rivera-Ottenberger, Pontificia Universidad Católica de Chile, Santiago; Cristobal Hernandez, Pontificia Universidad Católica de Chile, Santiago

Aim: Depression affects negatively marital satisfaction and increases the likelihood of relationship breakdown (Whisman & Beach, 2012). The partner of a depressed person usually attempts to improve the mood of their partner -whether or not receiving treatment- and trying to maintain the relationship. The goal of this study was to identify the role of relationship maintenance skills (positivity, assurances, openness, sharing tasks and social networks) and attachment to the couple, in the determination of marital satisfaction and depression of the couple. **Methods:** 94 heterosexual couples answered a self-administered questionnaires, the Center for Epidemiological Studies Depressive Index (CES-D; Radloff, 1977), Quality Marriage Index (QMI; Norton, 1983), Relationship Maintenance Scale (RMS; Stafford & Canary, 1991) and Experience in Close Relationship (ECR; Brennan, Clark, & Shaver, 1998). A dyadic analysis was performed using a hierarchical lineal models (Raudenbush & Bryk, 2002).

Results: The most parsimonious model indicates that positivity is one of the most influential skills in marital satisfaction and depression. The positivity of the actor decreases their depression and the positivity of the partner increases it. Furthermore, actor avoidance and anxiety decrease their marital satisfaction. Also, the positivity of the actor and the partner increase personal marital satisfaction. In the case of depression, avoidance and anxiety of the actor increase their depression. **Discussion:** The findings contribute to understand the interpersonal perspective of depression and its complexities.

Cultural Issues in Psychotherapy

Meanings of Counselling in Hong Kong: A Contextual Perspective Tiffany Leung,
Manchester University, UK

ABSTRACT. This paper undertakes a critical and qualitative inquiry into counselling in Hong Kong. It explores how counselling, as a western originated product, has been adopted by different Hong Kong healthcare professionals in the postcolonial era. Indigenous methodology was used as the theoretical design. Participants with different backgrounds have been recruited, including social work, clinical psychology, counselling, counselling psychology, teaching and chaplaincy. In the first phase, fourteen participants shed light on their understanding of the meanings of counselling. In the second phase, five participants discussed the current socio-political status in Hong Kong. While the majority of research highlights the impact of colonial power, this paper focuses on the role of local socio-political movements which are also partly responsible for creating the colonial discourse. The findings show how colonial power has set the foundation of Hong Kong counselling's 'absence of power', but local social-political collaborations have equally contributed to the territorial interplay. Implications are outlined on how change and action can take place, to enable challenge against the state quo of segregation. Actions should also happen within the structural systems and between disciplines instead of just towards the external public. This paper suggests that communication can act as a new form of advocacy, not to combat, but instead constructively dissolve territorial segregation with connectivity and respect. Such concepts are elaborated in a three levelled conceptual framework of critical pedagogy -- personal/professional development, research areas and social applications to cultivate dialogue, connection and understanding.

Multilingualism in mental Health Care: Demand, barriers and resources Mike Mösko, University Medical Center Hamburg-Eppendorf, Germany

Background: Patients with limited language proficiency of the resident country are found to have less access to out and inpatient mental health care. The quantifications of this group in existing studies have strong methodological restrictions. Mental health care services have been analysed in two surveys. **Methods:** In a cross-sectional study in one mental health clinic in a northern German University Hospital participated in the study. Target group of the questionnaire survey are employees of various professional groups, who are in direct contact with patients (N = 134). The second study group consisted of all licensed psychotherapists and psychiatrists in the outpatient care in the city of Hamburg (N= 1.690).

Results: There was a response rate of 87% among the care assistants and 48% overall in the clinic and a 67.5% response rate in the outpatient survey. The overall estimated rate of patients with limited German proficiency was 10% in in-patient and 13% in outpatient health care services. In the outpatient survey 46.7% of the mental health professionals (MHP) have treated at least one patient even though the patient lacked sufficient skills in the main language. 6.5% of the MHPs have a mother tongue other than German and have a total language capacity of 21. Almost 40% of the MHPs state that they rather decline working with qualified interpreters. **Conclusion:** A substantial amount of patients is does not speak the dominant health care language sufficiently. Language diversity is rather limited. Clinicians feel not comfortable by working with interpreters.

International student's experience in counselling: a systematic review of the empirical literature Sukriti Kainth, University of Manchester, UK

Aim: While universities have witnessed an increase in number of international students accompanying this many cross-cultural issues arises too. Many studies suggest that international students experience many challenges because of language and cultural barriers, academic and financial difficulties, interpersonal problems, racial discrimination, and loss of social support, alienation and homesickness. In order to overcome these challenges, some international students utilise university counselling service. Furthermore, international students experience difficulty in the process of counselling in a different culture. This study focuses on understanding international students experience in counselling. **Methods:** This systematic review was conducted according to the National Institute for Health and Care Excellence (NICE) guidelines protocol for literature reviews. Searches were conducted in four electronic databases:

PsycINFO, ASSIA, Science Direct and Scopus. The data was analysed by means of thematic synthesis for systematic reviews of qualitative research.

Results: The thematic analysis of the data generated 5 main themes: Reasons for seeking Counselling, Perceptions about counselling, Barriers for counselling, Therapeutic relationship, Alternative coping strategies. Discussion: Out of 2025 identified records, the thorough evaluation for eligibility resulted in 9 studies being subjected to the analysis of data. The findings from this review provide a detailed description of international students' experiences of counselling at university and what is considered to be helpful or unhelpful in the process. Furthermore, the findings highlight the need for interventions by university counselling services and counsellors working with the diverse range of clients to enhance the effectiveness of counselling.

Keywords: international students; counselling; experiences; systematic review.

Brief Paper Session

Difficult Clients and Countertransference

How countertransference awareness affects therapy process and outcome Maayan Abargil, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel

Aim: Countertransference is considered a central component in the therapy process. It can be used to facilitate progress, when managed well, or hinder progress when therapists lack awareness of it. (Gelso & Hayes, 2007). Expressions of countertransference have been identified both in treatments with positive outcomes and with negative outcomes (Gelso & Hayes, 1998, 2007), but negative effects of countertransference on treatment outcome has only been found in unsuccessful treatments (Hayes, Riker & Ingram; 1997). A meta-analysis based on 10 countertransference studies found that the management of countertransference did not reduce the number of manifestations of countertransference in therapy, but it did lead to better therapy outcomes ($r=0.56$, $p=0.000$) (Hayes et al., 2011). The aim of this study is to examine the relationship between therapists' awareness of countertransference and changes in patient symptoms.

Method: The data analysis will be based on 20 subjects diagnosed with moderate depression and/or anxiety, that completed 15-16 sessions of Supportive-Expressive Therapy (Luborsky, 1984). Countertransference was assessed using the CCRT (Luborsky, 1977). Therapists' awareness of countertransference were assessed using a semi-structured interview developed for this study. The OQ45 was administered before and after each session. The relationship between the therapists' awareness and (a) the reporting of rupture and repair both by the therapists and the patients, (b) patient symptoms will be analyzed using mixed models.

Results: research is still in progress. Keywords: Countertransference

Understanding countertransference reactions to a patient with borderline personality disorder Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos; Eduarda Duarte de Barcellos, Universidade do Vale do Rio dos Sinos, São Leopoldo, Brazil; Lívia Sanchez, Universidade do Vale do Rio dos Sinos; Luciana Jornada Lourenço, Instituto de Ensino e Pesquisa em Psicoterapia, Porto Alegre, Brazil; Betina Czermainski de Oliveira, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil; Caroline Hildebrando de Freitas, Instituto de Ensino e Pesquisa em Psicoterapia, Porto Alegre, Brazil; Lisiane Geremia, Instituto de Ensino e Pesquisa em Psicoterapia, Porto Alegre, Brazil; Luciana Zamboni Buseti, Instituto de Ensino e Pesquisa em Psicoterapia, Porto Alegre, Brazil

Aim: To identify and understand the countertransference feelings evoked by a patient with Borderline Personality Disorder (BPD) in psychodynamic psychotherapists.

Method: Qualitative exploratory study. Psychotherapists ($n=8$) with different backgrounds selected by convenience watched a video of a real therapy session of a BPD female patient and answered a semi-structured interview. Interviews were transcribed and analyzed by a group of five judges and one auditor using the Consensus Qualitative Research method.

Results: Data were gathered in four domains: countertransference (CT), perceptions about the patient, perceptions about the treatment and perceptions about the research. About the categories, all therapists have mentioned negative feelings, such as anger, as well as approaching feelings, such as interest. The analysis indicates that personal aspects of therapists influence which feelings can be evoked by the patient,

just as the patient's own life story seems to change CT. On the technical aspects, labeling feelings with regressive patients predominated, which were defined as challenging. Discussion: Main results indicate that CT is influenced by patient and therapist characteristics and either by differences or similarities in their life stories. Results also demonstrated that therapists perceived the patient as regressive and spoke about the importance of adapting technique to these patients, highlighting the use of CT to support interventions. In this sense, it is emphasized the importance of therapists paying attention to CT so that they can become more aware of their feelings in order to better manage them, since misunderstood feelings can lead therapists to act out and compromise treatment outcome.

Changes in conflicts and relationship patterns in a psychodynamic therapy with a borderline patient: a year follow-up Flávia Ciane Assmann Castro, Universidade do Vale do Rio dos Sinos - UNISINOS; Suzana Catanio dos Santos Nardi, Universidade do Vale do Rio dos Sinos - Unisinos; Luan Paris Feijó, Universidade do Vale do Rio dos Sinos; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

Patients with borderline personality disorder (BPD) have dysfunctional relational characteristics that affect the therapeutic process. Unconscious interpersonal conflicts play a vital role in BPD psychopathology and changes in narratives of conflictive interactions can inform treatment progress and results. This study aims to verify changes in the conflicting and dysfunctional relational patterns of a female patient with BPD in the first year of a psychodynamic psychotherapy. The verbatim transcriptions of two sessions of the beginning and to sessions of the end of the first year of treatment are being analyzed with the Core Conflictual Relationship Theme (CCRT) and the axis II of the Operated Psychodynamic Diagnosis - 2 (OPD-2). At the beginning of treatment, the patient most frequent wish was to assert self and be independent (n = 16). The negative response of other was rejecting and oppose (n = 9), while positive response of other was helpful (n = 6). The negative self-response was disappointed and depressed (n = 9) and the positive self-response was helpful, unreceptive and self-controlled (n = 2). The OPD relational axis indicates that the patient cares, feels abandoned, rejected, and devalued by others, so she attacks them. The results suggest convergence between the methods of assessment in identifying a relationship pattern that characteristic of BPD patients. Assessments of change are in progress. The clinical contribution of the study will be discussed. Key Words: process research, relationship patterns, personality disorder

Brief Paper Session

Electronic Applications and Mental Health I

'Cuida tu ánimo' in Chile: an internet-based targeted prevention and early intervention program for depression in secondary school students Vania Martinez, Universidad de Chile, Santiago; Graciela Rojas, Universidad de Chile, Santiago; Daniel Espinosa, CES University, Medellín, Colombia; Carolina Luttes, Universidad de Chile, Santiago; Álvaro Jiménez, Universidad de Chile, Santiago; Matías Irarrazaval, Universidad de Chile, Santiago; Paul Vohrinher, Universidad de Chile, Santiago; Stephanie Bauer, Heidelberg University, Germany; Markus Moessner, Heidelberg University, Germany; Ricardo Araya, King's College London

Aim: To evaluate the efficacy of 'Cuida tu ánimo', an internet-based targeted prevention and early intervention program for depression in secondary school students, in Chile. Methods: RCT, 475 adolescents in the intervention group and 472 in the control group, from 9th to 11th grade at 8 schools. The inclusion criteria were: having a total score in PHQ-9 from 5 to 14, and a score 0 or 1 in 9th question. Adolescents interacted with the program through a monitoring and feedback email and a website with videos and psychoeducational information. Adolescents with more depressive symptoms or suicidal risk were invited to participate in a chat session. The intervention lasted 6 months. In the pilot study the students suggested more activities in person. Therefore, in the efficacy study, members of the research team went to each school 4 to 6 times.

Results: 65% of the participants answered 3 or more monitoring (from a total of 10), 14 students participated in the chat sessions (from a total of 159 who were invited). The participants still request to have more activities in person. The students suggested

to include more games and to improve the chat in order to make it more accessible. Both groups started with a score of 8.6 (SD 2.7) in the PHQ-9 and at the follow-up the intervention group had a score of 7.6 (SD 4.6) and the control group had 8.8 (SD 5.0). Discussion: The usability of the program was less than we expected, however the program reduced depressive symptoms.

An intervention in positive parental care. Preliminary efficacy of a conversational computer program Guido Andrés Entenberg, Fundacion ETCI

Behavioral disorders in childhood have a global prevalence of 50 million and involve potential social, mental and physical complications in adulthood. Parent training programs have proven to be effective for the treatment of such disorders and for preventive purposes. However, there are obstacles to its implementation such as the shortage of professionals with adequate training and the lack of time or financial resources of parents. Behavioral Intervention Technologies, and in particular Artificial Intelligence programs, have the capacity to overcome some of these obstacles, however, parental training programs provided through computer conversational agents in Spanish and in Argentina have not been designed to date. The purpose of this presentation will firstly be to describe the process of designing an intervention for the development of a specific parental behavior (the use of praise) and of parental self-efficacy, provided through artificial intelligence. The intervention will be based on a module of "The Incredible Years" program (Webster-Stratton, 2011). Then, the way in which the preliminary efficacy of the intervention and the user experience (utility, acceptability, satisfaction) will be evaluated, through a pilot study and a randomized controlled trial.

The development and first experiences with a therapist-assisted online intervention for PTSD Vera Bekes, Yeshiva University; Genevieve Belleville, Laval University

An increasing body of evidence supports the utility of interventions provided through the internet. This paper describes the development and first experiences of a therapist-assisted online intervention that is being offered to survivors of a natural disaster, the Fort McMurray fires in Alberta, Canada. An interdisciplinary team worked on developing the Resilient program that aimed at targeting the major symptoms reported by survivors: PTSD, depression and insomnia. For each symptom, specific, evidence-based interventions have been included in the program in an integrative manner; it comprised cognitive, behavioral, mindfulness, and DBT elements. In addition to the 12-session online program, participants were assisted by a therapist offering 30-minute Skype sessions in addition to each online session. The paper describes the development and first experiences with the intervention, including the main challenges. The first results of the RCT based on this program will also be presented. By attending this session, participants will be able to:- understand possible challenges in the development and delivery of online interventions,- better understand the concept of therapist-assisted online PTSD therapy.

Brief Paper Session

Electronic Applications and Mental Health II

What works best with my son? Development and implementation of the first App for the disclosure of information about parenting based on evidence Ana Laura Maglio, Fundación ETCI; Guido Andrés Entenberg, Fundacion ETCI

Psychological science has produced an important amount of information related to topics of parental interest: for example, benefits and harms associated with the use of technological devices, risk and protective factors related to the adolescent consumption of substances, effective strategies for the incorporation of healthy sleep and eating habits. However, much of this information is disclosed only in scientific publications and it does not get to be known by the parents- The exponential integration of smartphones into the personal, social and occupational routine of adults offers a unique possibility: through the so-called mental health apps (MHapps) we can disclose in an unprecedented way information based on evidence to be seen in an agile and attractive way by those who can benefit most from it. In the following presentation we will present the design and implementation process of the first App developed to disseminate information based on evidence about topics related to parenting. We will describe the initial objectives of the study, referring to evaluate the usability, acceptability and perceived usefulness of the first parents in testing it. We will also expose the qualitative and quantitative methods used in the pilot study.

PTSD help -- a randomized study of a PTSD mobile health App Frederik Bernt Scharf, Mental Health Service; Capital Region of Denmark; Stine Bjerrum Moeller, Mental Health Service; Capital Region of Denmark; Lisa Riisager, Mental Health Service; Capital Region of Denmark; Sofie Folke, Veteran Centre; Denmark; Marianne Lau, Mental Health Service; Capital Region of Denmark

Introduction: It is estimated that in 2020, one in two health services will be delivered electronically. Clinical studies have found indications of the efficacy of Mobile Mental Health application in reducing patients' symptoms and increasing compliance (1). In 2018 we developed a mental health app, PTSD Help, which includes evidence-informed self-management tools, psychoeducation, a crisis-plan, and self-assessment of PTSD symptoms and sleep quality. The app can be used by patients while waiting for treatment as well as between therapy sessions.

Aim: The primary aim is to assess the feasibility of using PTSD help to inform a larger RCT study in future. The secondary aim is to gather preliminary exploratory data on the effectiveness of PTSD Help. **Participants and design:** The study is an investigator-initiated randomized controlled feasibility trial comparing intervention with and without PTSD Help for adults with PTSD during a 6 week intervention period after referral to Mental Health Services, but before treatment as usual. Assessment is conducted both immediately after referral and after 6 weeks of PTSD Help intervention. Intake starts in January 2019. **Outcome measures:** The primary feasibility outcome is the proportion of patients eligible for the study. The secondary feasibility outcome is the fraction of compliant patients in the experimental (PTSD Help) group. Several explorative clinical outcome data are applied. **Results and discussion:**

Preliminary results will be presented and discussed at the conference. 1. Firth, J. , et al. (2017) Can smartphone mental health interventions reduce symptoms of anxiety? A meta-analysis of randomized controlled trials. *Journal of Affective Disorders*, 218, 15-22. **Keywords:** Posttraumatic stress disorder (PTSD), Mobile Mental Health application, smartphone, randomized controlled feasibility trial.

Therapist's perception on the use of videogames by their patients Joaquín Asiain, Universidad de Belgrano, Buenos Aires, Argentina; Andrés Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Aim. Using new information and communication technologies is now cheaper, more accessible and already a visible phenomenon that concerns mental health professionals. There are plenty forms of technology applied to psychotherapy worldwide, such as guided or unguided self-help and virtual reality exposure therapy. There is a remarkable lack of knowledge regarding the use of videogames and its role in psychotherapy. Despite this, The World Health Organization (2018) added Gaming Addiction Disorder to the ICD-11. This study seeks to explore how psychotherapists perceive their patients' use of videogames. **Methods.** Psychotherapists will be contacted via email following the snowball method. After completing a consent form they will be interviewed face-to-face or via videocall. Interviewees will also be asked about their opinion regarding advantages, disadvantages and challenges of incorporating video games as tools into psychotherapy practice. Data collected will be analyzed using Thematic Analysis (Braun et al. 2018). **Results.** Preliminary results are presented and discussed. **Discussion.** Research on this field is scarce, existing literature mainly focus on potentially negative effects of the use of videogames on the user, but there have been highlights indicating potentially positive effects. Is the patient's use of videogames relevant to his or her therapist? We argue that it should be relevant, and look forward to explore the current state of affairs. **Keywords:** psychotherapy, technology, videogames, therapist perception

Process-outcome study in psychodynamic psychotherapy online: Project in Brazil Luan Paris Feijó, Universidade do Vale do Rio dos Sinos; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

Online psychotherapy is one of the forms of intervention in telepsychology that has received scientific investment, since it impacts on the technical and ethical work of the psychotherapist. Internationally, online psychotherapy has been practiced by professionals for some time. However, in Brazil, it was regulated as a psychotherapeutic service by psychologists only in May 2018. Internationally, the studies focus more on treatment outcomes than the psychotherapeutic process, especially on the cognitive-behavioral therapy. In Brazil, available studies investigated the relationship and the therapeutic alliance, however there is a lack of studies on the

process and outcome of these treatments. Thus, it becomes important to investigate the process of online treatments and their results, with the intention of promoting practical guidelines on scientific evidence. Therefore, the project aims to evaluate how online psychotherapy works, especially the therapeutic process and outcome in the online psychodynamic psychotherapy, as well as the change and evolution of the therapeutic alliance in the course of the therapeutic process based on systematic case studies of psychotherapy psychoanalytic approach by videoconference with patients with anxiety symptoms, since they belong to the target audience with the highest indications for this type of treatment. The results of this project aim to help Brazilian psychotherapists to guide their work in based-evidence practice and provides other researchers results on the process of psychodynamic psychotherapy in the online context with patients with anxiety symptoms.

Brief Paper Session

Ethical and Professional Issues

The balance between psychotherapeutic awareness at work and professional boundaries between leadership and employees. Birgitta Schiller, Sigmund Freud University, Vienna, Austria; Elena Schwarz, University of Ulm, Germany; Harald Gündl, University of Ulm, Germany; Isabella Wagner, Sigmund Freud University, Vienna, Austria; Kathrin Mörtl, Sigmund Freud University, Vienna, Austria

Aim: In order to prevent increasing sick leave because of mental illness, the government in Germany set new terms for mental health in the economy. Therefore a big German company established not only new regulations for their employees, but also implemented interventions in form of seminars for the management, to sensitize them for mental health so they can have welfare talks with their team if needed. Furthermore psychotherapeutic consulting got established for everyone who has further needs. The aim of this study is to investigate the process of this implementation and to determine beneficial or hindering conditions for health management.

Method: In 2016 the University Medical Center Ulm in cooperation with the Sigmund Freud University Vienna started a long-term survey over a two-year period. Additional to the quantitative data, interviews were conducted and qualitatively analysed.

Results: The phenomenon of the "borderless economy" forces personal openness, while at the same time denouncing becoming sick or needing help. So employees are very open and curious while simultaneously there is a need to protect personal boundaries. **Discussion:** Interventions need to raise awareness about mental health and what it means, but at the same time also need to set a framework. There should be space to talk about wellbeing concerns, but it should not become an obligation. To create a productive balance, the impact of the management is essential to foster a foundation of mental health in companies.

The effect of waiting for inpatient psychotherapy for depression Ulrike Dinger, University Hospital, Heidelberg, Germany; Simone Jennissen, Heidelberg University, Germany

Background: While the effectiveness of different psychotherapies for depression is well established, comparatively little is known about what happens when patients wait for treatment. This study aimed to investigate the effect of waiting for inpatient psychosomatic psychotherapy and the prediction of treatment outcome from the effect of waiting in depressed patients. **Methods:** A total of N = 519 patients were assessed for depressive symptoms before their initial intake interview, at the time of their hospital admission (on average 6 weeks after the intake), and at discharge (after eight weeks of inpatient psychotherapy).

Results: There was a highly significant, small to moderate reduction in depressive symptoms from intake interview to hospital admission. This effect was independent from the waiting duration. Latent change from intake interview to hospital admission was a significant moderate predictor of treatment outcome at discharge. **Limitations:** Given the lack of a control group without the prospect of treatment, third variables affecting the change in depressive symptoms and methodological effects such as

regression to the mean as well as a natural course of recovery cannot be ruled out. As explanation for the wait list effect. Conclusion: Findings imply that the prospect of inpatient psychotherapy can affect patients' depression severity. Furthermore, patients who benefit more from the prospect of treatment may also achieve higher therapeutic effects.

Changes in perception of psychodynamic psychotherapy from different perspectives at a university-based mental health service in Montevideo, Uruguay Rosa Zytner, Facultad de Psicología UDELAR

Introduction. The study of change produced by psychodynamic psychotherapy is still a relevant target in contemporary research. The state of the art shows that it does work and has mostly positive results, which entail a change in the patient. Currently, the question is not whether it works, but how and for whom. Aims. To research the change that psychodynamic psychotherapy can produce during a one-year treatment, comparing patient performance before and after the intervention with the perception of change that they, a close family member, and the psychotherapist have experienced. Method. Exploratory, observational, retrospective study with multimodal data collection: assessment instruments (Scales of Psychological Capacities, Symptom Check List 90-R, and questionnaire) and semi-structured interviews with the psychotherapist, patient and a family member. Convenience sampling: 10 female patients on a weekly psychodynamic psychotherapy session at a university-based service, their psychotherapists and close relatives. chosen by each patient. Results. Preliminary results showed heterogeneity among the perception of change from the three perspectives, plus the perspective of the assessment instruments, even though the majority perceives change. Discussion. The discussion of similarities and differences shows the relevance of this type of studies when considering different perspectives. Although it is a non-representative sample, the data obtained from 30 semi-structured interviews and instruments may be of clinical, academic and social utility in Uruguay. It could contribute to the planning of clinical strategies that could encourage the possibility of change.

Client and Therapist Views on Autonomy and Beneficence in Psychotherapy Simon Shimshon Rubin, Emek Jezreel Academic College & University of Haifa; Hadar Eini, University of Haifa, Israel

While the principles of beneficence and respect for autonomy are central to the ethical practice of psychotherapy, the reality is that there is a significant degree of nuance and tension in the interrelationship of these concepts (Beauchamp & Childress, 2013; Rubin, 2010). Our research examined theoretical and practical application of these concepts for both therapists and laypersons. Israeli participants were 126 psychotherapists and 125 laypersons. Measures assessed participants' views on the type and degree of: therapist intervention in situations of high and low risk; their own level of support for client autonomy; and ratings of vignettes of potential conflict of ethical and clinical aspects of therapist conduct. Additionally, therapists were asked to contribute examples of these conflicts in their own work. Results indicated significant discrepancies in attitudes, assessments and expectations with non-therapists supporting increased therapist intervention. Laypersons rated active interventions as more ethical, professional and moral than did professionals. Responses varied according to the severity of the situation and the type of intervention addressed. Overall, therapists attributed greater knowledge, understanding and awareness to clients; additionally, they perceived the therapeutic relationship as more equal and symmetrical than laypersons. Senior therapists: supported client autonomy more strongly; evaluated patient's understanding of treatment goals more favorably; attributed less vulnerability to a patient in distress; and saw greater client capacity for informed decision making. We discuss implications of the study for the ethical training and practice of clinicians. [Keyword: Ethics]

Health Psychology

Online Psycho-oncology Support: A pilot study evaluating usage of Conflict Analysis for cancer patients Maxwell Levis, VA, White River Junction

Cancer is more than a physical health concern. Over the course of diagnosis, treatment, survivorship, and end of life care, more than ¼ of cancer patients develop depression, anxiety, or post-traumatic-stress related diagnoses. Despite high levels, cancer patients are limited by shortage of mental health providers in oncology departments, barriers to outside mental health providers, and continued stigma of mental illness. This pilot study evaluated to what extent Conflict Analysis (CA), a self-guided online mental health intervention, provides psychotherapeutic benefit for cancer patients. CA is an interactive tool that bridges diagnostic frameworks, therapeutic techniques, and technological resources. CA combines self-report questionnaires, narrative writing, self-reflection, and computer generated feedback. CA provides clients and clinicians with diagnostic information and blueprint for subsequent interventions. Study presents first utilization of CA in psycho-oncology context. CA (estimated completion time is 2.5 hours) was made available to cancer patients undergoing chemotherapy at a small regional hospital. Enrolled participants (n = 10) were provided access to CA's web-interface and instructional paper-based version. Study examined scores on self-report measures predicting wellbeing, growth initiative, therapeutic benefit, ease of access, and sense of relevance/stigma. Wellbeing and growth initiative measures were completed before CA (baseline), immediately after (post), and two weeks after (follow-up). Other measures were completed at post and baseline. Between post and follow-up, research team held brief phone meetings with participants. Given the small sample size, study used simple descriptive statistics to evaluate measure changes over time. Completion time was longer than expected and three participants dropped out. Nevertheless, data suggest participants found CA to be highly accessible, personally relevant, and non-stigmatizing. Wellbeing and growth scores improved over time, although not significantly. Limitations include influence of illness/ treatment on ability to complete intervention, sample size, and study's self-report nature.

Guilt: One aspect of Supporting relationships in people with physical disabilities Lea Bernik, Sigmund Freud University, Vienna, Austria

Relationship can be defined as "emotional connection between two people" (Webster Online Dictionary, 2007). Frijda (1986) understands emotions as serving to initiate action. There are many different facets of interpersonal interaction, uncovering the phenomenon of supportive relationships in the realm of physical disability. Physical disability means "loss of ego functions" (Oliviera, 2004). According to Baumeister (1999), guilt could help increase self-control by "elevating interpersonal obligations over personal, selfish interests". If so, this would increase self-esteem and possibly decrease identity fragmentation in persons with physical disability, while experiencing a feeling of guilt or inducing it. Guilt can also lead to interpersonal neglect and isolation. The aim of this brief paper is to present preliminary results of an ongoing research entitled 'Specific influence of supporting relationships on resilience in people with physical disabilities', which focuses on one key result that deals with guilt as an ambivalent aspect in supporting relationships. Empirically, data-driven grounded theory was selected to investigate the narrative interviews (Gelo and Mörtl, 2015). In total, a sample of seven participants with physical disabilities were invited for the interview. The participants named a supportive significant other who was also interviewed. Results show that various participants spoke about intense emotions in their supportive relationships that were either unrecognized or uncommunicated. While we are still in the open coding phase, we do expect that when investigating relationships of persons with physical disability, guilt is experienced as a key ambivalent feeling. More results and main categories will be presented in the brief paper.

Difficulties in adapting a cognitive-behavioral therapy intervention for psychogenic non-epileptic seizures. Guido Pablo Korman, CONICET-Universidad de Buenos Aires; Mercedes Sarudiansky, CONICET-Universidad de Buenos Aires

Mayor advancements have been achieved in research on the cultural adaptation of prevention and treatment interventions that are conducted with diverse cultural groups. Patients with psychogenic nonepileptic seizures (PNES) need psychological treatment. However, evidence regarding psychological treatments is limited. We will present a 3-session cognitive-behavioral psychoeducational intervention for patients

with PNES from a public Hospital of Buenos Aires, Argentina. In order to develop a culturally-based intervention, we have analyzed interviews from PNES clients and incorporate folk explanations for PNES (magic, witchcraft, energetic causes) that were common to our participants. In this presentation we will discuss the qualitative data that was obtained during the implementation of this intervention.

Brief Paper Session

Innovative and Integrative Treatments

The integrative psychotherapist of the multifaceted patient - A long-term research approach Javier Simonovich, Yezreel Valley College, Israel

Aim:The aim of this paper is to present 15 years of clinical integrative psychotherapy experience and research approach during different lifecycles patients. A psychotherapist in 20th century received theoretical and practical training for years in one of the approaches and was committed to this approach during his professional career. In the 21st century, a completely different situation requires the psychotherapist to be integrative and to treat a patient with a wide variety of problems, disorders and expectations. To achieve this, the training of an integrative psychotherapist today should be more complicated and lengthy because of the need for extensive learning and experience. Paradoxically, however, today's psychotherapists are under higher stress for success than in the past. They are looking for concrete and purposeful results as quickly and easily as internet online information searches provides.

Method:A careful gathering of evidence-based results during the last five teen years presents a successful approach to psychotherapy. The method includes therapy planning, objective definitions and assessment.

Results:In this paper, we will present the results of an integrative approach to psychotherapy that requires the knowledge and depth of twentieth-century theories in conjunction with the social and technological demands of 21st-century patients.

Discussion:A number of examples will be presented that combine different theoretical approaches in the same patient according to the unique situation of each therapeutic stage, we will emphasize the need for diverse and integrative training and will present evidence-based successes.

Mentalization-based Treatment in Groups for Adolescents with Borderline

Personality Disorder: A Randomised Controlled Trial Emma Beck, University of Copenhagen, Denmark; Sune Bo, Psychiatric Research Unit, Region Zealand, Denmark; Mie Poulsen, Psychiatric Research Unit, Region Zealand, Denmark; Matthias Gondan-Rochon, Department of Basic Psychological Research and Research Methods, Universität Wien; Stig Poulson, University of Copenhagen, Denmark; Ole Jakob Storebø, Psychiatric Research Unit, Region Zealand, Denmark; Christian Fjellerad Andersen, Psychiatric Research Unit, Region Zealand, Denmark; Espen Folmo, Norwegian National Advisory Unit on Personality Psychiatry, Oslo University Hospital, Oslo, Norway; Carla Sharp, University of Houston; Jesper Pedersen, Child and Adolescent Psychiatric Department, Region Zealand, Denmark; Erik Simonsen, Psychiatric Research Unit, Region Zealand, Denmark

Background: Borderline Personality Disorder (BPD) is a severe mental disorder defined by symptoms such as marked affective instability, behavioral impulsivity, difficulty in interpersonal relationships, and self-harm. BPD typically onsets in adolescence and predicts later functional disability in adulthood. The efficacy of Mentalization-Based Treatment (MBT) for BPD has mainly been tested with adults, although one early intervention study found individual MBT to be effective. To the authors knowledge, no study has examined the effectiveness of MBT in groups for adolescent BPD. **Objective:** We examined whether MBT in groups (MBT-G) is more effective than treatment as usual (TAU) for adolescents with BPD pathology.

Method: 112 adolescents (111 females) with BPD (106) or four DSM-5 BPD criteria (five) referred to child and adolescent psychiatric outpatient clinics were randomized to a year-long treatment of either MBT-G (40 weekly group sessions, five individual case formulation sessions and six group sessions for caretakers) or TAU (at least 12 monthly individual, supportive sessions). Primary outcome was borderline personality features and secondary outcomes included self-harm, depression, social functioning, externalizing and internalizing symptoms, caretaker reports on borderline features, externalizing and internalizing symptoms. Outcome assessments were made at baseline, and after 10, 20 and 30 weeks and at post-treatment. Days of hospitalization

and visits to the emergency department were also recorded. Results and Discussion: Preliminary results for primary and secondary outcome measures will be presented and results regarding the feasibility and effectiveness of Mentalization-Based Treatment in groups will be discussed from different perspectives. Clinical trial registration information: <http://ClinicalTrials.gov/NCT02068326>

The role of psychodynamic technique in the treatment of depression reloaded Sven Rabung, University of Klagenfurt, Austria; Kristina Abing, University of Klagenfurt, Austria; Yvonne Wischer, University of Klagenfurt, Austria; Dorothea Huber, International Psychoanalytic University, Berlin, Germany; Guenther Klug, Technical University Munich, Germany; Sylke Andreas, University of Klagenfurt, Austria

The positive association between psychodynamic technique and outcome has repeatedly been demonstrated (Ablon & Jones 1998, Hilsenroth et al. 2003, Zimmermann et al. 2014, Katz & Hilsenroth 2018). This study aims to replicate those findings. Based on data of the Munich Psychotherapy Study (Huber et al. 2012), we examine the relationship between use of psychodynamic and cognitive-behavioral techniques in the middle sessions of psychoanalytic, psychodynamic or cognitive-behavioral therapy with changes in depressive symptoms, interpersonal problems and introject affiliation in patients suffering from major depression. Technique is rated with the Comparative Psychotherapy Process Scale. Outcome was assessed using BDI, IIP, and INTREX. Statistical analyses follow the methodology of the studies to be replicated. Results will be contrasted to those of the earlier studies. This shall clarify the replicability of findings across settings and methods and may contribute to a better understanding of the current replication crisis.

Brief Paper Session

Interventions--CBT and Mind Body

Attitudes Toward Prolonged Exposure in Latin-American Practitioners who Seek Training for PTSD: Preliminary findings. Rafael Kichic, private practice; Noelí D'Alessio, Institute of Cognitive Neurology (INECO), Buenos Aires, Argentina

This study examined the relationship among pre-training factors, intention to use prolonged exposure (PE), and positive and negative expectations associated with the use of this treatment in Latin-American mental health practitioners. Participants attended a 4-day PE training in Spanish and completed online surveys developed by Ruzek et al. , (2014) right before the training (N=22). Results indicated that more than 77% of the participants considered extremely important to administer evidence-based treatments to PTSD patients and 85. 7% considered as moderately to extremely important to help them reduce their distress through repeated retelling of the trauma memory. As expected, the majority of clinicians considered that they will definitely use the different components of PE (59. 1 to 77. 3%). However, 72. 8% of them expressed moderate to extreme concern about not distressing PTSD patients while in treatment.

Those with more experience in using exposure perceived themselves as more effective while using imaginal exposure, and were less afraid that PE could increase the likelihood of drop outs, when compared to those without any experience in using exposure. Those with some previous training in exposure considered that they were more likely to use in vivo exposure in the future, and considered that they will not feel exhausted while hearing traumatic experiences compared to those without any training. Practitioners that received some supervision while using exposure perceived themselves as more effective while providing all the treatment components of PE (e. g. , providing a treatment rationale), and were more confident to manage their own reactions while listening to patient's traumatic memories, compared to those who did not received any supervision. Less experienced providers were more concerned about time burden associated with PE. Theoretical orientation was associated with more PE positive expectancies. No differences were found on expected outcomes and intention to use PE between those with at least some experience in treating patients with PTSD and those without. Implications for dissemination and implementation efforts of PE will be discussed.

The impact of therapist behaviour and homework engagement on outcome in guided self-help CBT Elisa Haller, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland

Homework is deemed important in cognitive behavioural therapy (CBT) and homework compliance leads to improved therapy outcome in depression treatment. In guided self-help CBT emphasis is placed on between-session learning and on inter-session activity while the therapist supports engagement with therapeutic interventions and strategies. Thus therapists' behaviours in assigning and reviewing (TR) homework might influence the degree to which patients engage with homework (HE) and benefit from assigned homework. We aim at investigating the association between TR and HE and their impact on symptom change in the course of a telephone-based guided self-help CBT for patients with mild to moderate depression. Audiotapes from therapy sessions of 22 patients (77% female, age: $M = 54.1$; $SD = 18.8$; Number of sessions: $M = 10.7$; $SD = 1.4$) were analysed by trained and independent raters. HE and TR were assessed with two self-constructed rating scales with moderate to good internal consistency (Cronbach's $\alpha = .76$ and $.86$ across sessions) and high interrater-reliability ($ICC = .73$ and $.87$). Average scores across sessions were high in HE ($M = 2.8$, $SD = 0.8$) and moderate in TR ($M = 2.1$, $SD = 0.7$). Results from a multilevel model examining the relation of TR and HE between successive sessions and corresponding session-to-session changes in depressive symptoms (PHQ-9) will be reported. Examining session-to-session TR and HE helps clarifying mechanisms of improved treatment outcome in guided self-help CBT. This implies optimisation of inter-session activities and therapeutic strategies in low-intensity treatments.

Mind-body interventions for depression and anxiety: Ashtanga yoga's effectiveness for clinical and non-clinical populations. Josee L Jarry, University of Windsor, Ontario, Canada; Felicia M Chang, University of Windsor, Ontario, Canada; Ashley P Howard, University of Windsor, Ontario, Canada; Cheri McGowan, University of Windsor, Ontario, Canada; Kendall Soucie, University of Windsor, Ontario, Canada; Caroline Hamm, Windsor Regional Cancer Centre; Swati Kulkarni, Windsor Regional Cancer Centre

Aim: Ashtanga yoga is a traditional form of yoga that simultaneously combines vigorous exercise, controlled breathing, and meditation, all of which have demonstrated mental health benefits. In four studies, we examined the effectiveness of Ashtanga yoga for depression and anxiety symptoms. Methods: Non-clinical volunteers engaged in bi-weekly Ashtanga yoga classes for either 9 (Studies 1 and 2) or 6 weeks (Study 3). Study 4 was conducted with breast cancer survivors who took part in bi-weekly Ashtanga yoga classes over 8 weeks. Outcome data were collected via online surveys pre-, mid-, and post-intervention, except for study 3 in which data were collected only pre- and post-intervention.

Results: In the three studies conducted with non-clinical volunteers, depressive symptoms improved rapidly from times 1 to 2. In breast cancer survivors, improvements were evident from times 1 to 3. In contrast, anxiety improved rapidly in all four studies. Effect sizes for depression ($.77$ to $.89$) were larger than those for anxiety ($.32$ to $.54$) for non-clinical volunteers. However, in breast cancer survivors, effects sizes were larger for anxiety ($.96$) than for depression ($.71$). Discussion: Our results suggest that Ashtanga yoga is consistently beneficial for depression. Further, the results for breast cancer survivors suggest that Ashtanga's effectiveness may vary according to the special characteristics of the population served. For example, breast cancer survivors experience high anxiety associated with ongoing testing and risks of recurrence. Overall, our result suggest that Ashtanga yoga may be effective with clinical populations and may address these populations' specific concerns. Keywords: Depression, anxiety, mind-body interventions, Ashtanga yoga, breast cancer

The Body and Mind Connection in Psychotherapy Research and Theory -- Implementation of a long term initiative in an Outpatient Clinic Birgitta Schiller, Sigmund Freud University, Vienna, Austria; Himanshu Giri, Sigmund Freud University, Vienna, Austria; Isabella Wagner, Sigmund Freud University, Vienna, Austria; Eva Wimmer, Sigmund Freud University, Vienna, Austria; Ivana Dragic, Sigmund Freud University, Vienna, Austria; Elitsa Tilkidzhieva, Sigmund Freud University, Vienna, Austria; Kathrin Mörtl, Sigmund Freud University, Vienna, Austria

Despite of a wide range of literature about mind-body interaction and psychosomatic diagnosis, we still miss modern concepts about body-mind-connection that are based both on medical and psychotherapy theories. Psycho-Neuro-Immunology research is

opening a view from a more medical based perspective, and psychotherapy needs to step up with empirical research. In psychotherapeutic work, the body sometimes gets lost. Therapists are mostly focused on the mind and body signs like body language or posture, as well as bodily diseases including hormonal status or immunological problems and chronic disease, sleeping, eating or other body-related topics are not in focus. But the relationship, which is the most important factor in a successful therapy process, is also created through two bodies being present in a therapy room. At Sigmund Freud University we are going to start a longitudinal research initiative. In the pilot phase we will conduct interviews with patients, therapists and experts, and also engage in field observations. As a result of the explorative interviews categories, specific established questionnaires will be reviewed. In a second research phase a multimethod research design is planned. Preliminary results from the qualitative pilot project starting in January 2019 will be presented and discussed further.

Brief Paper Session

Observational and Innovative Methods I

Design of an observation system for assessing mentalizing interaction in psychotherapies with adolescents. Javier Moran, Universidad de Valparaíso; Francisca Diaz, Universidad de Valparaíso; Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Cecilia De la cerda, Universidad de Playa Ancha Valparaíso, Chile; A. Javiera Duarte Soto, Universidad de Chile, Santiago

Introduction: In recent years mentalization has demonstrated its value as a generic variable of change. The RFS has played an important role in being used as a process and outcome measure to assess mentalization in these studies. In adolescents, speech tends to be a less fluid and spontaneous medium than in adults due to the emergence of multiple withdrawals from interaction, silences and less motivation for psychotherapy, which makes it necessary to develop measures that consider these aspects for the assessment of mentalization in psychotherapy.

Method: through the grounded-theory, 20 rupture-resolution sequences of 5 psychotherapies with adolescents were analyzed (first and last sequence of each therapy) identifying actions of therapists that promote and limit mentalization in the patients and mentalizing/non-mentalizing responses to these interventions. Based on the emerging dimensions, a system (OSMP-A; observational system of mentalization in psychotherapy for adolescents) that assess mentalization in therapist and patient was elaborated. Its reliability was tested through independent judges who applied the system to 20 rupture-resolution episodes and 10 random segments of psychotherapies. Validity was analyzed by comparing these ratings with those of 2 independent coders who evaluated the same segments with the RFS.

Results: 6 dimensions emerge from the analysis: focus on mental states, opacity, contingency, focus on the present, complexity of mental states and causality of mental states. Adequate reliability and validity of the system is observed. **Discussion:** the possibilities of using the OSMP-A both for research in psychotherapy and for its clinical use are discussed.

Validating the measurement tools for mentalization and emotion regulation among Finnish adolescents Sami Juhani Eloranta, Tampere University Hospital; Riittakerttu Kaltiala-Heino, Tampere University Hospital; Nina Lindberg, Helsinki University; Matti Kaivosoja, Central Hospital of Central Ostrobothnia; Kirsi Peltonen, Tampere University

Aim. Difficulties in mentalization and emotion regulation are suggested as the core issues behind many mental disorders and main targets of treatment. However, there's a lack of translations of well validated measures of these concepts, especially among adolescents. The aim of this study is to examine reliability and validity of Finnish translations of Mentalization Questionnaire (MZQ) and Difficulties in Emotion Regulation Scale (DERS) for use in research and clinical purposes among adolescents. **Methods.** 402 Finnish high-school students from five different schools (15-21 years) filled in the MZQ and DERS as anonymous internet-based self-report measures. The measurement reliability and validity were examined by confirmatory factor analyses (CFA) based on existing research information about the expected factor structure of the measures. **Results.** Neither one factor model or four factor model provided good fit for the data for MZQ. Reliability was acceptable for most factors, but values for average variance extracted (AVE) were low. For DERS, shortened versions of the measure provided the best fit for the data, and as good or higher values of composite reliability and AVE. **Discussion.** For MZQ the factor structure was not well replicated, and model

seemed to produce a lot of measurement error. Also, due low AVE-values and high correlations between factors, our data suggests that convergent and discriminant validity of the factors are low. In future research, alternative models of the factor structure could be assessed. For DERS, we recommend using the shortened version of the measure without the AWARENESS-factor.

Observing couple interactions during the psychoanalytical therapy session Elena Stein Sparvieri, UCES University; Angeles Aparain, UCES Buenos Aires

Aim: Psychoanalysts treating couples study their conflicts and problematic issues applying different strategies founded in different theoretical approaches. Yet, little has been researched on the interaction between the couple members during the therapy session. The aim of this brief paper is to observe a couple's interaction during the psychoanalytic session in order to examine conflicts and characteropathy traits apparent in their speech acts as well as identifications apparent in their narrations.

Method: A couple was observed during part of a therapy session in which they discussed an issue implicating both their mothers. The instruments applied were the speech acts grid and the narrative procedures of the David Liberman Algorithm (DLA). The DLA is a method based on Freudian concepts and proves useful to analyze wishes and defenses in discourse.

Results: The DLA speech acts and narrative analysis proved useful in disclosing wishes and defenses underpinning conflictive interaction patterns and characteropathy traits, ranging from more to less severe, as well as conflictive identifications between the couple members themselves and between each of them and their parental figures.

Discussion: This research shows that the study of wishes and defenses, in a couple's discursive interaction, is a useful bootstrap to delve into their mutual and their parental identifications as well as into conflictive issues and characteropathy traits apparent in their interaction.

PACS markers in psychotherapy predict physiological synchronization Johann Roland Kleinbub, University of Padova, Italy; Alessandro Talia, Heidelberg University, Germany; Arianna Palmieri, University of Padova, Italy

Synchronization is a key component of animal and human interaction, and is currently being studied as a promising marker of therapy process and outcome (Marci et al. , 2007; Ramseyer & Tschacher, 2011; Palumbo et al. , 2017; Kleinbub, 2017) although the cause is yet mostly unknown. Albeit less studied, theory (Diamond, 2001; Beebe and Lachmann, 2001; Ham & Tronick, 2009) and research, show a strong connection between synchrony and attachment. For instance, speech-rate synchrony was associated to the development of secure attachment in mother-infants dyads (Jaffe et al. , 2001), whereas interpersonal physiology (IP) synchronization was associated to attachment anxiety during separation in adults. In a recent experiment, manipulation of attachment security led to alteration of synchrony in simulated clinical dyads (Palmieri, 2018). Based on this literature we hypothesize that attachment could be a functional moderator of synchrony during adult interaction. Aiming to identify the communicative acts leading to IP during psychotherapy, we video recorded a 16-sessions psychodynamic therapy collecting simultaneous skin conductance in patient and therapist. IP was assessed through adaptive-lag cross-correlation analyses, and the transcripts codified through the Patient Attachment Coding System (PACS). Results showed that specific markers could predict heightened IP synchronization, especially so when they were followed by empathic validations from the therapist. Our results represent a further step in the direction of understanding the association of IP and the clinical process. Moreover, highlighting the crucial relationship between PS and adult attachment, which could lead to theoretical advancement in the comprehension of the nature and role of synchronization.

Case Conceptualization and Fuzzy Cognitive Mapping (FCM) Luis Botella, Ramon Llull University

The potential uses of FCM as tools for case conceptualization in psychotherapy is presented and illustrated by means of a fuzzy cognitive map of the process of human problem formation and resolution. The map is tested as a prototype and its simulated dynamics are compared to a sample of real case dynamics derived from actual clinical practice. Thus, the usefulness as a simulation and prediction tool is contrasted.

Perfectionism Measurement and Implications for Clients in Argentina and the

USA Kenneth G Rice, Georgia State University; Fernán Guido Arana, Universidad de Buenos Aires, Argentina; Eric Sauer, Western Michigan University; Eduardo Keegan, Universidad de Buenos Aires, Argentina; Kristin Roberts, Western Michigan University

Aims. Research on factors affecting therapy process has become increasingly complex. One direction such research has taken involves the examination of individual differences in culturally-different clinical settings. However, a prerequisite to interpret clinical findings is that measures that form the basis of the findings have been rigorously evaluated. Our primary aim was to evaluate the psychometric features of a measure of perfectionism that has been used in prior non-clinical studies in Argentina and the USA. **Methods.** Client from an outpatient psychotherapy practice (N = 203, 58 % male, mean age = 31) from Argentina, and clients from a psychotherapy clinic from the USA (N = 375, 69% female, mean age = 34) completed the short form of the Almost Perfect Scale (SAPS; Rice et al. , 2014). The SAPS is a brief measure of perfectionistic strivings and perfectionistic concerns. Both samples completed additional clinical measures (Argentina = depressive symptomatology, USA = outcome questionnaire). **Results.** Metric invariance was supported for the SAPS items, indicating that strengths of associations between perfectionism and criterion variables could be conducted. As in other studies (e. g. , Arana et al. , 2018), tests of factor mean levels were not possible. Additional analyses indicated comparable associations between perfectionistic concerns and depression (Argentinian clients) and between perfectionistic concerns and different negative outcomes (US clients). **Discussion.** Findings indicated that the SAPS could be used for comparisons involving clinical samples in both countries, but pending further model adjustments or scale development, analyses should be limited to comparing associations through correlation or regression procedures.

Using Story Completion Tasks to explore perceptions about mental health in a work context.

Andreas Vossler, The Open University; Naomi Moller, The Open University; Irmgard Tischner, TH Deggendorf

Background: Mental health issues in western industrial nations, including the UK and Germany, are prevalent, with about a quarter of the population experiencing mental health problems each year (WHO/Europe, 2018). In neoliberal cultures, individuals are often positioned as responsible for their health, including their psychological wellbeing. This is evidenced -- in part -- by the proliferation of resilience, stress management, and similar self-help courses, offered by health care providers, as well as employers. Such courses and resources focus on teaching individuals how to cope with mental health issues, disregarding potential social, cultural and environmental causes for psychological distress. **Aims/Objectives:** Considering this, we explored how this individualising of mental health plays out in the context of the work place, in particular in the discourses drawn on in narratives about colleagues who experience psychological illness or distress. **Methods:** We collected data using story completion tasks (Clarke et al, 2017), asking German and UK participants to respond to the male or female version of the following story stem: 'Michael/a returns to work after 3 weeks off. In the meantime word had got around that s/he hadn't been on annual leave, but signed off sick with mental health issues. Please continue Michael/a's story.' **Results and Conclusion:** Data collection is ongoing. We will qualitatively analyse the stories to understand the social perceptions of individuals with mental health issues in the context of the workplace. We will also reflect on the implications of the findings for providing better support for mental health in the workplace.

The Person in the Rain (PIR) test: detection of the main resources to cope with vulnerability situations Silvina Perez Zambón, Universidad de Ciencias Empresariales y Sociales, Buenos Aires, Argentina

Aim: to develop a procedure to detect indicators of the main defense mechanism to cope with vulnerability situations in the PIR test. Sample: 500 cases corresponding to a process of staff pick. Methods: the PIR test, which is a graphic projective technique, and the concepts and instruments of the David Liberman algorithm (DLA), which is a method for discourse analysis from a psychoanalytic basis.

Results: we analyzed both verbal and graphic responses to de PIR test in the 500 cases, detecting a wide variety of results in terms of defense mechanisms, as well as their state. We found significant differences between the resources applied in the verbal response and in the graphic response. Discussion: we were able to operationalize the concept of defense in vulnerability situations, which led us to redefine internal categories of the PIR test. We developed a new procedure to detect this categories through the PIR test. We found some relevant quali-quantitative results that can contribute more internal consistency to the technique. Key words: Person in the Rain (PIR) test, staff pick, vulnerability, defense.

Brief Paper Session

Premature Termination & Outcome

Risk to premature termination: Profile and predictors Ângela Ferreira, University of Minho; Eugénia Ribeiro, University of Minho; Inês Sousa, University of Minho

Background: Premature termination from psychotherapy is a widespread event that frequently results in decreased treatment gains (Swift & Greenberg, 2015). Research on this area shows several methodological-analytical problems, namely the regular application of suboptimal analytic techniques, that has likely played a considerable role in the inconclusive state of the literature (Corning & Malofeeva, 2004).

Aim: The current study examines the hazard profile to premature termination and the factors that would influence that (e. g. gender, age and diagnosis), using a survival analysis framework. We are especially interested on testing predictive value of therapeutic alliance quality (time-varying predictor) to the premature termination from psychotherapy. Methods: A dataset of 123 clients of cognitive-behavioural therapy was collected in the context of a Portuguese University Clinic. Anxiety Disorders Interview Schedule for DSM-IV was used to gather clients' demographic and clinical information. The short version of the Working Alliance Inventory was used to assess the quality of the therapeutic alliance from the clients' perspective.

Results: We will conduct a survival and hazard probabilities analysis. Besides that, we will fit discrete-time hazard models to data, namely a Cox regression proportional hazards model, to test the main effects of a time-invariant and time-varying predictors. The analysis are ongoing. Discussion: Findings will be discussed in terms of their empirical, and clinical implications. Keywords: Premature termination, therapeutic alliance, survival analysis.

What is the relationship between the stages of change and the premature termination of treatment in our local socio-cultural context? Gertrudis Wyss, Universidad Argentina de la Empresa, Buenos Aires

Introduction: The premature cessation of treatment occurs whenever the patient begins psychotherapeutic treatment which then unilaterally decides to end against the advice of the treating professionals and before having recovered from the issues that motivated them to seek treatment in the first place (Swift, Greenberg, Tompkins & Parkin, 2017). The stages of change refer to six stages in which the process of change is organised to modify a problem behaviour. According to literature, pre-contemplative patients abandon treatment prematurely while contemplative patients continue with treatment (Brogan & Prochaska, 1999). This study analyses the relationship between the stages of change and the premature cessation of treatment; to do so, it was necessary to adapt the URICA scale (DiClemente & Hughes, 1990), which evaluates the stage of change in which the patient is in, to the Argentine context. Objective: Analysing the relationship between the stages of change and the premature cessation of treatment, and adapting the URICA scale to our local context.

Method: Administering the URICA scale to ambulatory adult patients of private mental health centres in the Province of Buenos Aires (n=150) and comparing the stage of change patients are in with the time they have spent in psychotherapy.

Results: A certain tendency is observed for contemplative patients to also abandon treatment prematurely. Discussion: The hypothesis that significant associations exists between the stages of change and the cessation of treatment will be tested.

Influence of Patient and Therapy Variables on Therapy Outcome Nina Franziska Immel, Pontificia Universidad Católica de Chile, Santiago; Paula Dagnino, Pontificia Universidad Católica de Chile, Santiago; Christina Hunger, University of Heidelberg, Germany

Background: Studies show that 47%-67% of psychotherapy patients abandon therapy within the first sessions. The aim of this study is to examine how patient variables, specifically the patients' structural integration and the personality traits dependency and self-criticism, influence the outcome of psychotherapy and to determine early indicators for therapy abandonment.

Method: In a first step, a sequential logistic regression analysis will be carried out to determine whether patients' structural integration (assessed via the OPD-SQ) and their level of dependency and self-criticism (DEQ) can predict therapy outcome. Therapy outcome is measured by change in OQ-45 and by the binary variable desertion/completion of therapy. In a second step, Generic Change Indicators and ruptures in therapeutic alliance will be analysed in the first four sessions of two successful and two unsuccessful/uncompleted therapies, controlling for psychotherapist, looking for differences between successful and unsuccessful therapies.

Results: Discussion: Implications for the clinical context will be discussed. Keywords: Generic Change Indicators, OPD-SQ, Therapy Outcome, Qualitative Study, Therapy Dropout, Case Study

Risk Factors of Depression: Influence of Structural Personality Functioning. María José Ugarte, Centro de Investigación en Psicoterapia, Chile; Paula Dagnino, Pontificia Universidad Católica de Chile, Santiago; Felipe Morales, Universidad Alberto Hurtado, Chile; Katherine Escobar, Universidad Alberto Hurtado, Chile; Sofia Gonzalez, Centro de Investigación en Psicoterapia, Chile; Daniela Saralegui, Centro de Investigación en Psicoterapia, Chile; Nina Franziska Immel, Pontificia Universidad Católica de Chile, Santiago

Abstract: Depressive disorder is one of the leading health problems worldwide, with a prevalence of 7.5%. There are studies about the different risks associated with this pathology, sociodemographic factors, biological, genetic/hereditary and child history. The diversity of risk factors also leads to conceive depression as an heterogeneous syndrome both in its etiology and in its clinical presentation. Following this idea the concept of "complex depression" appears, alluding to depressive symptomatology on an altered personality functioning. Objective: The present study seeks to identify those risk factors that predict the presence of depression and to establish the relationship that these may have with the structural functioning of personality, regarding their impact on depressive symptomatology.

Method: to 162 patients consulting psychotherapy, three instruments were applied: a sociodemographic and antecedent file, a self-report of depressive symptoms (BDI) and an instrument to evaluate the structural functioning of the personality (OPD-SQ).

Results: The results show that the presence of a current physical illness, child abuse, low integration of the structural functioning of the personality and low level of education, relates to more depressive symptomatology. However, the only significant predictor of depressive symptomatology is the experience of child abuse. Finally, it was found that the structural functioning of personality acts as a mediator between child abuse and depression, that is, that patients with experience of child abuse are more likely to develop a less integrated structural functioning of personality, which consequently increases the likelihood of developing depressive symptomatology. Discussion: implications for clinical practice will be discussed.

Process, Outcome, and Adverse Events

The 'veil of silence': a grounded theory of lasting adverse effects of

psychotherapy Lavanya Joanna Thana, Imperial College London; Timothy Weaver, Middlesex University; Mike Crawford, Imperial College London

Aim: In comparison to the extensive research conducted on the effectiveness of psychotherapy, little empirical work has investigated negative effects. The aims of this study were to examine personal, interpersonal, and contextual factors associated with lasting adverse outcomes, and to explore how these experiences occur, and how therapists manage them in clinical practice. **Methods:** A two-phased iterative approach was used to address the aims. This incorporated a systematic review of stakeholder-identified negative outcomes and a Constructivist Grounded Theory (Charmaz, 2006, 2014) study design to generate a conceptual model of these phenomena from the perspectives of 23 patients and 21 therapists.

Results: The review revealed an absence of substantial research. The qualitative findings indicated that a core component of the patient's experience involves a 'breach' of a fragile sense of faith. Patients reported feeling forced to conform to a conditional 'system', and often being pathologised, misunderstood, and unheard. Therapists reported considerable difficulty in gauging these enigmatic and complex phenomena. This, as well as their internal dissonance, contribute to a 'distorted lens', which appears to prevent detection of harm. The synthesis of findings suggests a disconcerting culture of minimising these phenomena through individual and service level silence, repudiation, and protection. **Discussion:** These findings support the need for a paradigm shift in thinking about these outcomes. It is hoped that this work will contribute to delineation of these experiences, and facilitate greater awareness and earlier identification of the full spectrum of harms, which in turn will assist in prevention. **Key word:** negative outcomes

Psychotherapy failure: Three ways to understand dissatisfaction in

psychotherapy Mahaira Reinell, Pontificia Universidad Católica de Chile, Santiago. MIDAP ; Daniel Vásquez, Pontificia Universidad Católica de Chile, Santiago; Carolina Altimir, Universidad de Las Américas

Background: different concepts have been used to define the negative or harmful aspects of therapy: secondary effects (Linden, 2013), negative effects (Bystedt et al. , 2014), sub-optimal therapies (von Below, 2017), hindering experiences (Henkelman & Paulson, 2006). There is a wide range of phenomena that goes from specific experiences that avoid the success of objectives and therapeutic goals, to iatrogenic experiences.

Aim: to describe and understand the different experiences of failure, its relationship with outcome and premature termination or dropout, from the perspective of patients and therapists.

Method: semi-structured follow-up interviews were conducted to 12 patient-therapist adult dyads. Qualitative analysis with Grounded Theory was used to approach to the different ways to experience unfulfillment in psychotherapy and some aspects of the therapeutic process related to this assessment.

Results: Preliminary results indicate three "profiles" of experiences of dissatisfaction with therapy: (1) Good enough but not enough, or partially good (2) Bad (3) Iatrogenic. Each profile presented a different relationship with alliance, outcome and termination of psychotherapy, which are currently under analysis and will be presented on the meeting. **Discussion:** results will be discussed regarding how alliance, outcome and termination define each profile of failure, the clinical implication of these results for therapy assessment and decisions for termination, and the characterization of therapeutic needs for specific types of patients, as well the utility of this results for the psychotherapy process and the prevention of negative outcome. **Keywords:** therapy assessment, dissatisfaction, patient and therapist's perspective, qualitative approach

Psychopathology Issues and Considerations

Conflicted attention: Reward and punishment modulate gaze disengagement from negative stimuli in dysphoria Malvika Godara, Ghent University, Belgium

Aim: One of the core mechanisms considered to be involved in the development and maintenance of depression is the attentional bias for negative information, i. e. difficulty to disengage from negative stimuli. However, current attention training procedures aimed at reducing attentional bias have shown limited success. Other than the reliability and validity concerns generated by the use of dot-probe paradigm in these procedures, an important drawback of the current attention trainings is the limited consideration of motivational influences. Therefore, in two studies, we examined whether goal stimuli, reinforced with music reward and white noise punishment, can modulate attention for negative information in dysphoric individuals.

Method: In study 1 (N = 59) and study 2 (N = 55), we used a novel attention task which measures gaze disengagement from negative faces towards standard neutral and goal stimuli reinforced with reward and punishment.

Results: We found that dysphoric individuals displayed greater difficulties in disengaging eye-gaze from negative stimuli and directing it towards standard neutral stimuli, as compared to non-dysphorics. This evidence for attentional bias for negative stimuli was replicated in both studies. However, dysphoric individuals were faster in disengaging attention from negative stimuli in order to engage with both reward- and punishment-reinforced goal stimuli, in comparison to standard neutral stimuli.

Discussion: These results provide preliminary evidence for the modulating role of music- and punishment-reinforced goals in the attention system of depressive individuals, and highlight how music-reinforced and punishment-reinforced goals can be incorporated in current attention training procedures to improve treatment outcomes. **Keywords:** Emotion; Cognitive Training

Understanding the experience of having depression and chronic illness: a qualitative study Pablo A Herrera, Universidad de Chile, Santiago; Wilsa Szabo, Pontificia Universidad Católica de Chile, Santiago; Solange Campos, Pontificia Universidad Católica de Chile, Santiago; Graciela Rojas, Universidad de Chile, Santiago

Aim: There is a bi-directional relationship between depression and chronic illnesses such as diabetes and hypertension. This comorbidity is associated with a higher mortality risk and diminishes the efficacy of interventions. The specific mechanisms of this mutual influence are still not fully understood, and most intervention protocols address these conditions separately. The aim of this study is to improve our understanding of this relationship.

Method: 20 patients with depression and a chronic condition were interviewed individually. We also conducted focus groups and interviews with health care professionals who work with this type of patients (nurses, physicians, psychologists and nutritionist). The data is being analyzed with grounded theory methods. This study is part of a project funded by the Chilean government (Fondecyt 2018 n° 1180224).

Results: Preliminary results show the importance of helplessness, lack of meaning or purpose and being overwhelmed by the chronic illness diagnosis. **Discussion:** We discuss the implications for the design of clinical interventions that address both conditions and also for the early detection and management of patients at risk of developing depression after being diagnosed with a chronic condition.

Therapeutic Factors & Change Processes

Humor in Psychotherapy Magaly Muñoz, Universidad de Chile, Santiago; A. Javiera Duarte Soto, Universidad de Chile, Santiago

Over the past three decades, there has been a growing interest in potential applications of humor in a variety of professional fields. Based on the idea that humor has important benefits for mental health, this phenomenon has generated vast literature, highlighting the potential benefit of its use in psychotherapy. Nevertheless, from a cognitive-constructivist perspective there is little theoretical-empirical mention, regarding this phenomenon in psychotherapeutic practice. **Objective:** The aim of this study was to identify different contents, purposes and instances in which professionals use humor in psychotherapy with adult patients, as to develop a better understanding of how these instances are developed, what their main characteristics are, what

triggers them and their relevance to the therapeutic process. Method: 12 in-depth interviews were conducted to constructivist therapists with over 3,5 years of experience in psychotherapy. Open and axial coding from grounded theory was performed form analyzing data. Results: All therapists experienced instances of humor in their therapies even if unintended. Humor emerges spontaneously with therapeutic purpose, allowing augmentation and solidification of rapport and therapeutic alliance. The type of humor and how it is conducted was related to therapists' characteristics, abilities and skills. Discussions: Humor as an interpersonal dimension in the intersubjective therapeutic context has relevant characteristics, which are discussed and reflected upon. Implications for the change process are also addressed

Changes in entrapment following crisis-focused, short-term psychotherapy in psychiatric emergency settings: A comparative study Dana Tzur Bitan, Shalvata Mental Health Center; Adi Otmazgin, Ariel University; Mirit Sela-Shani, Shalvata Mental Health Center; Aviv Segev, Shalvata Mental Health Center

Although many mental health centers offer crisis intervention services as part of their psychiatric emergency facilities, studies assessing outcome and process of crisis intervention psychotherapy are scarce. One potential mechanism that might be unique to crisis intervention psychotherapy is entrapment, a psychological construct which reflects an individual's subjective perception of being in uncontrollable, unrelenting, and inescapable circumstances. In this study we aimed to investigate whether changes in entrapment affect the process and outcome of crisis intervention psychotherapy, as compared to short-term psychotherapy delivered in the outpatient units. A total of 41 patients were recruited for the study. Patients were assessed for symptoms, well-being, and the working alliance at three time points. The moderating effect of the type of therapy on the effect of changes in entrapment on changes in processes and outcomes was assessed using the Hayes process script. Results of the moderation analyses indicated that entrapment had a more substantial effect on symptom distress in the crisis intervention psychotherapy group as compared to its effect in the short-term psychotherapy outpatient group. Further, the difference in the effect of entrapment across the study groups was manifested primarily in internal entrapment, whereas no moderating effect was found observed for external entrapment. These results suggest that entrapment is a potential underlying process unique to crisis intervention psychotherapy, and that this therapy potentially alleviates patients' distress by offering relief from internal thoughts and interpretations of their life circumstances. Limitations, directions for future research, and clinical implications are discussed.

Dialogical Discourse Analysis of Interpretation in Psychotherapy Álvaro Jiménez, Universidad de Chile, Santiago

Background: The linguistic and discursive turns in psychotherapy have facilitated the emergence of different theoretical models to describe the therapeutic process. In this context, different methods of conversation and discourse analysis have been developed to specify the role and the effects of interpretations in psychotherapy. Objective: This paper offers a reconceptualization of the function and the effects of interpretation in psychotherapy. What are the effects of interpretation on the patient's speech? How are these effects associated with subjective change processes in psychotherapy? Specifically, this paper describes the effects of interpretation on the patient's speech in terms of discursive mechanisms from the point of view of a Bakhtin's notion of language. Method: 18 episodes of interpretation taken from the therapeutic work with 6 patients were analysed. Generic change indicators and dialogical discourse analysis are used. Results: The interpretation destabilizes the architecture of the discursive subjects (author, narrator, character). By dismantling the position of the speaker, the interpretation produces a subjective repositioning involved in the process of patient's subjective change. The interpretation meant an increase in the permeability toward new understandings, the establishment of new associations or connections in the speech. Conclusions: Interpretation consists of dialoguing a monological discourse; that is to say, it produces a dialogical tension which, along with opening up a self-referred dialogue, enables the listening of the silenced voices in the discourse of patients --the 'polyphony' in Bakhtin's terms. Keywords: Psychotherapy, Interpretation, Subjective Change, Dialogical Discourse Analysis.

A Model of Emotion Transformation for Rupture and Resolution in a course of Emotion-Focused Group Therapy for Autism Spectrum: A Case Study Anna

Robinson, University of Strathclyde, Glasgow, UK

Autistic people report trauma-related experiences through emotional misunderstandings with typically developing peers. Difficulties in emotion processing, including recognising their own and others' emotions leads to conflicts in interpersonal relating and emotional injuries. There are limited intervention methodologies for autism on the impact of emotional injuries and how to work with interpersonal conflict. In this presentation, I present a rational-empirical model of interpersonal rupture and resolution. This model is constructed from a Task Analysis of emotion-focused group therapy with autistic adolescents (n=3) across treatment (n=11). Qualitative analysis of moment to moment shifts for each client and interactional analysis between group members was triangulated using an observer based rating scale and reliability assessed using an independent rater. I will present the model with a case example illustrating sequential emotional processing shifts. The primary change processes include improving access to and symbolizing one's own and others' painful emotional experiences. From activation of vulnerability markers, to in session negative interaction cycles (interpersonal ruptures) and facilitated mentalization of self-other dialogue, leading to an emotional deepening process that enables clients to access core pain, assertive anger and interpersonal compassion and self-agency.

Brief Paper Session

Therapeutic Issues

Cell Phone Dependence Marian Durao, University of Flores, Argentina; Michelle Cababie,

The use of cell phones has increased exponentially in most countries of the world, since there are as many people as mobile devices. In Argentina, different studies state that the penetration rate (number of cell phones per inhabitant) has increased, bringing the figure of 39. 9 million users to 44. 5 million. Now, what is the line that divides the adaptive use of the harmful for the user? Clinicians and researchers have designed different assessment instruments. The Mobile Phone Dependence Test (TMD) (Chóliz, 2012) evaluates the main characteristics of the dependence on these types of devices. The psychological processes that promote dependency are the core of the addiction to technological devices. These processes include tolerance (the growing need to use mobile phones), withdrawal symptoms (severe emotional disturbances when a mobile phone can not be used), difficulty controlling usage (inability to stop use in many circumstances), family problems or social due to a dysfunctional pattern of use, and so on. These elements of dependence can be evaluated through questionnaires such as TMD brief. The objective of the following presentation is to present the adaptation and validation to the Argentine context of the TMD questionnaire in 339 adults of Argentine nationality, aged between 14 and 75 years, as well as to present the results of a series of ad-hoc questions on the use of the cell phone that will facilitate exploring the maladaptive use of cell phones and their consequences.

Construction of subjective senses, image of the self and personal identity, in the different episodes of a patient who presents bipolar affective disorder and messianic delirium, and his implications for therapy: a case study. Carlos Ernesto Castillo,

Universidad Diego Portales, Santiago, Chile; Patricio Treuer, Universidad Diego Portales, Santiago, Chile; Susana Zúñiga, Universidad de Santiago de Chile

Introduction: bipolar affective disorder (BD) is characterized by marked fluctuations in mood, thinking, behavior, energy and the ability to perform activities of daily living, affects the individual for months or years in stages, where calm and Normal behavior is interspersed between manic episodes and depression. BD is one of the most common, severe and persistent mental disorders. Psychological factors play an important role in the psychopathology of the disorder, there are effective therapies for BD, however, there is no exhaustive and general cognitive model for BD. Objective: describe, categorize and analyze the construction of subjective meanings of the self, as this affects the personal identity and the relationship they have at the psychological level in the BD.

Method: by means of in-depth biographical interview reaching the saturation of the contents analyzed, categories are constructed, with the most recurrent perceptions of the self in the different cycles of the BD.

Results: Different categories of perception of the self can be established in depressive episodes and manic episodes, and a relationship is established with the behavioral changes and form of attachment. Discussion: the construction of different senses of the self, in the different poles of the BD seems to affect how it is linked in daily activities, interpersonal links, seeming to have a function, so understanding the meaning of these contributes to generate changes in conceptions psychotherapeutic in its approach. Keywords: bipolarity, self, psychotherapy, subjective senses, constructivism, posrationalism.

Pilot study on therapeutic interventions in psychotherapy, in a sample of patients and therapists Maria Pia Vernengo, Universidad de Buenos Aires, Argentina; marina Stordeur, Universidad de Buenos Aires, Argentina

Aim: Studies on therapeutic processes constitute a relevant contribution to explore efficacy in psychotherapies. Within the therapeutic process's research, the study of interventions is important. Several instruments have been developed to determine interventions that therapists use (Orlinsky 1994, Gabbard 1994, Jimenez 2005, McCarthy and Barber 2009). We present a pilot study on the interventions of clinical psychologists, from both, therapists and patients perspective, in a local sample. Methods: The sample is composed by therapists, psychodynamic and cognitive, and their patients with emotional disorders, within the framework of an outpatient psychotherapy treatment of 30 sessions in the Hospital Clínicas of the University of Buenos Aires. Questionnaires are applied at the beginning, middle and end of the treatment. The Multitheoretical List of Therapeutic Interventions 60 Items (McCarthy and Barber 2009) is administered. The MULTI60 allows revealing the perception of patients, therapists and observers about the interventions used in the same session.

Results: Preliminary results are presented. Discussion: We consider it would be important to relieve and compare the perception of patients, therapists in the same session. Also, administering instruments, both in patients and therapists at different times of the therapeutic process, could also be used to detect the presence or absence of change along treatment, and to explore its relationship with the therapists interventions. This may contribute to improvements in treatment. It is relevant to achieve a better understanding of the therapeutic process in different Psychotherapies by studying the therapeutic interventions. Keywords: Therapeutic interventions -- therapists and patients - psychotherapy

Brief Paper Session

Therapeutic Services

Improved access to psychotherapy for personality disorder: a cluster randomised controlled trial of an integrative stepped care treatment Brin Grenyer, University of Wollongong, Australia; Kate L. Lewis, University of Wollongong, Australia; Mahnaz Fanaian, University of Wollongong, Australia; Beth Kotze, University of Wollongong

Background and objectives: Structured psychotherapy is evidence-based treatment for personality disorder. Demand for therapy in the community typically exceeds supply, meaning stepped models of care are needed to be responsive to clinical need, urgency and risk.

Method: A stepped model of care was evaluated involving intake (including crisis de-escalation), brief intervention (psychological safety and care planning, structured goal setting, connection with families and careers), and longer therapies in the community (focused on recovery using a behavioural or psychodynamic approach). A cluster randomised controlled trial evaluated the model compared to treatment as usual (TAU).

Results: Providing immediate access to stepped care therapy changed the care trajectory away from hospital and into psychological treatment. Stepped care patients had shorter bed days and were 1.3 times less likely to re-present to the emergency department compared to TAU. Direct cost savings was estimated at USD\$2,720 per patient per year. 12-month patient follow-up showed continued reductions in clinical symptoms and greater quality of life and improved capacity to work. Discussion: Psychotherapists overcame their initial reluctance to provide brief structured therapy

as part of a stepped care approach. Matching treatment intensity to clinical need reduced waiting times, improved outcomes, and increased access to psychotherapy treatment.

Interinstitutional Collaboration Network for Research and Development of Behavioral Analytic Psychotherapies Denis Roberto Zamignani, Paradigma Centro de Ciências e Tecnologia do Comportamento; Denise Vilas Boas, Paradigm Center for Behavioral Sciences and Technology; Fernanda Castanho Calixto, Paradigm Center for Behavioral Sciences and Technology

The behavioral analytic psychotherapy is a modality of psychotherapy based on behavioral analysis and radical behaviorism. Developed at 1980s, in the early 1990s began the first research projects - initially process studies, aimed to understand their mechanisms of change. At the same time, the advances in behavioral theory, especially in areas of stimulus control, verbal behavior and cultural practices, are being absorbed for improvements the therapeutic practices. Later, process-outcome research and experimental studies were developed, in search of a deeper understanding of their change processes and verification of relationships between events inside psychotherapy. From 2017, it was developed the REDETAC - interinstitutional collaboration network for study and development of analytical-behavioral therapies - www.redetac.org, which includes nearly 40 institutions and 90 researchers from Brazil and Colombia as a goal to promote production of knowledge of behavioral analytic psychotherapy. REDETAC is registered on the CNPq directory research group: dgp.cnpq.br/dgp/espelhogrupo/9831923559694290 and have a Working Group - GT17 in ANPEPP - Associação Nacional de Pesquisa e Pós-Graduação em Psicologia. In 2019 will have as products a special edition of the Journal Perspectives in Behavior Analysis: Production of knowledge in the scope of analytic-behavioral therapies and a Symposium on evidence-based practice during the 2019 ABPMC -- Brazilian Association of Behavioral Psychology and Medicine, in Goiania-GO. In July will occur the first "São Paulo School of Advanced Science on Mental Health and Evidence-Based Interventions", who was sponsored by FAPESP -- Fundação de Amparo à Pesquisa do Estado de São Paulo.

Under Pressure: Press for Services and Measuring the Effect of a Shift in Operations to Optimize Psychotherapy Efficiency and Effectiveness David Erekson, Brigham Young University, Provo, USA; Russel Bailey, Brigham Young University, Provo, USA; Jared Klundt, Brigham Young University, Provo, USA; Kara Cattani, Brigham Young University, Provo, USA

College counseling centers have been experiencing an increased demand for services, and have had difficulty effectively meeting this demand (Reilly 2018). One approach to managing the press for services has been to increase the number of new clients each therapist schedules each week. While effective in allowing more individuals initial access to services, this approach has the effect of attenuating session frequency for returning clients and increasing the overall caseload of the clinician. Although university counseling centers across the nation are attempting to manage these issues, little research has been done regarding the effects of changes in operations. To address these problems (i. e. , attenuated frequency, a high demand for services, and a paucity of research), we designed a study that split our clinic in half: Clients and therapists were randomly assigned to either experimental operations (prioritizing session frequency and utilizing a stepped care approach), or to operations-as-usual (prioritizing intakes over session frequency). In January we will implement the two operations while tracking client outcomes with weekly OQ-45 measures. Our hypotheses are as follows; compared to operations-as-usual:

1. Therapists and clients in the experimental group will report higher levels of satisfaction.
2. Client attendance will be more consistent in the experimental group.
3. Clients in the experimental group will experience better outcomes with fewer sessions.
4. Therapists in the experimental group will see more clients than the control group.

While this project will be ongoing, we would like to present data from the first semester comparing the outcomes of the 22 therapists applying experimental operations to those continuing operations-as-usual, as well as discuss implementation considerations. Keywords: Practice-based evidence, clinic operations

Video-based psychodynamic-oriented psychotherapy: A single case study on mentalization, intersession experiences, therapeutic alliance and outcome Sylke Andreas, University of Klagenfurt, Austria; Jennifer Kadur, University of Klagenfurt, Austria; Sven Rabung, University of Klagenfurt, Austria; Holger Schulz, University Medical Center Hamburg-Eppendorf, Germany; Thorsten-Christian Gablonski, Alpen-Adria-Universität Klagenfurt

Theoretical

Background: Depression is one of the most frequent disorders in mental health associated with many symptoms and comorbidities. There is an urgent need to help this people. But on the other side the service utilisation of people with depression is very low. One reason is that despite many evidence-based treatments exist, most people do not receive the treatment they need. Short-term psychodynamic psychotherapy (STPP) is one of the effective treatment programs for patients with mental disorders, including patients with depression. Thus, within a single case design, we examined the difference between therapeutic alliance, intersession-activities, mentalization ability and outcome of a videoconferencing condition compared to face-to-face psychodynamic-oriented treatment for a depressed patient.

Method: We investigated the difference between n = 29 sessions video-conferencing and n = 29 sessions face-to-face psychodynamic-oriented psychotherapy. We collected data on the Mentalization-Questionnaire (MZQ), the Intersession Experience Questionnaire (IEQ), the Working-Alliance-Inventory short version (WAI-short) and the short version of the Symptom-Check-List (SCL-K9).

Results: Preliminary analyses showed no difference regarding the outcome parameter between psychodynamic-oriented videoconferencing and face-to-face condition. The results should be discussed in line with findings from studies with cognitive-behavioral therapy.

Brief Paper Session

Therapist Skills

What do the most influential people in psychotherapy think about the skills needed to be a good therapist Alejandro Gabriel Curtarelli, Eje Norte; Ramiro Miguel Aguirre, Eje Norte, Buenos Aires, Argentina; Guillermo Vassallo, Eje Norte, Buenos Aires, Argentina; Rocío Ferrando, Eje Norte, Buenos Aires, Argentina; Victoria González Orsi, Eje Norte, Buenos Aires, Argentina; Santiago López Saavedra, Eje Norte, Buenos Aires, Argentina; Ana Sinclair, Eje Norte, Buenos Aires, Argentina

Aim: To describe and analyze the answers to the question: What do you consider a psychotherapist/mental health professional must have? What is the most important skill he/she should develop or train? given by professionals who due to their contributions, background and qualifications are recognized authorities in the psychotherapy field both in Argentina and worldwide. Based on their expertise they outline skills and abilities which they consider to be the most significant for psychotherapist training and development.

Method: A standardized ten questionnaire was sent. Answers from Beutler, L. , Baringoltz, S. , Csikszentmihalyi, M. , Cuijpers, P. , Fernández-Álvarez, H. , Hayes, S. , Hofmann, S. , Kagan, J. , Skinta, M. , were received, among others. One of the questions was chosen by our team above others. Answers were received in different formats (videoconference calls, audio, and in written form). Answers were analyzed qualitatively. Our research team, separately, extracted categories from all answers and through discussion these categories were selected and reformulated to meet an agreement.

Results: The most significant responses and analysis results will be quoted and exposed. **Discussion:** Studying the opinion of these experts on this subject provides valuable material for the creation of criteria for designing training programs for psychotherapists **Learning Objectives:** To know what are the skills/characteristics that need to be trained according to the experts. To obtain criteria to design training programs in psychotherapy. **Keywords:** Therapeutic skills, psychotherapist training, experts opinion, qualitative research, master therapists.

Therapist Attachment-Related Behaviors and Their Effects on Psychotherapy Process and Outcome Eric M Sauer, Western Michigan University; Kenneth G Rice, Georgia State University; Alessandro Talia, Heidelberg University, Germany; Kristin Roberts, Western Michigan University; CharWes Houben-Hop, Western Michigan University; Jonathan Hook, Western Michigan University

Aims. Therapist attachment orientations are associated with therapeutic relationships and client outcomes (Steel et al. , 2018). Despite this, little is known about how therapists use in-session, attachment-related communication with clients. We will use the recently validated, transcript-based Therapist Attunement Scales (TASc: Talia, Muzi, Lingardi, & Taubner, 2018) to examine how therapist attunement is associated with working alliance and client outcome. **Methods.** As part of a productive program of research (e. g. , Sauer, 2006; Sauer et al. , 2017), the data for this study will be based on 25 therapists and their clients in our psychology training clinic. The therapists are students providing supervised psychotherapy to adult outpatients from the local community. Sessions have been recorded and trained research assistants will conduct in-depth, qualitative reviews and coding of session transcripts. Following procedures described by Talia et al. (2018), therapist attachment will be classified as secure, dismissive, and preoccupied. Process data will include working alliance and session-by-session change measured with the Outcome Questionnaire 45. **2. Results.** All data exist in archival form as part of the research database for the clinic. We are in the process of transcribing sessions and anticipate completing the coding by mid-March. Subsequently, therapist attachment will be used as a predictor of alliance and, in longitudinal growth models, as a predictor of change in client symptoms over time. **Discussion.** Consistent with Talia et al. (2018), findings should reveal whether therapist attachment-related behaviors, rather than general dispositions, affect relational and outcome aspects of clients in psychotherapy.

Psychotherapists' narcissism and burnout Olivier Laverdière, Université de Sherbrooke

Burnout is a serious problem for health care professionals, impacting their personal wellbeing and the clinical services that they provide. Given the nature of their work, psychotherapists are at risk for professional burnout. Past findings have identified several work-related risk factors for burnout, though investigations of personal dispositions as potential risks for burnout are scarce. Considering that psychotherapy involves setting aside one's own needs in the service of attending to the needs of others and relies on empathic attunement to those being served, several authors have raised the question of whether pathological narcissism among psychotherapists may be an important risk factor for professional burnout. The objective of the current study is to explore the relationships of pathological narcissism to burnout, above the contribution of well-known organizational factors. Through a licensing body, 240 psychotherapists were recruited and they completed questionnaires relating to their working conditions, burnout, and pathological narcissism. Results of multiple regression analyses showed that vulnerable narcissism was a significant predictor of every dimensions of burnout, while grandiose narcissism predicted sense of accomplishment. Subsequent moderation analyses indicated that grandiose narcissism moderated the association between vulnerable narcissism and sense of accomplishment. Findings are discussed regarding the implication of specific dimensions of narcissism to practice of psychotherapy, speculating about probable motivations.

Brief Paper Session

Training, Supervision, and Feedback

Stimulating emotional recognition and regulation in psychology trainees during their clinical practice: A clinical supervision perspective Karen Iliana Saravia Serrano, Universidad de Chile, Santiago; A. Javiera Duarte Soto, Universidad de Chile, Santiago

Aim: The therapists' ability to recognize and regulate their emotions in the psychotherapeutic context is considered an essential factor in establishing a favorable therapeutic alliance, as well as in accomplishing successful therapeutic outcomes. The goal of this study was to understand and establish the main difficulties and necessities of clinical trainees regarding emotional recognition and regulation during therapy, as to help them develop these capacities early in their training.

Method: A qualitative, exploratory research was carried out. A total of 10 clinical supervisors for bachelor and postgraduate level trainees', from different counselling approaches were interviewed, inquiring about the main difficulties they detected in

their students regarding emotional recognition and regulation and the strategies used to stimulate it. Data was analyzed using grounded theory, in order to identify effective practices and challenges in training the emotional aspects of therapists.

Results: Preliminary results indicate that some trainees often feel anxious, confused, or helpless during clinical practices. The combination of experiential and reflective strategies appear to improve their emotional recognition and regulation. Additionally, three broad areas of challenges in the training of therapists were identified: personal traits, the evaluation/supervision context, and the own experience of the therapy setting. **Discussion:** Preliminary results suggest that the emotions of the trainees are often overlooked during clinical training despite their importance to their practice. Further investigation may begin to provide a better understanding of the formation of personal aspects for psychology trainees.

The shaping procedure in clinical supervision Elisângela Silva, Universidade de São Paulo; Claudia Kami Bastos Oshiro, Universidade de São Paulo

Several processes are discussed and used in clinical supervision, however the shaping procedure is not much debated. From a theoretical point of view, shaping is defined as the procedure that involves reinforcing behaviors that are closer to the target behavior, also known as successive approximations. A skilled experimenter or supervisor can rapidly shape the participant's responses if he outlines the functionally responses that will lead to the target behavior. The attempt to describe all the interpersonal skills that the supervisee must have in session with each client is almost an impossible task. Subsequently, the shaping procedure becomes an interesting resource since it is another way behavior can be taught/learned. To use shaping procedure during supervision, the supervisor must have an accurate description of disrupted and acceptable behaviors that occur in this setting with the client. The present study aims to discuss the theoretical nuances of shaping that must be taken into consideration when applying this procedure in clinical supervision. In order to contemplate the accurate description of the therapist's behavior, it is proposed that the case conceptualization must include such descriptions, so that the supervisor can shape the behavior in order to benefit the supervisee's interpersonal development that will indirectly impact the client's improvement. This study discusses the impact of shaping behavior during supervision to acquire interpersonal therapeutic skills that are essential to establish a better therapist-client interaction.

Doctorate in Counselling Psychology and its impact on romantic relationships Aspasia Ftenou, Manchester University, UK

Background: Whilst current literature reports that the Counselling Psychology trainees' experience personal and professional growth during their training, there is a noticeable paucity of research on how growth and training's relevant challenges affects trainee's romantic relationships. **Aims:** This research, explores Counselling Psychology trainees' accounts about their personal and professional growth and how their doctoral training influences or affects their romantic relationships. This research hopes to provide trainees and universities with a renewed appreciation of how training may affect their relationships and their growth and suggests ways to safeguard their emotional wellbeing. **Methodology:** In this study I explored nine trainees' (7 women and 2 men) experiences of growth and of how their training may have impacted their romantic relationships. I intend to narratively analyse participant's interviews according to the Lieblich's (1998) Categorical-Content Interpretive Model. In order to provide research transparency and rigour, as a Counselling Psychologist, I also elucidated my personal and methodological reflexivity. **Findings:** While this research is in progress, initial analytical impressions suggest that trainees evident personal and professional growth together with the training relevant demands had a positive and negative impact both on their romantic relationships and their clinical practice. **Discussion/Conclusions:** Counselling Psychology clinical implications arise, in order to develop awareness about the doctorate training challenges and its impact on trainees' romantic relationships and their professional practice. This new knowledge will further prevent trainees' emotional distress through actions as it will safeguard their relationships and their emotional well-being.

The Clinical Outcomes in Routine Evaluation-Outcome Measure in inpatient settings: A qualitative study of the experiences of persons presenting psychotic episodes Lila Angélica Adana Díaz, Universidad de Las Américas; Clara Paz, Universidad de Las Américas, Quito-Ecuador; Viviana Cañadas, Universidad de Las Américas, Quito-Ecuador; Chris Evans, University of Sheffield, UK

Aim: The use of outcome measures has been extended in the last decades; however, it has not considered the implications when they are applied with persons who have experienced psychotic episodes. The objective of this study is to compare the constructions and thoughts around the use of Clinical Outcome Measure in Routine Evaluation- Outcome Measure between regular users of these measures, as they are clients of psychotherapy private practice and persons who have experienced psychotic episodes and who are admitted as inpatients in a hospital. **Methods:** Using a semi structured interview participants will be asked to report they experience and opinion around the use of outcome measures. The interview will consider topics such as emotions and thoughts when participants complete the questionnaire, comprehension, utility, relevance of the person who gives the questionnaire, and consequences of the responses.

Results: Qualitative data will be analyzed using template analysis. The emerging content will be compared between the two groups of participants those who attend to private practice and those who have experienced psychotic episodes. **Discussion:** Findings will illuminate whether the use of outcome measures, usually applied in outpatient settings, is appropriate for being used in inpatient settings in which is common the presence of persons having psychotic episodes.

Brief Paper Session

Trauma--Intervention and Processes

Traumatic Memory and Intrusive Reexperimentation: Working with the Effects of Child Sexual Abuse Alexis Bustos Villarroel, Universidad Arturo Prat, Iquique, Chile. ; Felipe Paredes, SENAME, Chile

The purpose of this article is to conduct a theoretical review regarding the consequences of sexual abuse with a special emphasis on traumatic memory and intrusive reexperimentation. There is a small number of literature in Chile regarding this phenomenon, which impacts in relation to the alarming number of victims of sexual abuse in the country and the number of specialized programs dealing with the topic throughout the National Territory. The present exercise seeks to rescue the main theories around memory and trauma and its association with the phenomenon of re-experimentation to end with an intervention proposal that is nourished by the narrative practices proposed by Michael White and David Epston as an ethical way of understanding the work with survivors of Sexual abuse. **Keywords:** traumatic memory, intrusive reexperimentation, child sexual abuse, narrative therapy, ethics

Navigating the effects of trauma: Possibilities of therapeutic intervention from a narrative approach. Alexis Bustos Villarroel, Universidad Arturo Prat, Iquique, Chile.

The present article is the fruit of the required exercise of the interweaving between theory and practice. In this particular case, the writer intends to address the issue of child sexual abuse, but to frame it in a broader and at the same time more complex context: child sexual abuse as a particular form of trauma and from there, make a proposal for therapeutic work from Narrative Therapy proposed by White and Epston. Being this the framework and the theoretical horizon, the writer will review a series of maps and ethical practices stemming from narrative therapy, which will be in dialogue with the phenomenon of child sexual abuse and trauma. These reflections emerge from a particular working context, a program for Child Sexual Abuse Treatment, Center for Assistance to Victims of Sexual Attacks Valparaíso Regional, belonging to the Investigation Police of Chile, context in which multidisciplinary work has been constructed with transdisciplinary aspects, in which professional disciplines such as Law, Psychology, Social Work and Child and Adolescent Psychiatry coexist and are collaborate with each other. **Keywords:** Child Sexual Abuse, Trauma, Narrative Therapy, Maps and Ethics

Personality characteristics predict treatment outcome of psychotherapy for PTSD - the mediating role of trauma-related beliefs Vera Bekes, Yeshiva University; Dominic Beaulieu-Prévost, Université du Québec à Montréal; Andre Marchand, Université du Québec à Montréal; Stéphane Guay, Institut Universitaire en Santé Mentale de Montréal; Genevieve Belleville, Laval University

Strong research evidence shows the association of both personality pathology and trauma-related negative cognitions (TRNC) to PTSD symptoms. However, the relationship between personality pathology and TRNC in the context of PTSD is much less studied. In the present study, we aimed to examine whether avoidant and borderline personality beliefs (PB, indicator of personality pathology) could predict therapy outcome in PTSD, and whether the relationship between PB and therapy outcome could be mediated by TRNC. Sixty patients with PTSD were assessed for PB, TRNC and PTSD symptoms at baseline, and for PTSD symptoms at the termination of Prolonged Exposure Therapy. Avoidant and borderline PB were associated with impeded therapy response, i. e. smaller decrease in PTSD symptoms at termination, although this effect only reached significance in avoidant PD. This relationship between baseline PB and PTSD symptoms at termination was fully mediated TRNC at baseline. Clinical and theoretical implications will be discussed. By attending this session, participants will be able to:- better understand the relationship between personality pathology, trauma-related negative cognitions and therapy outcome for PTSD- learn about the role of avoidant and borderline personality in impeded therapy response in PTSD.

The Use and Benefits of Expressive writing in treatment of PTSD and other traumas, particularly for male clients in Brief Therapy settings such as EAPs & Primary Care (IAPT). Kevin John Robert Wright, Private Practice

This paper proposes to provide case examples by a psychology practitioner to demonstrate the effectiveness and advantages of using the technique known as expressive writing as a quick and effective way to work with particularly post-traumatic stress and other traumas in various brief therapy settings as an adjunct to the more traditional techniques such as CBT. The paper will also offer some theoretic concepts that might explain how the method works and what might explain its effectiveness. Expressive writing has been found to be an effective treatment of PTSD and other traumas especially for men (Smyth, 1998) who otherwise feel they can only normally expressive themselves through the use of aggressive or violent behaviour. The model is an extension of techniques developed in the US by Pennebaker & Smyth (Pennebaker, 1997a, 1997b; Smyth & Pennebaker, 1999; Baikié & Wilhelm, 2005). The method can also be seen as a form of narrative therapy (Kelley, 2002; White & Epston, 1990) which has been incorporated into various therapeutic modalities (McLeod, 2004). Basically here the emphasis is on the client's need to tell their story. The use of expressive writing has been found to have significant effects, long term, on physical and psychological wellbeing, physiological and general functioning outcomes particularly in reducing post-traumatic intrusions and avoidance symptoms and it may also point the way for further research in its use for helping men in particular, deal with other problems that they find hard to get in touch with vocally, in one to one sessions.

Brief Paper Session

Trauma--Issues in Functioning and Treatment

Childhood Trauma and Personality Functioning on the evolution of therapeutic change Felipe Morales, Universidad Alberto Hurtado, Chile; Paula Dagnino, Pontificia Universidad Católica de Chile, Santiago; Nina Franziska Immel, Pontificia Universidad Católica de Chile, Santiago; Sofia Gonzalez, Centro de Investigación en Psicoterapia, Chile; Daniela Saralegui, Centro de Investigación en Psicoterapia, Chile; María José Ugarte, Centro de Investigación en Psicoterapia, Chile

A growing body of evidence suggests an association between childhood adversity and the development and course of major depressive disorder (MD) (Kessler, 1997; Kessler et al. , 2010). There are only few studies that relate this important variable to the outcome in psychotherapy, specifically considering the way patients change during the course of it. On the other hand, personality functioning has shown to be relevant for psychopathology, especially for depression. Objectives: The aim of this study is to establish the relationship of childhood trauma and the process of psychotherapy, and to evaluate if personality functioning moderates this relationship.

Method: 22 patients with symptomatic depression (BDI(gt)13) attending two outpatient clinics were evaluated initially with the Childhood Trauma Questionnaire (CTQ) and the Structure Functioning questionnaire of the Operationalized Psychodynamic Diagnosis (OPD-SQ). Each psychotherapy session was evaluated with the Outcome Questionnaire (OQ-45. 2).

Results: A regression model predicting the change in OQ for the eighth session by the CTQ and OPD, and an interaction term between these two variables showed a significant moderating effect. A simple slope analysis gave further insights into the nature of moderation. Low scores in OPD (better integrated) are related to a negative significant association between CTQ and OQ ($b = -42.03$, $p = .05$), but high scores on OPD (less integrated) reduces the magnitude of the relation between CTQ and OQ to non-significant values ($b = 47.28$, $p = .13$). This means that the more childhood trauma the patients have, the better the evolution of change, and it also means that this is moderated by structural functioning, where a less integrated structure reduces this relationship. Discussion: Results will be discussed in light of their clinical relevance. Keywords: Childhood trauma, Personality, Psychotherapy Process

Maintaining professionalism whilst acknowledging vulnerability: An ideological dilemma faced by therapists experiencing vicarious trauma Jo Shuttleworth, University of Manchester, UK

This paper takes a discursive psychology approach to the investigation of how psychological therapists construct vicarious trauma. Interviews were conducted with six therapists that self-identified as having experienced vicarious trauma. Discourse analysis was used to analyse the data. An ideological dilemma is identified for therapists experiencing vicarious trauma: how to acknowledge their vulnerability whilst maintaining a professional identity. The analysis revealed a number of rhetorical devices which participants employed in order to manage this dilemma. This has implications for professional bodies, supervisors and organisations when considering the well-being of therapists in their care or employ. An embodiment of the humanistic values that are applied to psychotherapy, counselling and psychology practice could be applied to management and supervision to create a working environment, where a professional role is not damaged by the acknowledgement of distress. Subject: Vicarious Trauma Keywords: vicarious trauma, discursive psychology, discourse analysis, professional identity, ideological dilemma

Negative Experiences in Childhood, Parental Style and Resilience Among People Reporting Paranormal Experiences Alejandro Parra, Universidad Abierta Interamericana

Background. Childhood neglect and emotional abuse are two plausible, but as yet unexplored, predictors of adult paranormality. There is reasonable support for Irwin's PFH with self-reported paranormal experiences and/or beliefs linked to global measures of childhood trauma. Objective. To measure the dominant parental style of those who have experienced paranormal events and their correlate with negative events in childhood and resilience. Participants and Setting. Four questionnaires to evaluate paranormal experiences, negative experiences in childhood, parental styles and hardiness were administered to 644 participants (28% males and 72% females) of general population. Results. The results showed high frequency Sense of presence, Premonitory dreams, Telepathy, Mystical experiences, Apparitions, and Out-of-Body experiences, among others. For Father, it was found that the Permissive style scored significantly higher frequency of paranormal experiences (p (It). 001; $es = .40$) and for Mother, it was found that the Overprotective style scored significantly lower frequency of paranormal experiences (p (It). 001; $es = .45$). Conclusions. One possible interpretation is that "flexible" parents style are more permissive ones whose perspectives generate restrictions to capitalize on the unconventional experiences of their children. Traumatic events in childhood are not only the source for the emergence of anomalous experiences but a permissive and negligent parental style helps to reinforce the way in which these negative experiences are processed. A combination of negative experiences and rigid parenthood showed that resilient adults --but whose childhood had been traumatic-- tended to report paranormal experiences compared to those who had not had traumatic childhoods.

Trauma--Therapeutic Issues & Processes

Construction of the Therapeutic Alliance with Adolescent Victims of Sexual

Abuse César Alejandro Pérez Atehortúa, Universidad de Antioquia, Col; Claudia Helena Medina Mesa, Universidad de Antioquia; Cristina María Vásquez Lopera, Universidad de Antioquia

Child sexual abuse is a complex problem and increasingly present in the Colombian context. Although prevention strategies are increasingly organized in public policies, intervention strategies are less well known and studied. In this sense, the aim of this study was to describe the construction of the Therapeutic Alliance with adolescent victims of sexual abuse who received psychotherapy in a health care center in the city of Medellín, for which the subjective experience of patients and his psychotherapists was taken as a point of reference. It was a cross-sectional multiple case study, approached from a qualitative approach. The participants were five therapeutic dyads, where all the patients were women. For data collection, semi-structured interviews were conducted with five dyads of patient-therapist and a focus group with seven psychotherapists. The analysis was made based on the methodology of grounded theory. The results obtained indicate a process of evolution of the therapeutic alliance, which starts from the initial mistrust and leads to a valued link that catalyzes the positive results of the process, where adolescents report achievements such as symptomatic modulation, reduction of guilt and personal empowerment; for this to be achieved, they need to develop a reliable link and establish agreements adapted to the needs of the consultant as a way to advance in overcoming sexual abuse. In addition, it was identified that the framework configured by the protection system entails initial difficulties for the construction of the alliance given the reluctance of the adolescents to be questioned, an aspect that can have a positive evolution thanks to the therapeutic agreements.

Defense mechanisms in trauma versus other autobiographic narratives Vera Bekes, Yeshiva University; Christopher Perry, McGill University, Montreal, Canada; Claire J. Starrs, SUNY Potsdam

Some evidence shows that defensive functioning decreases in life threatening situations compared to the person's average functioning. In this study we have examined changes in defensive functioning in Holocaust versus other autobiographical memories provided by Holocaust survivors. The use of defense mechanisms (DM) was assessed by the DMRS, a standardized observer-rated measure in Holocaust (HN) versus pre/post Holocaust narratives (other narratives [ON]) in 20 in-depth survivor interviews. Results showed that the overall defensive functioning (ODF) was higher in the HN than the ON, contradicting previous findings showing lower defensive functioning in life threatening situations. High adaptive (mature) level defenses were more frequent in the HNs than the ON. Specific individual defenses were found in HN: isolation of affect and self-assertion were statistically more frequent in the HN than the ON. Possible explanations of the results and future directions regarding defensive processes during and after trauma will be discussed. By attending this session, participants will be able to: - better understand the nature of defensive processes during traumatic events- learn about how Holocaust survivors cope with their traumatic memories

Change in relational patterns of battered women in the context of a brief psychodynamic psychotherapy based on the DIT: A multiple case study using the CCRT-Lu-S

Valeria Villaran, Pontificia Universidad Católica del Perú; Doris Argumedo, Pontificia Universidad Católica del Perú; Felipe Pardo, Pontificia Universidad Católica del Perú; Gian Rasmussen, Pontificia Universidad Católica del Perú

Aim: The Dynamic Interpersonal Therapy (DIT, Lemma, Fonagy & Target, 2011), has been traditionally studied with patients with depression and anxiety symptoms. Despite efforts to develop interventions for battered women, very few have focused on the relational patterns, which are at the core of violence. The aim of this study is to explore changes in the relational patterns of battered women in the context of a brief intervention based on the DIT model.

Method: A multiple case study was conducted with three battered women in a 12-session psychotherapeutic process based on the DIT. The psychotherapeutic sessions were audio recorded and transcribed. Three pairs of judges identified relational

patterns with the partner using the Spanish version of the Core Conflictual Relationship Theme method (CCRT-Lu-S, Espinosa & Valdés, 2012). To analyze changes, the relational patterns identified in the first three sessions were compared with those identified in the last three sessions.

Results: Changes were found in the three components of the relational patterns throughout the process: the desire for recognition of the consultants diminished and the desire to be independent increased. The violent responses of the partners were replaced by detached responses, and the rage of the consultants was transformed into a firmly setting limits. Discussion: The results suggested that brief therapies based on the DIT could be a good alternative to treat battered women insofar it promotes changes in their relational patterns of violence.

Posters

Poster Session I

Negative childhood predictors for personality disfunction in adult life Luan Paris Feijó, Universidade do Vale do Rio dos Sinos; Livia Sanchez, Universidade do Vale do Rio dos Sinos; Sergio Oliveira, Universidade de Brasília; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

The experience of traumatic childhood events and the way initial relationships are established may be risk factors for the occurrence of mental disorders, especially personality disfunction. Considering the scarcity of Brazilian studies linking individual vulnerabilities and environmental stressors to personality disfunction characteristics, this study aims to verify if parental bonding and childhood trauma predict personality dysfunction in a sample of psychotherapy patients. It is a quantitative, cross-sectional, predictive study. Participants (n=181) were assessed at a psychotherapy psychodynamic in Southern Brazil with the Inventory of Personality Organization (IPO), the Parental Bonding Instrument (PBI), and the Childhood Trauma Questionnaire (CTQ). Data analyses was performed using Spearman's correlation and hierarchical regressions comparing the contribution of CTQ and PBI factors in the prediction of the level of personality disfunction (IPO). The hierarchical regression final model demonstrated a 10% explanatory power and indicated the following predictors: mother control ($\beta = 0.189$, $p = 0.05$), father control ($\beta = 0.149$, $p = 0.05$), emotional abuse ($\beta = 0.124$, $p = 0.05$) and emotional neglect ($\beta = 0.041$, $p = 0.05$). These results reinforce the understanding that abuses or maltreatment, as well as initial attachments in the form of mother and father control are predictors of personality disfunction. We emphasize the clinical relevance in psychodynamic psychotherapy, due to the sample composed of patients who are initiating the treatment, since these indicators can help in the hypotheses psychodynamic.

Prematurity - Why worry about this? Emilia Afrange, FLAPSI

The survival of premature children is the result of the work of multiprofessional teams that provide comprehensive assistance to the child and the family through programs of prevention and early intervention in the public health sphere. The programs identify the pathological sequelae of prematurity to remedy or minimize their effects and support the family group in addressing these issues. A continuous interactive performance is part of the psychologist's strategy attached to the process.

Violence cycle in women victims of domestic violence: relational patterns and intrapsychic conflict Luciane Maria Both, Universidade Federal do Rio Grande do Sul; Taís Cristina Favaretto, Universidade do Vale do Rio dos Sinos; Lúcia Helena Freitas, Universidade Federal do Rio Grande do Sul

Introduction: Domestic violence implies a repetitive behavioral pattern with abuse of power by the intimate partner causing damage to the victim's well-being. It's a public health problem mainly in developing countries due to a limited forms of assistance. Brazil is in the seventh position in the world ranking of uxoricides. There's an effort to understand the cycle of violence in the many research fields, as in psychology to know the functioning of relational pattern and intrapsychic conflict of those woman in violence cycle. Objective: Increase the psychodynamic understanding of women living violence cycle studying their relational patterns and intrapsychic conflict based on Operationalised Psychodynamic Diagnosis (OPD-2).

Method: A cross-sectional quantitative study was performed. OPD-2 Clinical Interviews were recorded and transcribed. Those interviews were analyzed by two independent judges trained in the OPD-2.

Results: The sample was composed by 56 women victims of domestic violence, mean age 30.07 (SD=±9.65). Interviews's judges reliability was satisfactory ($k(0.6)$). The main conflict found was "need for care versus self-sufficiency" (78.6%). Observed dysfunctional relational patterns. Victim becomes submissive, as defensive response to the suffering due to husband's desire to establish control/power and keeping the relationship abusive. **Discussion:** Victims of domestic violence renounce themselves to feel cared. They don't recognize their needs and rights. Such dynamics are difficult to identify. There is embarrassment to report the abuse. Also it is found poor insight of the problem. **Conclusion:** Identification of internalized patterns and conflictual motivations are fundamental for breaking violence cycle and built more the adaptive coping mechanisms.

Choosing a therapist in private health care Leandro Martín Casari, INCIHUSA, CONICET CCT Mendoza / Pontificia Universidad Católica Argentina; María Paula Moretti, Pontificia Universidad Católica Argentina; Agostina Nardecchia, Pontificia Universidad Católica Argentina; María Anabel Ibañez Gil, Pontificia Universidad Católica Argentina; Valeria Floramo, Pontificia Universidad Católica Argentina; Agostina Lucentini, Pontificia Universidad Católica Argentina; Gabriela Ferro, Pontificia Universidad Católica Argentina

Aims: To explore different reasons for choosing a therapist in private health care, including the preference for the therapist's sex. **Methods:** Intentional sample of 300 psychotherapy patients that have attended a minimum of three sessions. Average age: 30.65 (SD: 11.20), of both sexes (female= 80.1 %, male= 19.9 %). An Ad Hoc questionnaire was developed to explore these goals including several questions about the reasons for selecting a therapist, and the degree of this influence. The second part of the protocol included the Helping Alliance Questionnaire. Patients were invited to fill out an online surveyed questionnaire. **Results** The therapist's sex preferred was mainly female 78.8 %. There is a statistical preference towards choosing a female therapist ($X^2(1) = 4.203, p(1t) = .05$) by both men and women. The most frequent reason for choosing a therapist were: accessible fees (61 %), recommendation of family or friends (55 %), distance from home or work (49.3 %), theoretical orientation of the psychologist (47.9 %), and therapist's sex (44.5 %). **Discussion.** The process of seeking therapy includes three stages: deciding that therapy might help, deciding to seek therapy, and contacting a therapist (Elliot et al., 2015). In some countries, there are many psychologists in private practice offering their services (Maffei et al., 2015), so the patients are able to choose according to their preferences among various professionals, including the treatment to receive (Tompkins et al., 2017). The second stage of this research is to study the relationship between this choice and a therapeutic alliance.

Innovative moments based protocol to elicit resources in psychotherapy: An exploratory study Andreia Viana Milhazes, Universidade do Minho, Braga, Portugal; Pablo Fernández-Navarro, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

Aim: After more than 10 years of research on innovative moments (IMs) in psychotherapy, we developed the FIND (Feedback Initiated Narrative Development) protocol that aims to prime resources in psychotherapy. This protocol consists in two brief interviews (one before the first session and another after the last one) and an observation of IMs in the fifth session. Our goal in this study is to explore the implementation of this protocol to adjust it and to develop a system to extract useful information for psychotherapist from the first interview.

Method: Incoming clients in the clinic of the University of Minho were randomly assigned to two conditions (FIND, no-FIND). The first eight clients in the FIND condition were part of this exploratory implementation of the protocol. Their first interviews of the protocol were qualitative analyzed through ground theory regarding clients' access to their resources

Results: Preliminary results for the content analysis pointed to three categories of resources: resources, problem-resources (resources identified by the client but congruent with the list of problems specified in their case formulation) and passive-resources (resources without client's agency). **Discussion:** Improvements to the

implementation of the protocol will be discussed as well as what kind of information can be provided to psychotherapist and clients during treatment to favor a focus on client's resources while tackling with their problems. Keywords: Narrative Protocol, Capitalization of Resources, Innovative Moments

Preliminary results on mental disorder comorbidities in Functional Gastrointestinal Disorders Cristian Garay, Univesidad de Buenos Aires; Jorge Olmos, Universidad de Buenos Aires, Argentina; Maria Piskorz, Universidad de Buenos Aires, Argentina; Ivana Ortega, Universidad de Buenos Aires, Argentina; Florencia Koutsovitis, Universidad de Buenos Aires, Argentina; Sofia Donatti, Universidad de Buenos Aires, Argentina; Santiago Freiria, Universidad de Buenos Aires, Argentina; Milagros Celleri, Universidad de Buenos Aires, Argentina; Camila Cremades, Universidad de Buenos Aires, Argentina

Functional gastrointestinal disorders (FGD) are considered an important issue for public health given their frequency, the level of disability that they imply and because of the significant economic and social burden they represent. FGD are an heterogeneous group of chronic disorders, including irritable bowel syndrome (IBS), functional dyspepsia (FD), functional constipation and esophagus disorders. Among FGD, irritable bowel syndrome has a high prevalence with the result of a disproportionate use of health resources compared to the severity of symptoms. Thereby, economic costs are generated in abdomino-pelvic surgeries and visits to professionals not specialized in gastroenterology. Functional gastrointestinal disorders are characterized by the absence of a specific pathogenic substrate. Therefore, psychological mechanisms have been considered to be implicated in its development and maintenance. International studies have identified in FGD comorbidity with psychiatric disorders, such as anxiety disorders and mood disorders. This study pretends to evaluate patients in the neurogastroenterology area of the "Hospital de Clínicas" of Buenos Aires, Argentina (already diagnosed with a FGD) in the search of psychiatric comorbidities. As a consequence we aim to present descriptive information of local population which will allow the possibility to design interdisciplinary interventions in order to reduce symptomatology, increase quality of life and reduce the socioeconomic burden that these disorders represent.

Does Therapist and Patient Gender-Matching Influence Emotion and Cognitive Word Use in Psychotherapies for Panic Disorder? Serena Chen, Adelphi University, New York, USA; Michael Moore, Adelphi University, New York, USA; Zeynep Sahin, Adelphi University, New York, USA; Dianne Chambless, University of Pennsylvania, Philadelphia, USA; Barbara Milrod, Weill Cornell Medical College, New York, USA; Jacques P. Barber, Adelphi University, New York, USA

The "female effect" posits that therapist-client dyads with a female therapist show a stronger working alliance and empathetic resonance than dyads with a male therapist (Bhati, 2014). The current study sought to examine the role of therapist-patient gender-matching on objectively-rated patient linguistic markers of emotion regulation (anxiety, sadness, cognitive processing, insight, and causal words), given prior research linking word use and psychotherapy process (e. g. , Lord, Sheng, Imel, Baer, & Atkins, 2015). Individuals diagnosed with panic disorder ($N = 88$) were randomly assigned to Cognitive Behavioral Therapy (CBT) ($n = 50$) and Panic-Focused Psychodynamic Psychotherapy (PFPP) ($n = 38$). Early, mid, and late sessions were transcribed for all patients and analyzed using the Linguistic Inquiry and Word Count software. Therapist-patient dyads were separated into all-female dyads ($n = 35$), all-male dyads ($n = 17$), and mixed dyads ($n = 36$). Results showed that client anxiety word use decreased significantly overall in CBT, but increased in PFPP (Cohen's $f = 0.25$). Sadness words increased for clients in all-female PFPP dyads and all-male CBT dyads, but decreased for client in mixed dyads ($f = 0.24$). Interestingly, cognitive processing words decreased for clients in all dyads in CBT, but increased for clients in female and male PFPP dyads ($f = 0.22$). Insight words decreased for clients in female and male CBT dyads, while their use increased for clients in mixed CBT dyads, but vice versa for clients in PFPP dyads ($f = 0.30$). Lastly, causal word use decreased for CBT patients in all-female dyads and all-male dyads, but increased for those in mixed dyads. Causal word use decreased for PFPP patients in all-female dyads and mixed dyads, but increased for all-male dyads ($f = 0.23$).

Does the patient's anxious-ambivalent attachment style impact on the therapeutic alliance? Natalia Helmich, Universidad de Buenos Aires, Argentina; Martin Etchevers, Universidad de Buenos Aires, Argentina

The present study aims at learning if the model of interaction between the patient's ambivalent anxious attachment style towards the therapist impact negatively on the therapeutic alliance. HERE an exploratory, descriptive, mixed study with an intentional sample is proposed to be constituted by 40 adults (aged 18 to 65 years old) patients in the area of mental health AT the Hospital de Clínicas "José de San Martín". They will be ORGANISED into 2 groups: 1) emotional disorders and 2) Borderline personality disorder (BPD). BPD is significantly associated with ambivalent anxious attachment and disorganized attachment styles. (Aarons et al. , 2006; Ainsworth et al. , 1978; Bakermans-Kranenburg & van Ijzendoorn, 2009; Barone, 2003; Fonagy et al. , 2003). Between 50-80% of BPD patients meet criteria for at least one of these two styles (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004), being the anxious-ambivalent style the most predominant. Lingardi, Filippucci and Baiocco (2005), state that therapists should be especially aware of their own feelings towards the patient, since people with borderline personality disorder are often unfairly discriminated by mental health professionals because they are regarded as troublemakers. A battery of protocols consisting of: ad hoc sociodemographic questionnaire, OQ-45, SCL-90, RFQ, OPD-SQ, WAI, patient and therapist version, and Adult Attachment Scale will be administered. For these purposes, an analysis of the pilot data collected from the Adult Attachment Scale and the WAI-t will be performed.

Interdisciplinary research on the transformations of Mental Health in Uruguay.

Deborah Rydel, Universidad de la República- Uruguay; Beatriz Fernández Castrillo, Universidad de la República- Uruguay; Carla Palombo, Universidad de la República- Uruguay; Alejandra Moreira, Universidad de la República- Uruguay

This communication discusses the results of a research carried out by an interdisciplinary team of researchers that has the endorsement of the I+ D Program of the Sectorial Commission for Scientific Research of the University of the Republic. Its objective is to evaluate the implementation of the Mental Health Benefits Plan implemented since 2011 within the context of the Integrated National Health System in Uruguay, in view of the imminent regulation of the Mental Health Law passed by the National Parliament. The methodological design responds to combined strategies (quantitative) of a descriptive, evaluative and interpretative nature of national coverage. Some results indicate a certain political consensus when acknowledging the progress regarding rights and accessibility to the health system for citizens, although insufficiency of Human Resources in the public sector is alleged. Also, experts criticize the inclusion criteria for not being all-embracing, the lack of quality assurance controls, insufficient conditions for teamwork and low salaries. Users manifest both lack of knowledge in relation to their rights to benefits and high ratios of disagreement. The research aims to be an academic input that consolidates a culture of evaluation, firstly interposing the need to create a series of suitable systems for our country to promote authentic decision-making regarding health policies, that justify the immense investment done to make changes with the commitment of all Uruguayans.

Attitudes of the LGB community toward psychotherapy: Construction and psychometric evaluation of a Scale of prejudices toward psychotherapy

Jesús Antonio Vidal Rojas, Universidad Diego Portales, Santiago, Chile; Marena Soto, Universidad Diego Portales, Santiago, Chile; Maitte Carrión, Universidad Diego Portales, Santiago, Chile; Valentina Godoy, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile

Several studies have revealed a high prevalence of mental health problems in the LGB (lesbian, gay, bisexual) community, due to the permanent exposure to experiences of discrimination, constituting a big necessity for psychological help. However, the effective seek for psychotherapeutic help is influenced by access barriers which the individual barriers. This could be related to negative attitudes towards psychotherapy and its professionals by the LGB community. Research on this variable is scarce and no instruments for assessing said attitudes have been introduced.

Aim: To present a scale of prejudices towards psychotherapy among the LGB community in Chile and its psychometric results for its validation.

Method: To construct the items for the scale, a systematic literature review was conducted. The scale was administered to 575 people over 18 years of age who self-

identified as LGB. Afterward, a reliability analysis and a factor analysis were performed to determine the internal consistency and organization of the scale's items.

Results: The instrument displays acceptable internal consistency indexes. The scale reflects two factors: general attitudes toward psychotherapy and specific attitudes of the LGB community toward psychotherapy. Discussion: It is concluded that the instrument is a valid tool for measuring negative attitudes in the LGB community. Its clinical implications and its usefulness for generating a culturally competent psychotherapy for the LGB community are discussed. Keywords: LGB, attitude, prejudice, psychotherapy, measurement.

Notions and Beliefs Employed by Psychotherapists when Establishing a Clinical Formulation Process of Clinical Material of a Psychotic Patient Francisco Nicolás Di Persia, Universidad Nacional de Córdoba

Aim: in this work-in-progress it is proposed to identify and to describe notions and beliefs employed by psychotherapists when establishing a clinical formulation process of clinical material of a psychotic patient. Methods: qualitative-quantitative; quasi-clinical experimental design. Participants: psychotherapists distributed in subgroups according to their theoretical approach and level of experience. Instrument: stimulus material (clinical case) based on the DSM-IV-TR (APA, 2002) diagnostic criteria and the content of clinical vignettes (APA, 2003). Following procedures of similar studies (Juan, 2014, Etchebarne and Roussos, 2010) a script adapted from the case will be prepared in order to obtain an audio recording that simulates a first psychotherapeutic session. The material obtained will be transcribed and the written copy of the case will be provided to the participants simultaneously with the reproduction of the case in audio format. Procedures: individual presentation to each participant of the stimulus material (listening to and reading the material simultaneously) with the instruction to perform a clinical formulation of the case including diagnostic criteria, intervention criteria and treatment objectives. The talk-in-loud reasoning will be recorded.

Results: clinical reasoning processes used by psychotherapists will be identified together with implicit notions and beliefs that may be involved in the conceptualization of the case. Discussion: the applied methodological design can constitute a novel tool for the investigation of the clinical reasoning processes involved in the clinical formulation. The study also allows to deepen the investigation on beliefs and notions of the therapist involved in the conceptualization of cases of psychosis.

Preliminary results of a multicenter randomized controlled trial of mindfulness training to reduce burnout and promote quality of life in police officers: The POLICE study Marcelo Trombka, Federal University of Rio Grande do Sul (UFRGS); Marcelo Demarzo, Federal University of São Paulo; Daniel Campos Bacas, Universitat Jaume I; Ana Laura Gehlen Walcher, Federal University of Rio Grande do Sul; Bruno Carniel, Federal University of Rio Grande do Sul; Sonia Beira Antonio, Mente Aberta - Centro Brasileiro de Mindfulness e Promoção da Saúde; Karen Cicuto, Mente Aberta - Centro Brasileiro de Mindfulness e Promoção da Saúde; Vera Lúcia Salvo, Mente Aberta - Centro Brasileiro de Mindfulness e Promoção da Saúde; Neusa Sica da Rocha, Federal University of Rio Grande do Sul

Introduction: Police officers experience a high degree of chronic stress. Policing ranks among the highest professions in terms of disease and accident rates. Mental health is particularly impacted, evidenced by elevated rates of burnout, anxiety and depression, and poorer quality of life than the general public. Mindfulness training has been shown to reduce stress, anxiety, burnout and promote quality of life in a variety of settings, although its efficacy in this context has yet to be systematically evaluated. Methods: We will present the preliminary results of a multicenter randomized controlled trial with three assessment points: baseline, post-intervention, and six-month follow-up. Active police officers (n=170) were randomized to Mindfulness-Based Health Promotion (MBHP) or waitlist control group at two Brazilian major cities: Porto Alegre and São Paulo. The primary outcomes are quality of life (Whoqol-bref) and burnout symptoms (MBI).

Results: Mixed model analysis showed that MBHP group presented higher quality of life at all Whoqol-bref domains at post-intervention assessment ($p < 0.05$). No significant differences between groups were found on burnout symptoms. Baseline data analysis demonstrated positive Pearson correlations among mindfulness levels (MAAS), decentering (EQ) and self-compassion (SCS) with quality of life and burnout symptoms. Multiple regression showed that mindfulness levels (SCS subscale) are

significant predictors of burnout (exhaustion β -. 191, cynicism β -693, professional efficacy β . 342), quality of life (β . 341), mental health (β . 381) and perceived stress (operational β -395, organizational β -348). It also demonstrated that levels of self-compassion (SCS) are significant predictors of mental health (β . 586).

An intensive analysis of the process of corrective emotional experience: Verifying task components Kaori Nakamura, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Ayumi Noda, Ochanomizu University, Tokyo, Japan; Shiori Kizuki, Ochanomizu University, Tokyo, Japan; Tetsuo Fukushima, Otsuma Women's University, Tokyo, Japan; Wakako Yamazaki, Ochanomizu University, Tokyo, Japan; Yuka Kimura, Ochanomizu University, Tokyo, Japan; Yuki Arakaki, Ochanomizu University, Tokyo, Japan; Chisa Okubo, Teikyo Heisei University, Tokyo, Japan

Aim: Corrective emotional experience (CEE) has drawn attention as one of the core change mechanisms of psychotherapy (Castonguay & Hill, 2012). In a previous study, we built a task model of CEE based on six events in an integrative affect-focused therapy (Nakamura & Iwakabe, 2018). The goal of this study was to verify this CEE model using a single case in which CEEs played a central role in facilitating change. **Methods:** The client was a Japanese woman with unresolved conflicts with her mother. The therapist was a Japanese male psychologist who took an integrative affect-focused approach. Emotional transformation scale (ETS; Iwakabe, 2016) was used to identify sessions in which CEEs occurred. Two sessions with high scores indicating the occurrence of CEE and two sessions with moderate scores were selected. A pair of raters identified the two-minute periods in which each component of the CEE model was most clearly seen. Another pair of raters evaluated whether the components of the model can be observed in these periods.

Results: In sessions with high scores on ETS, the client expressed core painful emotions and then arrived at a positive sense of self through a sense of comfort with the therapist. In sessions with moderate scores, she dealt with the conflicts with her mother and then arrived at a sense of relief or expressed her needs; however, she did not reach a positive sense of self. **Discussion:** Experiencing core pain in a sense of comfort with the therapist can lead to deeper emotional changes.

Optimizing diagnostic and treatment evolution assessment: Practice-oriented research. Luis Farfallini, Aiglé Foundation; María Belén Peraita, Aiglé Foundation; Fernando García, Aiglé Foundation; Juan Martín Gómez Penedo, University of Bern, Switzerland; Andrés Roussos, Universidad de Belgrano, Buenos Aires, Argentina; Roberto Muiños, Universidad de Buenos Aires, Argentina; Héctor Fernández-Álvarez, Aiglé Foundation

Psychotherapy has been proved to be effective and efficient to treat mental disorders, helping to reduce their negative effects. The success of the treatment depends on an accurate diagnosis at intake and on follow up of the treatment's evolution as informed by the Outcome Questionnaire -OQ-45 (Lambert et al. , 1996). The study is part of a collaborative project between Aiglé Foundation and the University of Buenos Aires. The sample is composed by clients of the foundation. The aims of this project are the following: 1. analyze the diagnostic assessment of clients in order to find indicators of their possible evolution and the chance of treatment drop out; 2. optimize the assessment of the early response to therapy through statistical modeling in order to determine the evolution of severity within the first 5 therapy sessions; 3. improve assessment of therapeutic change during the process of psychotherapy through statistical modeling in order to determine the evolution of severity within the first 15 therapy sessions. We expect as a result to optimize the treatment process for clients attending a mental health facility in order to improve the quality of the attention provided.

Disclosure and concealment in the coming out process of LGBT people: Validation of the Nebraska Outness Scale Fernanda Santander, Universidad Diego Portales, Santiago, Chile; Matias A. Fernandez-Gomez, Universidad Diego Portales, Santiago, Chile; David A. Barboza, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile

Publicly revealing one's non-heterosexual orientation, a process known as "coming out of the closet", can lead to multiple and severe mental health problems for LGBT (lesbian, gay, bisexual, trans) people. In addition, it is not an undifferentiated action that occurs equally across all social contexts or for all people: it is a statement selectively revealed to others. Coming out of the closet involves processes of concealment and disclosure which must be understood to conduct clinical work. The Nebraska Outness Scale (NOS) is one of the main instruments for studying this process. It is composed of two subscales that evaluate disclosure (NOS-D) and another that evaluates concealment (NOS-C).

Aim: To present psychometric results of the adaptation and validation of the NOS for the Chilean context.

Method: The scale was administered to 716 people over 18 years of age who self-identified as LGBT and resided in Chile. The scale's reliability was analyzed and a confirmatory factor analysis was performed.

Results: Reliability, estimated using Cronbach's alpha, was found to be acceptable for the full scale and for both individual subscales. **Conclusion:** The Nebraska Outness Scale is a suitable tool for studying the sexual orientation concealment and disclosure processes of LGBT+ people in Chile, which establishes it as a useful instrument for research and therapeutic work in this area.

Strategies used in psychotherapy outcomes assessment at University counselling services in Colombia Dennis Lisette Morales Arias, University El Bosque; Luz Adriana Trujillo, El Bosque University

Aim: exploring strategies for the evaluation of psychotherapy outcomes used by university counselling services in Colombia. **Methods:** consist of an exploratory and descriptive design, divided into two stages: the first one -the current phase- is the development of a questionnaire, and the second one -beginning next year- will be the data collection and description of the strategies used. All university counselling centres in Colombia will be invited to participate in the research. The questionnaire will be applied online to three members of the institutions: the director of the centre, a supervisor and an internship student.

Results: Data will allow to know if the university counselling centres use one or more strategies to evaluate the results in psychotherapy, as qualitative and quantitative techniques. Moreover, the results will contribute to explore the way psychologist training occurs in those institutions. **Discussion:** This study will have a large impact in the field of psychotherapy research in Colombia, in the study of psychotherapy outcomes evaluation, and in the knowledge of the training of students in techniques for the evaluation of change in psychotherapy. Likewise, the outcomes will be useful for institutions self-assessment. **Keywords:** psychotherapy outcomes assessment, university counselling centres, clinical psychologist training.

Dynamic patterns in personal positions of a patient diagnosed with Borderline Personality Disorder (BPD) and her therapist in change episodes during a long-term psychotherapy Augusto Mellado, Pontificia Universidad Católica de Chile, Santiago; Fernanda Abarca, Universidad Diego Portales, Santiago, Chile; Marena Soto, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Aim: To identify dynamic patterns in the personal positions (expressions of the subjectivity in therapeutic conversation) of a patient diagnosed with Borderline Personality Disorder (BPD) and her therapist during change episodes in a long-term psychotherapy. **Methods:** A case study will be presented. This will consider a first stage of qualitative analysis where change moments will be determined through the Change Episodes Model. After, through the Model of Analysis of Discursive Positioning in Psychotherapy (MAPP), personal positions of a patient and her therapist will be identified in each of change episodes of the patient. In a second stage of quantitative

analysis, dynamic patterns in personal positions will be established, giving an account of possible attractors (using Space State Grid technique) in each of the three different levels of subjective elaboration that hierarchically constitute the change episodes.

Results: Results could indicate the presence of differentiated attractors (i. e. higher frequency personal positions) in change episodes associated with the patient's change process, and the attractors will specialize as the patient evolves in the three different levels of subjective elaboration of the change episodes. Discussion: Results could suggest that a subjective transformation process is manifesting throughout change episodes and this is manifested in the different personal positions that emerge as the episodes of change evolve. Salient attractors could indicate an evolution in the subjectivity construction process of the patient during psychotherapy. Keywords: personal positions, change episodes, change process, attractors

Examining the Relations among Autobiographical Memory Recall Types, Quality of Descriptions, and Emotional Arousal in Psychotherapy for Depression Jinny Hong, University of Toronto, Canada; Jeanne Watson, University of Toronto, Canada

Three types of autobiographical memory recalls - specific, episodic, and generic- were examined in relation to the quality of descriptions and in-session levels of emotional arousal. Correlational analyses and general estimating equation were conducted to test the relationships between 1) quality of descriptions and type of memory, 2) type of memory and emotional arousal, and 3) quality of descriptions and emotional arousal. The data was transcripts drawn from an archival randomized-control study comparing cognitive-behavioral therapy and emotion-focused therapy in a 16-week treatment for depression. Autobiographical memory recall segments were identified and sorted into three categories: specific, episodic, and generic. Quality of descriptions of these segments were then operationalized and measured using the Referential Activity Scale, and each memory segment was rated on four dimensions: concreteness, specificity, clarity, and overall imagery. Clients' level of emotional arousal for each recall was measured using the Client's Expression Emotion Scale. Contrary to the predictions, generic memories were associated with higher emotional arousal ratings and descriptive language ratings compared to specific memories. However, a positive relationship emerged between the quality of descriptions and expressed emotional arousal, indicating that the quality of descriptions in which memories are described in sessions is more important than the type of memory recalled in predicting clients' level of emotional arousal. The results from this study provide a clearer understanding of the role of memory recall types and use of language in activating emotional arousal in psychotherapy sessions in a depressed sample. recall and descriptive language in psychotherapy for depression.

Change of personality traits after intensive psychotherapy: Using a dimensional approach Katharina Rek, Max-Planck Institute of Psychiatry

Background: The diagnostics of personality disorders (PDs) are undergoing a radical change. Instead of the traditional categorical approach, both DSM-5 and ICD-11 opted for dimensional classification of PDs assessing their severity and style (ie., maladaptive traits). This new approach has proven to be superior in terms of reliability, validity and clinical utility. However, research is still missing investigating the effect of treatment on whether and to what extent changes in these dimensions can be achieved. We carried out the first investigation testing potential longitudinal changes following intensive psychotherapy. Method: This study includes analysis of patients' changes (n=91) with the primary diagnosis of at least a moderate depressive disorder participating in the OPTIMA study, an assessor-blind randomised controlled trial investigating cognitive behavioural, schema and individual supportive therapy for depression, delivered over 7 weeks. Pre-post differences were calculated for each domain and assessed for significance using t-tests. Additionally, mediator-analyses were conducted to account for the influence of changes in depressive symptoms. Results: Results indicated that the expression of maladaptive traits significantly decreases with medium to large effect sizes following psychotherapy and were not mediated by changes in depressive symptoms. The extent of change differed across domains ranging from antagonism (d=0.37) to detachment (d=0.68). Conclusion: Psychotherapy was effective in reducing maladaptive personality traits. Future research should test which underlying mechanisms are responsible for the extent of change in the various traits.

Sexual identity development and psychotherapy with gays and lesbians' clients: a qualitative systematic review Allan Maia Andrade de Souza, Hospital de Clínicas de Porto Alegre; Neusa Sica da Rocha, Federal University of Rio Grande do Sul

Background: Sexual identity development in gays and lesbians is described as a continuous process, moderated by both individual and social factors. However, few studies has reported the influence of that process on the psychotherapy practice in sexual minorities. Methods: A qualitative systematic review was conducted by searching indexed articles in scientific databases, published from 1948 to 2018.

Results: Many authors have proposed models for defining the process of gay and lesbian identity development, usually described in at least five phases. During the first phase, clients feel socially different and can seek treatment for depression or anxiety. Their same-sex attractions are still preconscious and psychotherapy may focus on supportive aspects. When clients begin to regard their own homosexuality, they shift for phase two. An empathic exploration of sexuality and superego modifications may help. As clients begins to tolerate their own sexuality, they change for phase three. They begin self-disclosures, start to feel as part of minority group and explore a new life style. Psychotherapy can help by exploring aspects of coming out. In phase four clients accept rather than tolerate their sexuality and usually develops a gay pride. Expressive individual therapy, family therapy or couples therapy could help at this stage. Clients in the fifth phase express dissatisfaction with heterosexual oppression. Psychotherapy may include supportive approaches, dichotomies exploration and reframing the past. Conclusions: Psychotherapy can help gays and lesbians' clients in each phase of sexual identity development. It can contribute to further researches on psychotherapy interventions in gays and lesbians.

Psychotherapy in gays and lesbians: historical issues and current recommendations Allan Maia Andrade de Souza, Hospital de Clínicas de Porto Alegre; Neusa Sica da Rocha, Federal University of Rio Grande do Sul

Background: Minority stress is a historical problem has a major impact on mental health, with increased risk of depression, anxiety and suicide. However, many professionals still report little knowledge about psychotherapeutic interventions in sexual minorities. We aim to describe the historical issues and current recommendations on psychotherapy in gay and lesbian clients. Methods: We proceeded with a qualitative systematic review of the literature and articles indexed in scientific platforms, between 1948 and 2018.

Results: The heterosexual bias was hegemonic until the 1970s, considering same-sex attraction as psychiatric disorder. Until then, psychotherapeutic approaches was mainly focused on reversion of sexual orientation. The lack of consistent theoretical model and questionable evidences, as well as the gays and lesbians' fights for equal civil rights, was associated with the exclusion of homosexuality from the diagnostic systems. HIV/AIDS epidemics and the incorporation of sociological concepts into the psychotherapy technique bring new affirmative models of treatment, with a focus into gays and lesbians' problems as a minority group in an heterosexual-biased society. Nowadays, the reparative therapies is contraindicated by international guidelines. Several kinds of psychotherapeutic approaches have been adapted for sexual minorities clients, but therapeutic success of them seems to be more associated with non-specific factors, such as an empathic setting and therapeutic alliance. Conclusions: Psychotherapy in gays and lesbians is considered a valuable treatment and can help clients by offering since crisis approaches until the development of a positive sexual identity, as well as it increases resilience and protective factors face minority stress.

Psychotherapy and Clinical Supervision: Skills, Therapeutic Competencies and Treatment Results Pablo Rafael Santangelo, Universidad Nacional de Mar del Plata - Fundación Aiglé; Karina Conde, UNMdP - IPSIBAT - CONICET; Juan Cruz Curati, UNMdP

The main objective of this presentation is to describe the research project presented at the National University of Mar del Plata at the Secretariat of Science and Technology. It arises from the need to evaluate and systematize the activities carried out in the Psychotherapy Formation and Training Program at the Faculty of Psychology -- UNMdP. Its objectives are: (1) To adapt the Counselor Activity Self-Efficacy - CASS (Lent, Hill & Hoffman, 2003) and Short Supervisory Relationship Questionnaire: S-SRQ (Cliffe, Beinart & Cooper, 2016) into our local context. The first scale evaluates self-perception of therapeutic skills and the S-SRQ supervisory relationship; (2) To evaluate the relationship between clinical supervision and the Self-efficacy of the psychotherapist. Psychotherapists will be followed up to evaluate if the perception of therapeutic

abilities varies according to the values of the clinical supervision alliance and (3) To weigh the relationship between clinical supervision and the results of the treatments. The supervisory relationship will be evaluated in its three dimensions: safe basis, reflexive education and structure, its relationships with the results of psychotherapy will be identified using the OQ - 45.

Method: quasi - experimental design. Results and discussion: This project will start in February 2019. It is expected that the aforementioned instruments will show adequate properties to the local context and find a positive connection between the supervision relationship and the perception of therapeutic abilities and also a positive connection between the relationship of supervision and results of psychotherapy. Preliminary results will be presented. Key words: Supervision - Therapeutic skills - Results of treatment

Unrigging the support wheels -- patients' views on guided self-help CBT Elisa Haller, University of Zurich, Switzerland; Nicole Besson, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland

Low-intensity treatments imply reduced therapist contact due to an emphasis on self-help and the use of technologies to deliver treatment. The role of the remoteness, the reduced therapist contact and the interplay of these components has not been differentiated from a patients' perspective so far. This study's purpose is to capture patients' experiences with telephone-based self-help CBT (tel-CBT). A subsample of mildly to moderately depressed patients who finished tel-CBT as part of a larger RCT (N = 13) in routine care were interviewed using a semi-structured questionnaire. Interviews were audiotaped, transcribed verbatim and independently coded by two coders blind to treatment outcome. Using qualitative content analysis with deductive and inductive procedures we established a three-level category system. It contains four subject areas regarding expectations, self-help related aspects, telephone-related aspects and implications for patients' treatment path, and subsumes a total of 17 main categories. Self-help related aspects circulate around the interplay between written materials and professional input, trust and support in the therapeutic relationship and its relation to the initial personal contact, and CBT principles. Within telephone-related aspects perceived advantages and disadvantages of the telephone on an organisational and content level as well as a discourse around distance and closeness in the communication are highlighted. Patients expressed satisfaction with and an immediate and long-term impact of the treatment indicating user acceptance. This qualitative analysis helps understanding patients' experiences with tel-CBT and the perceived helpfulness of the diverse treatment components. This can help refining aspects of low-intensity treatments and might improve dissemination.

Difficult Patients: Subjective experience and strategies used by Public Service therapists in Chile working with these patients. Sonia Briones, Pontificia Universidad Católica de Chile, Santiago; Stephanie Vaccarezza Schürmann, Pontificia Universidad Católica de Chile, Santiago; Candice Fischer, Pontificia Universidad Católica de Chile, Santiago

Psychotherapists in the Chilean Public Service work with a variety of patients, including difficult patients. In the literature, these patients are described as difficult to understand, difficult to be helped, and patients who demand from the therapist a greater effort in their attention, resulting in sadness, anger, frustration and burnout. In Chile there are few studies on this subject and no studies regarding the subjective experience of therapists who treat these type of patients. The objective of this poster is to describe one research study, which participants are students of the Diploma in Personality Disorders of the Pontificia Universidad Católica de Chile. This study describes the subjective experience of Public Service therapists treating difficult patients and the tools they use in their work with this kind of patients. Semi-structured interviews were conducted to 10 therapists, which were analyzed under the Grounded Theory. This investigation allowed us to understand the conceptualizations that psychotherapists working in the Public Service have about difficult patients, being able to identify the main challenges they face and the difficulties in the clinical management they encounter in their work with these patients. These results will be complemented with qualitative questionnaires of a second investigation that is currently in progress. Keywords: Psychotherapists, Difficult patients, Public Service in Chile, Clinical approach

Therapeutic alliance and its correlation with quality of life in patients treated in psychotherapy Guilherme Barbisan, Federal University of Rio Grande do Sul, Brazil; Neusa Sica da Rocha,

Aim: Therapeutic alliance is considered one of the non-specific factors of psychotherapy that is associated with therapeutic success. There is evidence that a good alliance is correlated with improvement in symptomatology and leads to an improvement in adherence to pharmacological treatment. However, studies in the literature that correlate therapeutic alliance and quality of life are lacking. Our aim is to evaluate this correlation. **Methods:** We evaluated cross-sectional therapeutic alliance and quality of life scores in 60 patients (77% women, mean age 44 years) under psychotherapy follow-up in psychoanalytical, cognitive behavioral and interpersonal psychotherapy modalities in the Hospital de Clínicas de Porto Alegre, comparing therapeutic alliance scores along with quality of life. The instruments used in the evaluations were WHOQOL-BREF (Quality of Life), Calpas-P (therapeutic alliance).

Results: Data show that the correlation between the domains of the WHOQOLBref quality of life scale and the total score of the CALPAS-P therapeutic alliance scale is a positive (Pearson positive) correlation (Pearson > 0). The 'psychic' domain had a more significant correlation than the other domains (Pearson = .225), however the above results were not statistically significant because the p value was greater than 0.05 in all domains. **Discussion:** Best quality of life in all domains seems to be correlated with better therapeutic alliance. It is not possible to identify the direction of the relationship because it is a cross-sectional study. These results need to be confirmed with larger samples.

Structural evaluation (OPD-Axis IV) in a Brazilian sample of patients with severe mental disorders who undergo psychotherapy Cinthia Danielle Araújo Vasconcelos Rebouças, Federal University of Rio Grande do Sul - Brazil; André Goettems Bastos, Pontifícia Universidade Católica do Rio Grande do Sul, Brazil; Bruno Carniel, Federal University of Rio Grande do Sul; Bruno Carniel, Federal University of Rio Grande do Sul; Guilherme Kirsten Barbisan, ; Leonardo Gonçalves, Universidade Federal do Rio Grande do Sul; Ana Laura Gehlen Walcher, Federal University of Rio Grande do Sul; Sthéfani Schütz, Federal University of Rio Grande do Sul - Brazil; Neusa Sica da Rocha, Federal University of Rio Grande do Sul

Background: In order to expand the descriptive classification of symptoms in mental disorders and to bring empirical consistency to psychodynamic/psychoanalytic models, a multiaxial instrument called Operationalized Psychodynamic Diagnosis (OPD-2) was constructed in German and validated in several languages and cultures. **Objectives:** This study intends to apply the OPD-2 in a Brazilian sample of patients with severe mental disorders who attend the psychotherapy outpatient clinic in a tertiary public hospital in Brazil. **Methodology:** A longitudinal naturalistic study with consecutive sample of all patients who are attending the psychotherapy outpatient clinic was performed. Outcome measures were assessed in baseline and 6 months after participant inclusion in the study.

Results: A total of 80 individuals participated in the study. The structural evaluation mean (OPD-Axis IV) in patients with previous history of hospitalization ($\bar{x}=22.4; \pm 4.1$) was higher than patients without a previous history of hospitalization ($\bar{x}=19.6; \pm 4.3$; $t=-2.337$; $gl=59$; $p=0.023$). It was observed also in patients with previous suicide attempt ($\bar{x}=22.2; \pm 4.4$) was higher than patients without a previous suicide attempt ($\bar{x}=19.3; \pm 4.1$; $t=2.487$; $gl=56$; $p=0.016$). **Conclusion:** Axis IV of the OPD-2 (structural evaluation) was able to discriminate patients in the sample with a previous psychiatric hospitalization and with history of suicide attempt. Poor structural integration levels may be correlated with the ability to use healthy coping mechanisms in mental illness, leading to possible worse clinical symptoms.

Alliance rupture in a interrupted case of psychodynamic psychotherapy with borderline patient Patricia Dotta, Universidade do Vale do Rio dos Sinos; Heitor Marques Holland, Universidade do Vale do Rio dos Sinos; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

Aim: To identify alliance ruptures in a case of interrupted psychodynamic psychotherapy (PP) with Borderline Personality Disorder (BPD) patient.

Method: systematic case study. Patient: Carlos, 30 years old, sought treatment with complaints of lack of emotional control and difficulties in the relationship with his girlfriend. Therapist, 32 years old, with training in PP. The unit of analysis is the psychotherapy sessions (n = 15), recorded on video and transcribed verbatim. Each of the sessions was segmented into 5-minute time parts. Raters applied the Rupture Resolution Rating System (3R's) to identify the rupture markers in the segments. Once each therapy session was coded, significance ratings were determined.

Results: 210 ruptures were identified; of these, 66% were of avoidance, 34% of confrontation. The withdrawal ruptures with the highest occurrence were deferential and appeasing (fr = 14), shifting topic (fr = 13) and denial (fr = 9). On the other hand, most confrontation ruptures markers were of patient rejects therapist intervention (fr = 13), defends self against the therapist (fr = 5) and make efforts to control the therapist (fr = 5). The presence of alliance ruptures had an impact on the overall treatment process (M = 3.0, SD = 0.37). The highest impact sessions were 1st (M = 3.57, SD = 1.27), 5th (M = 3.26, SD = 0.72) and 9th (M = 3.33, SD = 0.87). The therapist contributed to the frequency of ruptures throughout the treatment (14 occurrences). **Discussion:** In this case, withdrawal ruptures were more frequent than those of confrontation were. In ruptures, the patient was predominantly deferent and appeasing, tend to shift topics, and reject therapist interventions. Both patient and therapist contributed to the occurrence of ruptures. Although the ruptures are an expected phenomenon of psychotherapy, they appear to have contributed to the premature termination of the treatment.

Preliminary results of a brief group psychoeducational intervention for patients with psychogenic non-epileptic seizures of Buenos Aires, Argentina. Mercedes Sarudiansky, CONICET-Universidad de Buenos Aires; Alejandra Lanzillotti, CONICET-Universidad de Buenos Aires; María Marta Areco Pico, CONICET-Universidad de Buenos Aires; Cristina Tenreiro, Universidad de Buenos Aires, Argentina; Gabriela Valdéz, Universidad de Buenos Aires, Argentina; Luciana D'Alessio, Enys-CONICET; Silvia Kochen, Enys-CONICET; Laura Scevola, Enys-CONICET; Guido Pablo Korman, CONICET-Universidad de Buenos Aires

Psychogenic Non-Epileptic Seizures (PNES) constitute a challenge both for diagnosis and treatment. Group psychoeducational interventions have been developed to achieve a better understanding of the diagnosis; a decrease in the frequency of seizures, and an improvement on its management. To enhance interpersonal links and the quality of life of patients with this condition are also important goals of these therapeutic approaches. The World Health Organization warns about the difficulty of extrapolating treatments with empirical support from one context to another. For this reason, we adapted a group psychoeducational cognitive-behavioral intervention to local population, oriented to patients with PNES and their relatives, who attend to a public hospital in Buenos Aires, Argentina. In this work we will present the foundations on which this intervention was designed. Based on the qualitative interviews administered to patients and relatives in the last four years, we concluded that patients required more guidance to reinforce the understanding of their illness, to be motivated on attending a psychological treatment, and to be able to normalize their experience. The intervention is structured in three group meetings, two hours long each, with a biweekly frequency. In the first meeting, the differences between epilepsy and PNES are highlighted. The second meeting is aimed to help patients to identify and deal with emotions, and to link them to their seizures. The objective of the third encounter is oriented to strengthen the resources patients have for daily life with PNES. The results of three intervention groups carried out in 2017-2018 will be discussed.

New developments on the concurrent validity of the Personal Style of the Therapist Questionnaire (PST-Q) Claudia Castañeiras, Aiglé Foundation; María Camila Chamó, Aiglé Foundation; Luis Farfallini, Aiglé Foundation; Javier Fernández-Álvarez, Aiglé Foundation; Fernando García, Aiglé Foundation; Beatriz Gómez, Aiglé Foundation; María Belén Peraita, Aiglé Foundation; Héctor Fernández-Álvarez, Aiglé Foundation

The Personal Style of the Therapist -PST- acts as a general principle of psychotherapy that is a meaningful variable on treatment outcome. The PST has been studied through a self-descriptive questionnaire: PST-Q, that explores 5 dimensions: Instructional, Expressive, Involvement, Attentional and Operational. The instrument showed adequate reliability and theoretical validity. The aim of this study is to establish the concurrent validity of the questionnaire by contrasting groups. We analyzed 157 verbatim transcribed sessions corresponding to 40 integrative therapists of low, medium and high experience. Age range: 28-70 years (M = 47; SD = 3). An observation guide for verbal interventions of sessions called Aigle Therapist Observation Guide (ATOG-v) was applied. A comparison between therapists' profiles was carried out using the factorial analysis of correspondence, that allows detecting the presence of associations between the frequencies of use of each ATOG element. A Cluster Analysis was performed to determine the profiles of therapists defined by the way of using the elements of ATOG. Analysis of variance of one Factor was performed and significant differences were found in the attentional and operative scales. This yields evidence about the concurrent validity of the PST-Q in these two dimensions. Key word: Personal Style of the Therapist Questionnaire, Concurrent Validity, Aigle Therapist Observation Guide

Evolution of change in three long-term therapies: analysis of the structure of personality Jesús Antonio Vidal Rojas, Universidad Diego Portales, Santiago, Chile; Katherine Guerrero, Universidad Diego Portales, Santiago, Chile; Manuela Luna, Universidad Diego Portales, Santiago, Chile; Catalina Pumarino, Universidad Diego Portales, Santiago, Chile; Fernanda Santander, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile

Background: Personality structure has been described as a moderating factor in the results of the patient's therapeutic process. The evolution of a patient's psychotherapeutic process can be described in terms of symptom relief, subjective change process and the influence that personality structure has on the patient's process.

Aim: To present the evolution of three long-term therapies describing the differences in the therapeutic outcome according to the personality structure of each patient.

Method: Three patients were evaluated with the structure questionnaire of the axis IV of the Operationalized Psychodynamic Diagnosis (OPD) before beginning their therapies. Afterwards, their symptomatic state was measured through OQ 45. 2 applied before each session. They were used the first 40 sessions of three therapies, two of them which are still ongoing.

Results: The decrease in the symptomatology could vary according to the strengths and weaknesses of each personality structure and according to the chronicity of the patient's symptoms. Discussion: The clinical implications of the psychotherapeutic process and outcome are discussed, considering the patient's personality structures and taking into account that this is a complex, heterogeneous process that acts on different levels related to each other and that points to different aspects.

Evolution of change and therapeutic outcome in four long-term therapies Manuela Luna, Universidad Diego Portales, Santiago, Chile; Katherine Guerrero, Universidad Diego Portales, Santiago, Chile; Jesús Antonio Vidal Rojas, Universidad Diego Portales, Santiago, Chile; Catalina Pumarino, Universidad Diego Portales, Santiago, Chile; Fernanda Santander, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martinez, Universidad Diego Portales, Santiago, Chile

Background: The evolution of a psychotherapeutic process can be described in terms of symptomatic relief of the patient and his/her process of subjective change. Although they are two measurements that point to different elements, these could be related. Previous studies have described an association between the evolution of the Generic Change Indicators (GCI) and the scores OQ 45. 2 in psychotherapy.

Aim: To describe the evolution of the change, the therapeutic outcome and the relationship between them in four long-term psychotherapies.

Method: The evolution of four long-term psychotherapies (over 40 sessions) was studied, analyzing it from the perspective of the GCI and the progress of the psychotherapeutic outcome through the OQ 45. 2. All the sessions of psychotherapy were recorded on video to be later observed to analyze the Generic Change Indicators

(GCI). In addition, the patients answered the OQ 45. 2 questionnaire in all sessions. Results: The results regarding the evolution of the OQ scores and the GCI throughout the psychotherapies and the relationship between both measurements are presented. Discussion: The process of psychotherapeutic change is complex, heterogeneous and acts on different levels that are interrelated, pointing to different aspects of change. The relevance of the multidimensional approach of the process of psychotherapeutic change and how that view reflects the heterogeneity and complexity of that process is discussed.

Fathers' participation in Parent-infant Psychotherapy: invitation or requirement?

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Aim: To understand how occurs the participation of the father in parent-infant psychotherapy. Methods: Participants were three families seeking parent-infant psychotherapy at a specialized service in south brazil. Fathers age varied between 29 and 32 years old, and the infants were between 5 and 11 months old. The fathers were married in two families. Video sessions recordings were analyzed to understand how occurred the father participation in the psychotherapy.

Results: Mother and infant participated since the beginning, and fathers participated along after, before the second (Case 1 and 3) or third (Case 2) session. In Case 1 and 3 the father participation in therapy was indirectly approached by therapists over the previous sessions, and directly requested by mothers after insights on this matter aroused during psychotherapy sessions. The father's participation in Case 2 case was directly approached by the therapists since the first session. Discussion: In cases 1 and 3, complaints regarding the fathers' lack of support in raising and caring for the infant had a main role in the fathers entrance. The father's participation in Case 2 seemed to have been motivated by insecurities of both parents regarding their baby's behavior and the entrance was directly approached by therapists since the first sessions. This raises questions about how the fathers' entrance in parent-infant psychotherapy is conducted by professionals working in the area. Despite this, the results of this study corroborate with the literature that points out the existence of difficulties regarding fathers participation in parent-infant psychotherapy. Keywords: infant; parent-infant intervention, fatherhood. By attending this session, participants will be able to discuss about fathers' participation in Parent-infant Psychotherapy and also how this process occurs.

Poster Session II

Metacommunicational analysis of the therapeutic relationship.

Luis Arturo Gonzalez Lozano, Universidad de Guadalajara

Justification: In accordance with this study, the metacommunicational analysis can be considered an instrument of support in the supervision of therapists that shows the relational quality in the psychotherapy process, by giving account of the explicit metacommunicative (AMC's) acts (verbal) or implicit (non-verbal) present in different episodes of interaction that affect the therapeutic relationship, strengthening or weakening the alliance between patient and therapist.

Aim: To identify the use of metacommunicative acts during the interaction of the psychotherapeutic process to analyse how it affects the relational quality between patient and therapist. Methods: Case study of a complete psychotherapy process by applying interactional (verbal and non-verbal) analysis of metacommunicational type on the therapeutic relationship. We used two videorecording equipment and designed formats for recording interactions; As well as descriptive and quantitative statistics for the presentation of results.

Results: 109 Metacommunicative Acts were located in the patient-therapist interaction: Patient 64 Explicit (verbal) transactions and 45 implicit (non-verbal) transactions; Therapist 90 Explicit transactions and 19 implicit transactions. The

relational effects between therapist and patient: 27 of moderate approach, 32 regular and 3 of a high approach, total of 62 episodes with relational implications of approach; 15 tension-distension relational episodes, 18 moderate distancing, 11 regular and 3 high distancing, total of 32 episodes with relational distancing implications. Discussion: Metacommunicational analysis shows that the therapist makes use of more explicit (verbal) communications; While the patient's communication uses more implicit forms, based on voice tones, facial and body expressions (non-verbal). Key words. Therapeutic relationship, metacommunication

Clinical Evaluation of Maternal Representations in Institutionalized teens:

Contributions to Psychotherapeutic Practice Alexander Alvis Rizzo, Universidad de Antioquia; Emerson Chindoy Luna, Universidad de Antioquia; León Darío Botero Botero, Universidad de Antioquia

Maternal representations have been described in the literature as a good predictor of interactive behavior and the characteristics of the mother-baby relationship. This study explored the quality and content of the representational world in five adolescent mothers, residing in a maternity home in the city of Medellín, Colombia. Three dimensions were analyzed: the representations about herself as a mother, the representations about the baby and the representations of the past and present events of the mother that influence his relationship with the baby. For the evaluation, we used a clinical interview to know about predominant topics in maternity, carried out during the third trimester of pregnancy, and a second instrument based on the interview R (Stern, et al. , 1989), applied between the second and the fifth month after the birth of the baby. The obtained narratives from the interviews were contrasted in a detailed content analysis about predominant themes. The results suggest the need to evaluate the influence of maternal representations on the mother-child relationship from pregnancy to the birth of the baby. This in turn raises the need to plan effective psychotherapeutic interventions that favor the mental adjustment of the adolescent to her maternity process.

Process of Change in Psychotherapy with Children: A Study With Significant Moments

Leidy Carolina Castrillon, Universidad de Antioquia; Jorge Humberto Vanegas Osorio, Universidad de Antioquia

Abstract This study aimed to analyze the process of change in psychotherapy with institutionalized children from the subjective experience of the participants and the observation of significant moments in the therapy sessions. In addition to the children, their parents and the psychotherapists in charge were included. Four therapeutic processes were studied from an interpretative paradigm and with a methodology oriented towards discovery. Of the total of 60 sessions that were observed and recorded on video, 14 were selected for subsequent analysis of relevant episodes. Additionally, semi-structured interviews were conducted with the different participants after the treatment. The data was interpreted through three major interrelated categories: significant moments, the psychotherapeutic change, and promoters related to the change. Among its results, this work indicates that the change in child psychotherapy is a multifaceted and particularly complex phenomenon because it simultaneously involves three patients: the child, the parents and the child-parent relationship, each with its own characteristics that cross each other in favor of the child. The process of change is analyzed with a sparsely studied population in the field of psychotherapy, and this work also supports the thesis that a significant moment is, in essence, a transitional and intersubjective phenomenon that functions as a content and content of the psychotherapeutic change. It is stated that it is in this framework that the intersubjective connection between the therapeutic dyad or triad emerges, an aspect that, combined with the therapeutic technique and the patient's resources, motorizes the process of change.

Mindset Growth and Grit: A New Look at Performance and Capacities

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SUMMARY: Whether human qualities or talents can be cultivated or immutable is a focus of many researchers' interest throughout history. Carol Dweck developed the concept of "Mindsets" at Stanford University. Also called implicit theory, they refer to the set of beliefs we have about our capabilities. In this sense, the novelty charged in this concept comes to light in studies about the consequences we can have, when we imagine that our intelligence or our personality are characteristics that we can develop, rather than being something fixed. "Growth mindset" refers to the belief that

certain qualities, such as learning ability, intelligence, personality and character, can be enhanced with persistence and dedication. Conversely, believing that our qualities are innate and fixed has been termed "Fixed mindset" and generates the constant need to prove our worth and may be associated with people who give up when learning becomes very challenging. It is also interesting to imagine that such mentalities can be taught through concepts such as neuroplasticity, conveying ideas about how the brain and intelligence can develop through persistence in tasks, especially the more complex ones. Scientifically, intelligence mentalities are considered validated measures that predict achievement and achievement outcomes for the reporting individual, both among children and adults. Despite these advances, a large gap still lingered in the literature. What human characteristic or virtue could predict future success? It seemed obvious that, beyond intelligence, it would be related to the level of motivation. In this sense, the concept of "Grit" has been developed, which can be defined as an ability to persevere with passion in long-term purposes, staying motivated in pursuit of its goals, even in very long periods. Angela Lee Duckworth, the thinker of the concept, says that believing in the ability of mindset growth is the best way to generate "Grit." In this research, we performed a qualitative systematic review, using the databases Embase and Pubmed, where we use the terms "mindset", "mindset growth" and "grit", to cover the existing content in the literature about these concepts. We found that there is a recent increase in the number of articles that explore these new concepts and their correlation with performance, given their applicability in several areas. Much of the existing literature, however, focuses on the learning process and its variants, with the main findings converging to the core idea that the belief that each person understands their qualities and abilities creates different avenues for skills acquisition, impacting performance.

Brain-derived Neurotrophic Factor levels in patients with psychiatric disorders undergoing individual psychotherapy: a systematic review Felipe Cesar de Almeida Claudino, Federal University of Rio Grande do Sul; Leonardo Gonçalves, Universidade Federal do Rio Grande do Sul; Hugo Roberto Sampaio Martins, Federal University of Health Sciences of Porto Alegre; Felipe Barreto Schuch, La Salle University; Neusa Sica da Rocha, Federal University of Rio Grande do Sul

Aim: Brain-derived Neurotrophic Factor (BDNF) is a central nervous system neurotrophin. Its levels are reduced in patients with several psychiatric disorders and if the response to psychotherapy can alter its concentration is still an open question. Our aim is to carry out a systematic literature review evaluating BDNF levels in patients with mental disorders who underwent individual psychotherapy. **Methods:** PubMed, EMBASE, PsycINFO, SciELO and CENTRAL were searched using the descriptors: "psychotherapy", "Cognitive Behavior Therapy", "Cognitive Therapy", "Psychotherapy, Brief", "Brain-Derived Neurotrophic Factor", BDNF, Neurotrophic factors", "neurotrophins", "neurogenesis", with no time limit were considered. A total of 3366 articles were initially obtained. 60 articles were selected for reading in full, of which five met the inclusion criteria and were inserted in the qualitative analysis. PROSPERO registration: CRD42018108144.

Results: BDNF levels did not change in depressive patients undergoing two different types of psychotherapy. In patients with PTSD, those whom presented symptom reduction after psychotherapy had increased BDNF levels. Also for PTSD patients, physical activity associated with psychotherapy is more effective in raising BDNF and reducing symptoms than individual psychotherapy. In patients with bulimia, there was an increase of BDNF levels after psychotherapy. **Conclusions:** BDNF levels seems to present variations after psychotherapy, as shown in pharmacotherapies, especially in patients with bulimia and PTSD. In depressed patients, however, the same outcome was not presented. It is suggested a longer follow-up time with a more expressive number of participants for the better measurement of the relation between psychotherapy and BDNF.

Facing cancer treatment decisions and life issues--- Self-healing people who have autonomy Ying Hui Lin, National Chi Nan University, Taiwan

This study focuses on treatment decisions and life issues that people face when they have cancer. The researchers pooled the research in the form of self-narration and other experiences choose using self-healers. How to choose the treatment method that you want? At the same time, how to facing self-feeling, emotions and facing to tell your family and friends about cancer and decision you want to treat or self-heal. The opinions, thoughts, and feelings of family and friends, important others, how to affect each other? What are the decisive effects of pressure on economic, work schedules, medical examinations, treatment procedures, explanations of results, medical relationships, and so on? Individuals' perceptions and trusts on treatment options of mainstream or non-mainstream medical care in the accessibility, self-awareness, mental, death, parting, etc. , and various life issues. When it is still not too late, the deepest desire in the heart is related to love who you love, dreams, and the inspiration of life, and how to good facing cancer attitudes, quality of self and others mental support, spiritual introspection and so on. It is hoped that it will provide a reference to people suffering from cancer and their families, as well as physical and mental health workers, such as medical personnel, doctors, nurses, psychologists, social workers, and the general public. Keyword: Self-healing of cancer、 mental support for cancer、 cancer treatment decisions、 cancer and life issues

Personal Style of the Therapist and Personality, pre - post professional practices comparison in university students Sofía del Carmen Grzona, Universidad de Mendoza; Mariela Muñoz, Universidad de Mendoza, CONICET CCT San Luis, Universidad Nacional de San Luis; Leandro Martín Casari, INCIHUSA, CONICET CCT Mendoza / Pontificia Universidad Católica Argentina; Anton Martínez, Universidad de Mendoza, Argentina. University of Groningen, Netherlands; Rocío Videla, DIUM, Universidad de Mendoza; Sofía Juárez, DIUM, Universidad de Mendoza

Aim. Personality and Personal Style of the Therapist (PST) are relevant variables in clinical practice. PST has been defined as a particular style that each therapist imprints on their activity. It includes five functions: Attentional, Operative, Instructional, Involvement, and Expressive (Fernandez-Alvarez, Garcia & Schreb, 1998). There are few studies about the influence of clinical training on personality and on PST and it has been argued that therapeutic training it is associated with the development of these variables (Corbella et al, 2007). The goal of this study is to compare PST and personality traits of fifth year psychology students of the University of Mendoza before and after their clinical training received in the pre-professional practice (PPP).

Methods. Design: Pretest-Posttest. Sample: 37 psychology students. Procedure: Participants were evaluated before and after their clinical pre-professional practices, with an interval of six months. Instruments: Therapist's Personal Style Questionnaire (PST-Q) (Fernández-Álvarez, García, Lo Bianco & Corbella-Santomá, 2003) and Big Five Inventory (Castro Solano, 2005). Results. A significant difference was found in Neuroticism trait reflected in a decrease of posttest score. The profile of the PST-Q in the pre-test presented higher levels in the attentional function with a statistically significant decrease in the post test score. Discussion. These results may indicate that participants showed a focused attentional span and more emotional stability after their PPP mirrored in the decreased of their scores. Clinical and theoretical implications of these findings will be discussed as well as the limitations and future directions of this study.

Can Network Analysis Inform Psychotherapy? Investigating Node Centrality and Treatment Change Nils Kappelmann, Max-Planck-Institute of Psychiatry, Munich, Germany; Johannes Kopf-Beck, Max-Planck-Institute of Psychiatry, Munich, Germany; Julia Fietz, Max-Planck-Institute of Psychiatry, Munich, Germany; Samy Egli, Max-Planck-Institute of Psychiatry, Munich, Germany; Martin Rein, Max-Planck-Institute of Psychiatry, Munich, Germany; Katharina Rek, Max-Planck for Psychiatry; Andreas Paetsch, Max-Planck-Institute of Psychiatry, Munich, Germany; Martin Keck, Max-Planck-Institute of Psychiatry, Munich, Germany

Aim: Network analysis is an increasingly used tool for the study of psychopathology. Studies often determine the centrality of constructs inside such networks and interpret the most central nodes as those that are the "most important" treatment targets. Whether network centrality does indeed have clinical relevance in predicting treatment-related changes, however, remains unclear. Methods: The present study uses data from the OPTIMA-study (n=150), a RCT comparing a 7-week psychotherapy

course of schema therapy, cognitive behavioural therapy, or individual supportive therapy for depression. Network analysis with 15 psychopathological constructs, assessed before initiation of treatment, was estimated with graphical LASSO and shrinkage criterion selected using the Extended Bayesian Information Criterion (EBIC). Strength centrality was estimated from this network and we tested whether centrality was related to the correlation of change in a node and change in all other nodes following treatment.

Results: Network analysis demonstrated that the schema domain overvigilance and inhibition and the maladaptive personality domain antagonism showed highest strength centrality, respectively. Importantly, strength centrality was not associated with the correlation of node-specific and network-wide treatment changes ($r = -0.33$; 95% CI: $-0.72, 0.22$; $p = 0.227$). **Discussion:** The present study did not find evidence for an association between node centrality and therapy-related changes in depression, which is contrary to previous work in social anxiety disorder. Consequently, researchers need to be careful in extrapolating findings from network analysis to the treatment context and continued investigation of the meaning (or not) of network centrality measures, ideally in larger samples, is warranted.

Association of Personality Dimensions with Depressive Symptoms in Patients with Severe Symptoms in Psychotherapy Joana Rodrigues Marczyk, Hospital de Clínicas de Porto Alegre; Cinthia Danielle Araújo Vasconcelos Rebouças, Federal University of Rio Grande do Sul - Brazil; Guilherme Barbisan, Federal University of Rio Grande do Sul, Brazil; Leonardo Gonçalves, Universidade Federal do Rio Grande do Sul; Neusa Sica da Rocha,

AIM. Evidence indicates the association between specific domains of personality and depressive symptoms. However, in spite of the existing data, few previous studies have used the alternative model of personality proposed by the DMS-V for this assessment, as well as the majority of studies have evaluated only European and North American populations, existing no studies in Latin American countries. The goals of this study were (a) to further examine the association between the domains of personality and the presence of depressive symptoms, (b) to examine the confounding variables interference on the result, in a Brazilian psychiatric clinical sample. **METHODS** We included 83 patients who are in care at the HCPA psychotherapies outpatient clinic. Personality traits and domains were assessed using the Personality Inventory for DSM-5 (PID-5, 50-item version). Depressive symptoms were assessed using the Beck Depression Inventory (BDI), stress events through the Life Events Questionnaire (LEQ) and religiosity through the Duke University Index of Religiosity (DUREL). The univariate analyzes of correlation with continuous variables were made through the Spearman correlation. Subsequently, for the association between BDI and PID-5 controlled for confounding variables, a multiple linear regression model was constructed. **RESULTS** The first results indicate that negative affect, disinhibition, detachment and psychoticism were associated with the presence of depressive symptoms. After correction for the confounding variables, both negative affect and detachment maintained the association with the presence of depressive symptoms. Among the confounding variables, the only one that showed a significant correlation with the presence of depressive symptoms was the use of mood stabilizers. **DISCUSSION** This results support the association of two specific domains of personality, negative affect and detachment, with the presence of depressive symptoms.

Characterization of Clinical Supervision in Functional Analytic Psychotherapy (FAP): An Integrative Review Mariana Salvadori Sartor, Universidade de São Paulo; Claudia Kami Bastos Oshiro, Universidade de São Paulo; Leonardo Cordeiro Svidzinski de Paulo, Positivo University; Lorena Chaves Carneiro, Positivo University; Danielle Pamphiro Lamoço, Positivo University

This review aims to characterize clinical supervision in Functional Analytic Psychotherapy (FAP) in order to identify methods utilized in therapists' teach, the content of those trainings and supervisions, measurement methods utilized, and its effects. The method consisted in gathering and analysing studies about supervision in FAP indexed on the following databases: CAPES, PsycNET, BVS and also thesis and dissertations available on BDTD. The keywords utilized were "Functional Analytic Psychotherapy" combined with "supervision", "train", "training", "teach" and "teaching" and its corresponding words in Portuguese and Spanish. As an inclusion criteria, the study's title or abstract should contain the keywords described above. Besides this research, the references suggested on the site functionalanalyticpsychotherapy.com were selected to analysis. 33 studies contained

themes related to clinical supervision in FAP in their abstracts and thus were selected. Preliminary data indicate that the publishing year varied between 1995 and 2018. The type of study is divided in conceptual theorists, case studies, experimental and literature review, with predominance in the conceptual type. Supervision was addressed in the abstracts referring to subjects such as: types of training, development of therapeutic skills, client-therapist relationship, supervisor-therapist relationship, comparative studies with other third-wave therapies, and analysis of training protocols. The results indicate low scientific production on the subject, which suggests a gap in the systematization of the practice of clinical supervision in FAP. This has important implications for therapists' training and Functional Analytic Psychotherapy's teaching.

Qualitative research about emotional reactions and clinical performance of psychotherapists towards different disorders Martin Etchevers, Universidad de Buenos Aires, Argentina; Natalia Inés Putrino, CIIPME- CONICET /Faculty of Psychology, University of Buenos Aires; Leandro Martín Casari, INCIHUSA, CONICET CCT Mendoza / Pontificia Universidad Católica Argentina

Aims: Psychotherapists manifest diverging emotional and cognitive reactions to different types of pathologies, such as Borderline Personality Disorders (BPD) and Major Depression (MD). BPD clients are one of the most stigmatized patient groups within the mental health system. There is a marked difference between the effects of psychotherapy for BPD and depression, with treatments proving less effective in the former condition. The aim of this study is to examine the emotional reactions and the clinical performance of psychotherapists towards clients diagnosed with major depression (MD) vs. borderline personality disorders (BPD). **Methods:** A semi-structured interview was conducted with 44 clinical psychologists from Argentina with different theoretical orientations that treated at least one patient diagnosed with BPD and one with MD during the last year. They were asked to think of a patient with each disorder and answer about the sensations that they experience when working with them. To analyze the materials of these interviews, we used the Consensual Qualitative Research, creating domains, core ideas, and qualitative categories.

Results: Psychologists express more feelings of fatigue and boredom when treating clients with MD than when assisting BPD clients, but they express feelings of emotional regulation (increased heart rate) with BPD clients. Also, in BPD condition therapists use more technical interventions in first session than MD clients. **Discussion:** Looking at the importance of the therapist-client bond in the prediction of therapeutic results, some of these differential effects might be explained by the different emotional responses that BPD patients tend to incite in the therapists.

Resilience in Depressed Patients in Psychotherapy of Analytical Orientation, Cognitive Behavioral Therapy and Interpersonal Therapy Leonardo Gonçalves, Universidade Federal do Rio Grande do Sul; Cinthia Danielle Araújo Vasconcelos Rebouças, Federal University of Rio Grande do Sul - Brazil; Guilherme Barbisan, Federal University of Rio Grande do Sul, Brazil; Sthéfani Schütz, Federal University of Rio Grande do Sul - Brazil; Neusa Sica da Rocha,

Resilience comprises the ability of an individual to adapt and resume their baseline functioning after a stressor has occurred. Psychotherapies seek to enable patients to deal with stressful situations in their lives; psychotherapies of analytical orientation (POA), cognitive-behavioral (CBT) and interpersonal (IPT) are among the main modalities of non-pharmacological treatment in psychiatry. Our objective is to evaluate if any of them have superiority and what their potential mediators / confounders. **METHODS** Naturalistic, ongoing study, nested to the project: "Longitudinal study of patients seen in evidence-based psychotherapies in a specialized outpatient clinic for SUS mental disorders". Clinical mediators of resilience, such as religiosity / spirituality, social support and quality of life will be evaluated in patients submitted to three modalities of psychotherapy in the HCPA outpatient clinic. The evaluation will be prospective, performed by a resident psychotherapy doctor, in three moments: baseline, 6 months and 1 year. As inclusion criterion, we have BDI(gt) 13. Analysis by Generalized Estimates (GEE) after verification of the normal distribution of the variable through the Shapiro-Wilk test. **Methods:** sociodemographic data, resilience scale (CD-RISC), general symptomatology: SCL-90-R (Symptom Check-list revised), symptoms of anxiety and depression: Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI), quality of life: WHOQOL-BREF, Social support: Social Support Questionnaire of the MOS Study, quality of life adjusted for years of life: SF-6D adapted to Portuguese-Brazilian language (version 2002), besides the serum levels of BDNF. **RESULTS**

Preliminary data are from 80 baseline patients and 35 patients with 6-month follow-up. The total baseline resilience score was 47.49 (SD = 2.09). There was a negative and significant correlation between BDI resilience and depressive symptoms ($r = -0.602$, $p(t)0.01$). There was no significant change in resilience levels after 6 months and no difference between the psychotherapies with GEE analysis. **CONCLUSION** The low baseline resilience of patients indicated for therapy compared to outpatient populations in other countries indicates, possibly, the severity of cases referred for tertiary care and low socioeconomic conditions. The stability of the resilience score after 6 months of psychotherapy may be related to the small sample evaluated so far, or to the resistance of serious mental illness, which may require more time to observe changes.

Psychotherapy after Post-Traumatic Stress Disorder Treatment: What Happened

Next Vitória Waikamp, Universidade Federal do Rio Grande do Sul; Luis Francisco Ramos-Lima, Universidade Federal do Rio Grande do Sul; Stefania Pigatto Teche, Universidade Federal do Rio Grande do Sul; Lucia Helena Freitas, Universidade Federal do Rio Grande do Sul

Epidemiological data have shown that in Brazil 88% of the population has been exposed to traumatic events at least once in lifetime. Post-traumatic stress disorder (PTSD) has been a consequence, bringing chronic impairment to work and personal life. We aimed to analyze a retrospective cohort of patients who sought care in a specialized outpatient setting after any traumatic events between 2014 and 2017 and were referred to psychotherapy after treatment related to trauma. During this period, 45 patients were referred to psychotherapy. Of these, 75.6% ($n = 34$) were female. Thirty-one percent of the sample ($n=14$) developed PTSD according to DSM-5 criteria. The most frequent traumatic events were assaults (37.8%, $n=17$), and sexual abuse (17.8%, $n=8$). Analytic psychotherapy was the most reported in this study (66.7%, $n=30$), followed by Cognitive-behavioral therapy (11%, $n=5$). About the process, 6.7% ($n=3$) of the patients didn't start psychotherapy, 4.4% ($n=2$) were forwarded to another healthy service, 68% ($n=31$) of these patients abandoned the process and 20% ($n=9$) were discharged after treatment. This study reinforces the need for research that evidences the predictors of abandonment in psychotherapy of patients who have suffered trauma during their lifetime.

Presentation of the Brazilian prototype of ideal session of Dialectical Behavior

Therapy (DBT) Tamires Pimentel Souza, Universidade do Vale do Rio dos Sinos; Heitor Marques Holland, Universidade do Vale do Rio dos Sinos; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

Aim: To present the ideal DBT (Dialectical Behavior Therapy) session prototype, which will be developed from the responses of 10 DBT experts to the Psychotherapy Process Q-Set (PQS).

Method: The sample will be composed of 10 Brazilian DBT experts who work in different regions of the country. From the understanding of what would be an ideal session in the therapeutic process of the approach, each expert will perform a simple ordering of the 100 PQS items. The responses of these experts, as well as the responses of 10 experts in PP (Psychodynamic Psychotherapy) who responded to the same instrument in relation to an ideal PP session, will be submitted to Q factorial analysis, followed by varimax rotation to discriminate the models.

Results: Expected that there is a high degree of agreement between the DBT therapist's orders and that the model adequately discriminates the therapists' responses to PP therapists' responses. **Discussion:** Hoped that this prototype contributes to a better understanding of the psychotherapeutic process characteristic of DBT in the country, but also allows the study of the specific and common factors associated with the results in this modality of psychotherapy.

Integrating "Impostor Phenomenon" and Workplace Anxiety interventions into existing CBT treatment for GAD: A case study

Ricardo Daniel Bogiaizian, Universidad Argentina de la Empresa, Buenos Aires; Patricio López Salazar, Universidad Argentina de la Empresa, Buenos Aires

Generalized Anxiety Disorder (GAD) is a chronic, debilitating disorder associated with significant impairment and distress. Given its somewhat imprecise boundaries, excessive worry may overextend to different areas, including performance and self-evaluation at the workplace. Many researchers have pointed out that there's plenty of room for improvement in the treatment of GAD (Barlow, 2002). The Workplace Anxiety (WA) framework has defined this construct as the specific pattern of performance, in

relation to the task and context, determined by the individual need to anticipate or prevent certain work-related outcomes (Bogiaizian, Solari, Maglio & López Salazar, 2016). In fact, there's significant differences between the general population of workers and individuals with anxious psychopathology in their levels of workplace anxiety (Bogiaizian, Solari, Maglio & López Salazar, 2017). In this sense, individuals with these characteristics may have concerns about their own skills and their performance's value. In this line, the Impostor Phenomenon (IP; Clance, 1985) refers to individuals who are successful by objective standards but have a persistent illusion of personal incompetence (Clance & Imes, 1978). The current presentation describes a case study where specific techniques regarding IP and WA (e. g. conscientiousness appraisal) were integrated into an existing CBT treatment model for GAD. Data was gathered through 24 weeks, assessing Therapeutic Outcome, levels of Worry, Anxiety Sensitivity, IP and WA among other measures. Results are discussed. Preliminary findings suggest that these interventions may facilitate improvement for individuals with GAD, particularly in the workplace environment. Attributional styles and reappraisal appear to be central processes.

Reflective Functioning and Bonding Capacity among mothers of children with

Attention Deficit Hyperactivity Disorder - ADHD Lao Tse Maria Bertoldo, Universidade do Vale do Rio dos Sinos; Fernanda Barcellos Serralta, Universidade do Vale do Rio dos Sinos

Attention Deficit Hyperactivity Disorder – ADHD. Introduction: This study presents partial results of a study on Reflexive Functioning and Perception of Maternal Bonding in mothers of children with Attention Deficit Hyperactivity Disorder with ADHD. ADHD is a disorder with a multifactorial etiology that causes damage in several aspects of development. Among the psychological and environmental factors associated with the disorder is the nature of the bond with primary caregivers, especially the ability to mentalize the needs of the child. For this reason, ADHD has been studied in relation to the mentalization deficit of the main caregiver. Objective: The objective of this work is to investigate the Reflective Functioning and Perception of Maternal Bonding among mothers of children with ADHD. Methods: A cross-sectional and comparative study was carried out with 18 mothers of children with ADHD (Clinical Group) and 15 mothers of children without ADHD (nonclinical group), evaluating possible differences between groups in Reflective functioning, Empathy and Perception of Maternal Bonding, the data were analyzed by the SPSS 2.0 system.

Results: The sample consisted of 33 mothers, 18 of the children with ADHD. The two groups were equivalent in terms of maternal age (Mothers of the clinical group: 35.29 ± 6.29 and Mothers of controls: 37.5 ± 4.94 [$t = -0.885$; $p = .435$]). It was found that the groups differed in terms of Reflective Capacity, and mothers of children with ADHD presented significantly greater uncertainty than the others ($U = 33,500$; $p = .004$). Levels of empathy and maternal bonding were equivalent in both groups. Conclusion: According to the literature, the partial results obtained indicate a significant difference in the Reflective Functioning between the two groups, being smaller in the mothers of the clinical group compared to the non-clinical mothers. Regarding the levels of Empathy and Bonding Perception, there were no significant differences between the two groups which suggests that the Reflective Functioning and Empathy constructs, as well as Bonding Perception, may not be directly related. The relevance of environmental determinations in ADHD, especially those related to reflective and bonding capacities, are considered fundamental in the vicissitudes of child development.

Mentalizing interactions: Modeling patient's and therapist's mentalizing capacities as a dyadic process.

Ruben Antonio Diaz, Universidad de Chile, Santiago; Javier Moran, Universidad de Valparaíso

Aim: Mentalizing is considered an important factor in several psychotherapeutic models. Previous studies in psychotherapy for adolescents evidence the role of patient's mentalizing as a content, a moderator, and a mediator of psychotherapeutic change. However, much remains to be known about mentalizing as an in-session process and as a relational phenomena. The goal of the present study is to explore the dynamic relations between patient's and therapist's mentalizing. Furthermore, we will explore the role of the therapeutic alliance in these dynamics. Methods: Data consists of the first ten sessions of a psychotherapeutic treatment with a depressed adolescent.

Independent observers coded every five minutes of the videotapes from each session with the OSMP-A and the client-therapist connection rating scale. Multilevel linear modeling techniques were used to explore the dynamic relations within the Actor-Partner Interdependence framework.

Results: Preliminary results show that the various mentalizing dimensions measured by the OSMP-A (focus on mental states-MS-, opacity of MS, capacity for present moment, causality of MS, dynamic nature of MS, and contingent communication) in a five-minutes segment are predicted by some of the actor's and partner's mentalizing dimensions in the previous segment. Additionally, the therapeutic alliance and the affect focus moderate some of these effects. Discussion: The present study is a contribution to the limited research on the in-session mentalizing processes within adolescent psychotherapy. These results reveal the role of affect and of the therapeutic relation as contextual factors that influence the deployment of mentalizing within the therapeutic dyad.

Under pressure? Adding stressful episodes to __psychopathological time series data IJsbrand Leertouwer, Tilburg University

The network perspective on psychopathology conceptualizes mental disorders as complex dynamic systems, in which emotions, cognitions, and behaviors directly interact with each other. Theoretically, such interactions arise under external or internal pressure [1,2]. However, using current methods, instances of pressure are not optimally recorded. The current state of the art for modeling systems' dynamics over time is vector autoregressive (VAR) modeling, in which each variable is regressed on itself and all other included variables at a previous measurement occasion. These VAR models are typically estimated based on data gathered using experience sampling methodology (ESM), which entails measuring participants multiple times per day using completely equal time intervals, or uniformly randomly distributed time intervals within fixed blocks. Using either one of these data collection strategies, information about possible peaks in pressure that fall in between measurement occasions is lost. As a result, current ESM data will include relatively few measurements of the system under actual pressure. We are developing new methods to specifically capture peaks in pressure and experiences during those peaks. These methods encompass 1) using physiological cues to measure participants when they are aroused; 2) providing participants the opportunity to retrospectively report on their experiences, including potential peaks. We believe that these methods will improve the ecological validity of VAR network models, and consequently will allow us to differentiate between healthy and unhealthy dynamic systems more clearly. 1. Cramer et al. (2016). Major depression as a complex dynamic system. 2. Borsboom, D. (2017). A network theory of mental disorders.

Guideline of observation of therapeutic strategies and interventions focused on structural deficits of personality base on the OPD-2 Elyna Gómez-Barris, Pontificia Universidad Católica de Chile, Santiago; Nelson Valdes Sanchez, Millennium Institute for Research of Depression and Personality; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Conducting psychotherapy with "difficult patients", that is, patients which their structural deficits complexes the presentation and evolution of their diseases, is a permanent challenge in the field of mental health. The OPD diagnosis allows a novel strategy that is to implement a structure-centric focus; that is, adopting the patient's specific structural deficits as the object of psychotherapeutic work (OPD Working Group, 2008). Structure-oriented psychotherapy is a model of psychotherapy that complements OPD diagnosis and its guidelines are of high clinical interest. However, this approach is relatively unknown in our region, have been little studied and the lack of operational descriptions limit their use in training and research settings. The present study aims to characterize interventions and strategies focused on structural deficits proposed by specialists upon the basis of this conceptual model. As part of this study, the structure-oriented manual of psychotherapy was analyzed in depth and from this analysis the following was developed a guideline of observation of Therapeutic Strategies and Interventions with Focus on Deficits of Structure. The results of this process are shown. Key words: focal psychotherapy, structure deficits, OPD

Attention Deficit Hyperactivity Disorder Mediates Hypomentalizing State in

Adults Stefania Pigatto Teche, Universidade Federal do Rio Grande do Sul; Felipe Vilanova, Ufrgs; Jaqueline Schuch, Ufrgs; Diego Rovaris, Ufrgs; Eugenio Grevet, Ufrgs

Mentalization interacts with the regulation of affection, the development and maintenance of a robust sense of identity, and allows constructive social interactions. Some studies have evaluated the links between mentalization and psychopathology, however, little progress has been made to study aspects of the thought process and subjectivity regarding psychopathology in the general population. The aim of this study is to evaluate the association between mentalization and psychopathology in the general population. A total of 298 individuals were accessed by Reflective Functioning Questionnaire (RFQ-8) and Psychiatric Disorders (SCID-I Screening). Exploratory factor analysis (EFA, $n = 150$) and confirmatory factor analysis (CFA, $n = 148$) were used to identify the underlying relationships between the measured variables. General linear models (GLM) were used to test the association between subscales and the positive screening for psychopathology. EFA and CFA revealed that the appropriate factorial structure was a factor without item 7, since it presented a factor loading of only 0.2. Higher values of this factor represent certainty while lower values represent uncertainty. The associations between certainty/uncertainty and psychiatric disorders shows ODD, SUD, ADHD, MDD, BD, and AD being associated with a hypomentalizing state. However, only ADHD remained significant when psychiatric disorders were controlled by each other. We organized the RFQ-8 variables in one dimension with two poles based on the response of a representative sample of the general population. Those scores reflecting hyper- and hypomentalizing states were associated with psychiatric disorders. Moreover, this association appears to be mediated by ADHD.

Peripheral signatures of affect in psychotherapists: Cardiac modulations during visualization of clinical sessions Natalia Inés Putrino, CIIPME- CONICET /Faculty of Psychology, University of Buenos Aires; Natalia Díaz Miguez, Faculty of Psychology and Human Relations, Interamerican Open University (UAI),; Adrián Yoris, Incyt, CONICET; Agustín Ibañez, Incyt, conicet; Lucas Sedeño, Incyt- CONICET; Belén Mesurado, Interdisciplinary Center of Mathematical and Experimental Psychology Research (CIIPME) National Cou; Adolfo García, Incyt, CONICET

Aims: This research proposes an unprecedented multidimensional assessment of the behavioral, cardiac, and neurophysiological signatures of affective processing in professional psychotherapists. Specifically, we will focus on assessing their reactions to patients with borderline personality disorder (BPD) and two control conditions, namely: major depression (MD) and neutral affect. In this presentation, we will focus on data from our electrocardiographic and behavioral assessments **Methods:** The study involves 35 clinical psychologists and 35 matched controls. Participants watched the clinical sessions while we recorded emotion-sensitive peripheral measures (heart rate [HR] and heart-rate variability [HRV]). The naturalistic videos reflect dynamic interactions between a psychotherapist and patients with three profiles: ambivalent (BPD), mournful (MD), and neutral. Furthermore, we assessed the subjects' empathic and emotional regulation profiles with the Interpersonal Reactivity Index and the Emotional Regulation Questionnaire, respectively.

Results: Although data are still being analyzed, we predicted that, relative to controls, psychotherapists would obtain higher empathy and emotional regulation self-report scores than controls. Also, we hypothesized that psychotherapists would exhibit less markers of emotional dysregulation (increased HRV, less HR) during visualization of sessions with BPD patients and depressive subjects (but not in the affectively neutral interactions). **Discussion:** With its novel multimethodological and ecological approach, our study has the potential to illuminate possible links between autonomic and neurocognitive processes underlying the particular affective profile of psychotherapists and their reaction in the face of different emotional states of others. This framework paves the way for fruitful research at the crossing of social cognition and psychotherapy.

Assessing the Efficacy of VR in the Treatment of Fear of Public Speaking: a Narrative Review. Nicolas Alalu, Universidad de Buenos Aires, Argentina; Andrés Roussos, Universidad de Belgrano, Buenos Aires, Argentina

Introduction: Fear of Public Speaking (FoPS) is a type of Social Phobia. Although the efficacy of Prolonged Exposure Therapy (PE) is well established for the treatment of Fear of Public Speaking, there are people who are unable to visualize the traumatic event which leads to treatment failure. Also, it may be very difficult to recreate the environment that the patient fears which triggers the aversive stimuli. The past years, it has been introduced the use of Virtual Reality (VR) as an alternative to in vitro/in vivo CBT exposure techniques. This new technology can be an alternative that may overcome these difficulties. It can also provide a high degree of therapist control by deciding which and when to trigger the aversive stimuli. **Aims:** In the present work, we discussed the efficacy of Virtual Reality Exposure Therapy (VRET) at treating Fear of Public Speaking as a Social Phobia. **Methods:** For these purposes, we performed a bibliographic review of published articles in different Web databases: Research Gate, Google Scholar and PubMed. The criteria used was: use of Virtual Reality as an Exposure technique with people who presented Fear of Public Speaking symptoms. **Results & Conclusion:** The use of VR as a therapeutic tool for the treatment of Fear of Public Speaking has shown the same efficacy in reducing anxiety related symptoms as in vitro and in vivo CBT Exposure Treatment. It has also showed more adherence to treatment and less drop-out rates.

Maladaptive perfectionism and dyadic adjustment in Argentinian couples seeking psychotherapy Fernán Guido Arana, Universidad de Buenos Aires, Argentina; Adriana Lago, Universidad de Buenos Aires, Argentina

Aims. Research on interpersonal consequences of perfectionism has become particularly relevant since new ways to model dyadic data were available. We tested an actor-partner interdependence model involving the prediction of dyadic adjustment through both negative individual and dyadic forms of perfectionism (e. g. , discrepancy and dyadic discrepancy). Discrepancy represents the perceived gap between ideal and actual standards, whereas dyadic discrepancy involves the perception that the other does not reach such ideal standards. We reasoned that both forms of negative perfectionism could be involved in the prediction of dyadic adjustment. Specifically, we expected both actor and partner effects (i. e. , husbands and wives exerting a negative effect). **Methods.** Fifty heterosexual couples seeking psychotherapy were screened at an outpatient psychotherapy practice (mean age male = 39. 14, mean age female = 37. 28, mean years cohabitating = 2. 76) from Argentina. Couples completed the Spanish versions of the Almost Perfect Scale-Revised (APS-R; Arana et al. , 2009; Slaney et al. , 2001) and the Dyadic APS-R (Shea et al. , 2006; Lago, 2107), and the Dyadic Adjustment Scale (Cáceres, 1996; Spanier, 1976). Multilevel procedures were performed with an interactive online tool (APIM_MM; Kenny, 2015). **Results** Both actor and partner discrepancy effects were not significant. In turn, dyadic discrepancy was a significant predictor of dyadic adjustment. Specifically, negative actor and partner effects were showed for men, and only a partner effect was observed by women. **Discussion.** Findings suggested that dyadic adjustment is worsened for the couple particularly when husbands feel that their wives fail to reach husband standards. Implications are discussed.

The psychotherapist as subject. Considerations from interference. Annabel Alzugaray, Medical University of Uruguay; Maria Noel Fekete, Psychology University

The poster presents an investigation carried out within the framework of the master's degree in clinical studies carried out by one of the authors of the present poster. This research forms the thesis called: Analysis of the Therapeutic Link Concept and its importance in the clinic: A Study Based on the Experience of Psychotherapists of Psychoanalysis and of Psychoanalysis of Link Configurations. It is a Poster where a literary metaphor is included in the Thesis that covers the theme of this study. This investigation is about the concept of therapeutic link, its characteristics and operationalization, in the therapeutic work. It is carried out through the conduction of thorough interviews to ten expert psychotherapists, half of which have training in diverse approaches to Psychoanalysis, and the other half specialized in Psychoanalysis of Link Configurations. The sample is with therapists with over twenty years of experience, who work in the cities of Montevideo, Buenos Aires and Santiago de Chile. It is about a qualitative study. The frame of reference is Psychoanalysis, taking the fundamental concepts of the theory of technique and especially those of Psychoanalysis of Link Configurations. We reflect on the diversity of conceptions found

with reference to the therapeutic dyad, its different denominations and its scarce conceptual differentiation among therapists. The implications that this presents are analyzed at the psychoanalytic clinic. We intend to contribute to the body of theoretic knowledge and to the theory of technique, on a subject that is considered relevant in the efficiency of the treatments.

The role of emotional dysregulation in the association between adolescents' perfectionism and bulimia Luciana Elizathe, Universidad de Buenos Aires, Argentina; Guillermina Rutzstein, Universidad de Buenos Aires, Argentina

Aim Although perfectionism has been identified as a risk factor for the development of eating disorders (ED), little is known about the underlying mechanisms of the relationship between these two constructs. The current study aims to evaluate the role of emotional dysregulation in the perfectionism-ED link and to explore gender as a moderator variable. **Methods** hundred and ten adolescents (65 women, age range: 13-17) completed socio-demographic data along with the Eating Disorder Inventory-3 and the Almost Perfect Scale-Revised. Bulimia (B) subscale was used as a proxy of ED, while High standards and Discrepancy subscales were used as a proxy of positive and negative perfectionism, respectively. A mediation analysis was performed. Results Discrepancy did not show a direct effect on B but did exerted an indirect effect on B through emotional dysregulation. Gender did not work as a moderator. The proposed model explains 25% of the variability of B ($F(2, 106) = 17.70, p < .00, R^2 = .25$). Conversely, possession of high standards did not have any direct or indirect effect on B. **Discussion** Our results suggest that maladaptive perfectionism, in its form of discrepancy, is an important variable in the development of ED in adolescents. Those with a high discrepancy may develop emotional dysregulation, which in turn promotes bulimic behaviors, probably as a way to regulate/reduce negative emotions. These results support the need to develop tailored preventive interventions at reducing discrepancy in the adolescent as well as teaching adaptive emotion regulation skills.

Professional Development of German and Chilean Psychotherapists: the role of culture Martina Fischerswöring, Pontificia Universidad Católica de Valparaíso; Javiera García, Pontificia Universidad Católica de Valparaíso, Chile

Differences in therapeutic outcome can be explained to a significant extent as a therapist effect (Wampold & Imel, 2015), and hence it has become clear the need to investigate therapists as individuals and their role, in their interaction with techniques and also with patients (Orlinsky & Rønnestad, 2005). Given the cultural character of subjective experience (Geertz, 2003) and therefore of therapists' experiences in psychotherapy, the cultural references related to psychotherapy, and in different contexts are elements that contribute to a better understanding of professional development (Rønnestad & Skovholt, 2013). The present study follows the questions about cultural references that could be identified in Chilean and German Psychotherapists' Careers in terms of convergences and divergences. A cross-sectional qualitative approach were used. The data of 17 German and Chilean therapists were analyzed with the method of Discovery Oriented Biographical Account (Duarte, Fischerswöring, Martínez, Tomicic, 2017), identifying convergences and enhancing divergences regarding cultural references of Chilean and German Psychotherapists and their relationship to a professional career. The analysis of the cultural references regarding to psychotherapy, and their divergences between contexts enlighten the understanding of professional development of Chilean and German psychotherapists and contributes to a cultural sensitive model of professional development.

Major Distress: College Major, Counselor Center Utilization, and Psychotherapy Outcome Landon Toth, Brigham Young University, Provo, USA; David Erikson, Brigham Young University, Provo, USA

University students are subject to a number of stressors, ranging from academic duties to an increased demand for self-reliance (Willis, Burnett & Harvey, 2016). However, there is a paucity of research regarding the relationship between psychological distress and declared major in university and college students. What little research exists indicates that "soft science" (i. e. English literature, art, and other non-STEM majors) majors are linked to higher distress than "hard science" majors (such as STEM majors, nursing, and business; May and Casazza (2012)). It is unclear whether college major is linked to differential rates of counseling center utilization, differential levels of psychological distress, and differential types of psychotherapy outcomes. The current study addresses these questions. Using session by session outcome data from 1996 to the present, we examined the relationship between college major, counseling center

utilization, initial symptom severity, and psychotherapy outcome. We explored the following questions using hierarchical linear modeling: 1. Do different majors, or types of majors, have a proportionally higher utilization of counseling services? 2. Do different majors report higher psychological distress than others at intake? 3. Do different majors have different trajectories of change in psychotherapy? Although data analysis is ongoing, we hypothesize that we will find statistically and clinically significant differences by college major, or type of college major. We hope that these data will inform mental health outreach activities on campuses, allowing for more focused efforts that better support the students who need it most.

Parental Rejection of LGBT youth and Family Therapy: Systematic Review between 2008 and 2018 Christian Spuler, Universidad Diego Portales, Santiago, Chile

Background: Rejection, discrimination and prejudice rates remain high in the adolescent LGBT population. In this regard, there is accumulated evidence that accounts for the deterioration of mental health in the adolescent when the adolescent identifies with a non-heterosexual sexual orientation and/or gender identity and is rejected by his or her parents or caregivers. Little is known about the phenomenon of parental rejection as a complex family process as well as the role of family therapy as a space for psychotherapeutic support for families with LGBT adolescents who suffer parental rejection.

Aim: To review the literature about parenting rejection and family therapy among LGBT youth populations. **Material and Methods:** A systematic review of the scientific literature published between 2008 and 2018 on parenting rejection and family therapy among LGBT adolescent people was conducted. Twenty-four articles were finally selected for a thematic analysis.

Results: The research on parenting rejection and family therapy among LGBT adolescent has increased during the last decade. The vast majority of studies have been conducted in the U. S. and other English speaking countries. At the same time, in a great part, these studies have been published in journals specializing in mental health and family therapy journals. In general they show quantitative studies evaluating efficacy in family-oriented treatments as well as comprehensive studies on the effects on adolescents of parental rejection focused on the mother. No qualitative studies on psychotherapeutic processes from family therapy on parental rejection were found. **Conclusions:** The focus of research on parenting rejection among family therapy and LGBT adolescents is mainly quantitative. It is necessary to advance in the production of qualitative studies and psychotherapeutic process from family therapy in order to know and understand the relational dynamics that underlie the process of parental rejection towards LGBT adolescents serving this knowledge to improve the quality of life of the LGBT adolescent population that suffers parental rejection.

"Construction and validation of Psychomotor Observation Guidelines: Contributions to the Evaluation of Children's Motor Expressiveness" Larraín Valenzuela Josefina, Universidad Diego Portales, Santiago, Chile

Introduction. Psychomotricity is a discipline based on mind-body union, which proposes that motor expressiveness is part of the psychic manifestation proper to each individual. The clinical implications in infants with developmental deviations through this therapeutic approach report a decrease in their symptomatology, generating changes at an individual and social level. However, the result of the therapeutic process is difficult to evaluate due to the scarcity of validated and standardized observation guidelines congruent with child psychomotor practice. It is for this reason that a Psychomotor observation guideline was elaborated that evaluates the psychomotor parameters related to the moments of psychomotor practice, which allows establishing a profile of motor expressivity, setting objectives and marking the evolution of the therapeutic process. **Methodology.** The observation, validation and standardization guidelines are presented. This guideline registers diverse parameters (framing, movement, balance, relationship with objects, attitude of play with peers, relationship with play, relationship with space, relationship with time, communication, game project and type of game). Each one of them has an internal graduation that fluctuates with a score of 1 in the behavior that requires greater adjustment capacity, and a score between 5 and 9 associated with the indicators that present more strategies and protective resources within the infant's profile.

Results: The benefits and limitations of the pattern of psychomotor observation are reported as a contribution to the clinical psychomotor practice of children and its link with the scientific environment.

Efficacy of treatments for schizoid personality disorders: a systematic review of literature 2007-2017 Carlos Ernesto Castillo, Universidad Diego Portales, Santiago, Chile; Cristian Spuler, Universidad Diego Portales, Santiago, Chile; Marena Soto, Universidad Diego Portales, Santiago, Chile; Patricio Treuer, Universidad Diego Portales, Santiago, Chile

Background: the schizoid personality disorder corresponds to a pattern of emotional disconnection, which, despite its low prevalence in the clinical setting, represents an emerging problem in the health sector, judicial and social, frustrating therapists in terms of its evolution, and having few effective treatments. Objective: describe, categorize and analyze treatments and their effectiveness in schizoid personality disorder. Methodology: Through a review of the scientific literature published between the years 2007 to 2017, in relation to the treatment of schizoid personality disorder Thirty-eight articles were selected for a thematic analysis.

Results: Results are based on the years of publication and journals, country of origin of the study, objective, main conceptualizations, study design, characterization of participants, measurement instruments used, interventions carried out, main results, conclusions and limitations of the articles analyzed. Discussion: We conclude and analyze the implications for mindfulness-based treatments with these patients Key Words: Systematic Review, Efficacy, Personality Disorders, Schizoid, Treatment

Effect of equine-assisted therapy in patients with brain and motor damage caused by stroke. Patricio Treuer, Universidad Diego Portales, Santiago, Chile; Carlos Ernesto Castillo, Universidad Diego Portales, Santiago, Chile; Marena Soto, Universidad Diego Portales, Santiago, Chile; Nicole Balin, Universidad Andres Bello

Background: The growing advances in anthrozoology and research on human-animal interaction have allowed us to increase knowledge about the benefits of animal-assisted therapy in patients with brain and motor damage. Objective: To highlight the positive effects of equine-assisted psychotherapy through an emotional development workshop program in patients with brain damage from the Llo-Lleo CCR.

Method: An ex-post-facto longitudinal study of the clinical emotional development workshops was carried out, applied to 15 users of the CESFAM CCR Nestor Fernandez Thomas Llo-Lleo. This study had three phases, in which the Msceit test was applied and also session to session OQ. 45 test was applied; First phase reception and initial measurement with Msceit; application of 8 sessions of group therapy assisted by equine plus OQ. 45 application and third phase of interview to the direct caregivers of the users.

Results: The Msceit evaluation shows that the users presented improvements, or they remained stable with respect to their initial assessment. The capacity for self-regulation and intelligent use of emotions were the variables that improved. According to data OQ. 45, users improved their indicators in depressive symptomatology and interpersonal relationships. Discussion: Group psychotherapy assisted by horses can serve as a non-pharmacological technique in the rehabilitation processes of people affected by cardiovascular accidents. The effects of these workshops imply an improvement in the relationship between patient and caregivers, reducing stress and increasing the communication strategies between both. Keywords: Animal-assisted therapy; Psychotherapy assisted by equines; cerebrovascular accident; Carer; Emotional self-regulation

Children and Youth Edgys, a systematic review made the contribution of therapy assisted by animals with infancias and youths infringed Patricio Treuer, Universidad Diego Portales, Santiago, Chile; Nicole Balin, Universidad Andres Bello; Carlos Ernesto Castillo, Universidad Diego Portales, Santiago, Chile

Background: The children and adolescents health and psychosocial programs oriented to the protection of rights in Chile, are facing every day more and more complex cases. These cases are understood from a multidimensional approach, which would explain their high complexity. In relation to the above, four dimensions of analysis are proposed; Mental health; problematic drug use (BNZ), VIF and law-breaking behavior. The objective: to give an account of whether animal-assisted therapy is an alternative to be considered for psychotherapeutic treatments in cases of high complexity.

Method: systematic review of the literature on assisted therapies with animals in children and young people with emotional disorders, behaviorally compromised, between 2007 and 2018 Result: 55 articles were selected to perform a scope analysis and to be able to respond to. Official databases will be revised: Ebscohost, Psicohost, BEIC Database (CONICYT). Discussion: Tangentially indicate the contributions of

therapies assisted by animals in the target population, the capacity and effect in the communicational aspects and emotional self-regulation reached by the beneficiaries of the therapies is highlighted; there are growing research niches that reveal the importance and benefits of human animal interaction under controlled spaces. Key words: Animal-assisted therapy, mental health; childhood; adolescence; violation of rights; drugs abuse; lawful conduct.

Acceptability of a psychotherapeutic intervention with videofeedback in primary caregivers of children hospitalized in a public psychiatry service.

Fanny Leyton, Pontificia Universidad Católica de Chile, Santiago; Angela Alfaro, Universidad de Valparaíso; Camila Hernandez, Universidad de Valparaíso; Elyna Gómez-Barris, Pontificia Universidad Católica de Chile, Santiago

Videofeedback is a tool that can help improve parental reflective function (FRP). Since there is an association between low FRP and child psychopathology, this intervention could positively impact its evolution. Incorporating it in a hospitalization unit requires knowing the subjective appreciation of the participants to reveal factors associated with adherence and perceived benefit, which are key to the acceptability of an intervention. The aim of this study is to determine the acceptability of a video feedback intervention for primary caregivers of hospitalised children. It is a qualitative study that is part of a larger investigation to assess the feasibility of video feedback intervention. During a pilot randomized clinical trial with 30 primary caregivers, semi-structured interviews were applied and the data were analyzed with open coding according to the criteria of Grounded Theory. The results of the work in progress are shown. Two main categories emerge from the analysis: Workshop Perception (Motivation, Difficulties in attending the workshop and Positive References from the workshop) and Perceived Benefits (Realizing Parenting Problems, New Parenting Strategies and Transforming the Relationship). It is possible to access the subjective experience that caregivers experience when participating in this intervention. They see this space as an opportunity to learn about themselves and their children. They value the understanding, the acceptance, and the possibility to acquire new parenting skills and put them into practice. According to these results, Video Feedback can be a beneficial tool to apply in the hospital context.

Construction of subjective senses, image of the self and personal identity, in the different episodes of a patient who presents bipolar affective disorder and messianic delirium, and his implications for therapy: a case study.

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Introduction: bipolar affective disorder (BD) is characterized by marked fluctuations in mood, thinking, behavior, energy and the ability to perform activities of daily living, affects the individual for months or years in stages, where calm and Normal behavior is interspersed between manic episodes and depression. BD is one of the most common, severe and persistent mental disorders. Psychological factors play an important role in the psychopathology of the disorder, there are effective therapies for BD, however, there is no exhaustive and general cognitive model for BD. Objective: describe, categorize and analyze the construction of subjective meanings of the self, as this affects the personal identity and the relationship they have at the psychological level in the BD.

Method: by means of in-depth biographical interview reaching the saturation of the contents analyzed, categories are constructed, with the most recurrent perceptions of the self in the different cycles of the BD.

Results: Different categories of perception of the self can be established in depressive episodes and manic episodes, and a relationship is established with the behavioral changes and form of attachment. Discussion: the construction of different senses of the self, in the different poles of the BD seems to affect how it is linked in daily activities, interpersonal links, seeming to have a function, so understanding the meaning of these contributes to generate changes in conceptions psychotherapeutic in its approach. Keywords: bipolarity, self, psychotherapy, subjective senses, constructivism, posrationalism.

Interaction observation as a possibility to evaluate mother-infant

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AIM: The present study investigated the interaction of a mother-baby dyad from a Mother-infant group intervention in the context of postpartum depression. **Methods:** The participants were a 24-old mother and her nine-month --old baby. This qualitative study analyzed the interaction of the dyad from the video recording of the first and last session of psychotherapy.

Results: The evaluation categories (Mother: sensitivity, structuration, intrusiveness, hostility; Infant: engagement, responsivity) of the Interactional Assessment Procedure (IAP) were used in the analysis. As a result, an improvement in maternal depressive symptoms and changes in mother-infant interaction after psychotherapeutic intervention were detected through video and mental health scales analysis.

Discussion: it was possible to verify the effectiveness of the psychotherapeutic process and the potential of innovation in the analysis of interactions within the psychotherapy session through the use of videos that allowed to visualize important questions of mother-baby interaction.

Index to Authors

- Abarca, Fernanda, 159
Abargil, Maayan, 125
Abing, Kristina, 133
Acuña, Brenda, 8, 9
Adana Díaz, Lila Angélica, 149
Afrange, Emilia, 153
Aguilar-Raab, Corina, 31, 53, 106
Aguirre, Ramiro Miguel, 146
Alalu, Nicolas, 176
Alamo Anich, Nicolle, 80, 81
Albornoz, Sofia, 66
Alexopoulos, George S., 48
Alfaro, Angela, 180
Almeida, Roberta Bianca, 49, 50
Alomar, Francisca, 86
Altimir, Carolina, 28, 30, 140
Alvarez Kozubova, Karla, 118
Alvarez, Liliana, 37
Álvarez-Vaz, Ramón, 39
Alvis Rizzo, Alexander, 167
Alzugaray, Annabel, 176
Andersen, Christian Fjellerad, 132
Anderson, Shayne R., 104, 105, 113
Anderson, Timothy, 16, 17, 41, 57, 95, 109
Andrade, Lucas Murta, 50
Andreas, Sylke, 121, 133, 146
Antonio, Sonia Beira, 157
Antony, Martin M., 95
Aparain, Angeles, 136
Arakaki, Yuki, 158
Arana, Fernán Guido, 137, 176
Araújo Vasconcelos Rebouças, Cinthia Danielle, 63
Araya, Ricardo, 126
Areán, Patricia, 48
Areas, Malenka, 10, 120
Areco Pico, María Marta, 164
Argumedo, Doris, 9, 152
Arias, María Alejandra, 39
Armusewicz, Kelsey, 41
Asiain, Joaquín, 128
Atkins, David A., 77
Atzil-Slonim, Dana, 12, 76, 78
Aufenacker, Saskia Ivana, 118
Azevedo, Elisa Cardoso, 181
Azocar, Estrella, 66
Babl, Anna, 15, 24, 25
Bacas, Daniel Campos, 157
Bailey, Russel, 145
Balin, Nicole, 179
Banaco, Roberto Alves, 89, 90
Banerjee, Samprit, 48
Barber, Jacques P., 28, 48, 155
Barbisan, Guilherme, 163, 170, 171
Barbisan, Guilherme Kirsten, 63, 163
Barbosa, João Ilo, 89
Barboza, David A., 159
Barcellos Serralta, Fernanda, 13, 30, 125, 126, 128, 153, 164, 172, 173
Barrett, Marna, 20
Barrientos, Jaime, 52
Bartle-Haring, Suzanne, 113
Bastos, André Goettems, 163
Bate, Jordan, 41
Batista, João, 22
Bauer, Stephanie, 108, 126
Bean, Roy, 118
Beatriz Meyer, Sonia, 79
Beaulieu-Prévost, Dominic, 150
Beck, Emma, 132
Behn, Alex, 53
Bekes, Vera, 127, 150, 152
Belleville, Genevieve, 127, 150
Bellini, James, 97
Belz, Martina, 24
Bender Haydu, Veronica, 89
Benedek, David, 102
Berger, Thomas, 24, 25, 60, 108
Berman, Jeffrey, 70
Bernik, Lea, 131
Bertoldo, Lao Tse Maria, 173
Besson, Nicole, 162
Beuchat, Hélène, 83, 101
Bhatia, Avantika, 19
Bitercourt Frizzo, Giana, 166
Bo, Sune, 132
Boehnke, Jan Rasmus, 59
Bogiaizian, Ricardo Daniel, 10, 172
Bongiardino, Laura, 118
Borcsa, Maria, 20, 21
Borensztein, Laura, 118
Bork Mathiesen, Birgit, 46
Borzutzky, Andres, 101

Boswell, James, 19, 88, 93, 94, 121
 Botella, Luis, 137
 Botero Botero, León Darío, 167
 Both, Luciane Maria, 153
 Botto, Alberto, 68
 Bradford, Angela B, 113
 Braga, Cátia, 22
 Brattland, Heidi, 11, 110
 Braun, Malena, 20
 Brenner, Eduardo, 66
 Briones, Sonia, 162
 Brooks, Gayle, 94
 Bugatti, Matteo, 93
 Buller, Stephen, 39, 40
 Burgess Moser, Melissa, 122
 Burkeland, Olav, 11
 Burlingame, Gary, 35
 Bustos Villarroel, Alexis, 149
 Butler, Sheila, 91
 Cáceres, Cristian, 109
 Caicedo, Sandra, 15, 108
 Calixto, Fernanda Castanho, 145
 Campos, Solange, 141
 Cañadas, Viviana, 149
 Capella, Claudia, 65, 66
 Cardenas, Carolina, 85
 Cardoso, Cátia, 73
 Carneiro, Lorena Chaves, 170
 Carniel, Bruno, 157, 163
 Carr, AnnaLisa, 113
 Carrasco, Alvaro, 109
 Carrión, Maitte, 156
 Carvalho, Cibebe, 67
 Carvalho, Fábio, 73
 Casari, Leandro, 154, 169, 171
 Caspar, Franz, 16, 17, 19, 24, 25, 60
 Castañeiras, Claudia, 164
 Castillo, Carlos Ernesto, 143, 179, 180
 Castonguay, Louis, 8, 16, 19, 62, 121
 Castrillo, Beatriz Fernández, 156
 Castrillon, Leidy Carolina, 167
 Castro, Flávia Ciane Assmann, 126
 Castronovo, Mercedes, 10
 Cattani, Kara, 145
 Celleri, Milagros, 155
 Chambless, Dianne, 28, 48, 155
 Chamó, María Camila, 164
 Chang, Felicia M, 134

Chávez, Itzel, 62
 Chen, Serena, 155
 Chindoy Luna, Emerson, 167
 Chryssafidou, Evi, 81
 Chui, Harold, 19, 92, 98, 99
 Cicuto, Karen, 157
 Clarkin, John, 43
 Claudino, Felipe Cesar de Almeida, 168
 Clouthier, Tracy, 43
 Compte, Emilio J., 65
 Conde, Karina, 161
 Constantino, Michael J., 49, 61, 92, 93, 94, 95
 Cornelis, Shana, 116
 Corrêa, Andriza Saraiva, 73
 Coyne, Alice E., 18, 61, 93, 94, 95
 Crawford, Mike, 140
 Cremades, Camila, 155
 Crempien, Carla, 31, 32, 53
 Crow, Thomas, 43
 Culina, Ines, 96
 Curati, Juan Cruz, 161
 Curtarelli, Alejandro, 146
 Curtis, John T, 7, 26
 Cusien, Irene Lydia, 37
 Custodio, Jesica Brenda, 64
 Czermainski de Oliveira, Betina, 125
 D'Alessio, Luciana, 164
 D'aniello, Carissa, 104
 D'Alessio, Noelí, 133
 da Rosa Silva, Milena, 166
 Dagnino, Paula, 62, 139, 150
 Dalglish, Tracy, 122
 Davis, Don, 97
 De Jong, Kim, 17, 33, 34, 110
 De la cerda, Cecilia, 31, 84, 135
 De la Parra, Guillermo, 20, 37, 39, 62, 63
 de Paulo, Leonardo Cordeiro Svidzinski, 170
 De Smet, Melissa, 17, 18, 72
 DeBlaere, Cirleen, 97
 Defey, Denise, 8
 Deisenhofer, Anne-Katharina, 59
 Delgadillo, Jaime, 33, 59
 Demarzo, Marcelo, 157
 Dempsey, Catherine, 102
 Dent, Valeda, 119
 Desmet, Mattias, 58, 71, 117
 Despland, Jean-Nicolas, 83, 101
 Di Persia, Francisco Nicolás, 157

Díaz Dosque, Carmen Gloria, 122
 Diaz Miguez, Natalia, 175
 Diaz, Francisca, 135
 Diaz, Ruben, 101, 173
 Dinger, Ulrike, 20, 129
 Dionisio Ffner, Gabriela, 66
 Ditzen, Beate, 31, 53, 106
 Dogmanas, Denisse, 14, 39
 Dominguez Lara, Sergio Alexis, 39
 Donatti, Sofia, 155
 Dotta, Patricia, 164
 Draganski, Bogdan, 101
 Dragic, Ivana, 134
 Drinane, Joanna M., 77
 Duarte de Barcellos, Eduarda, 30, 125
 Duarte Soto, A. Javiera, 31, 84, 85, 86, 92, 135, 141, 147
 Durao, Marian, 78, 143
 Eells, Tracy, 25
 Egli, Samy, 169
 Eini, Hadar, 130
 Ekeblad, Annika, 27
 Elizathe, Luciana, 64, 177
 Elliott, Robert, 15, 70, 82
 Eloranta, Sami Juhani, 135
 Entenberg, Guido Andrés, 127
 Erikson, David, 145, 177
 Errazuriz, Antonia, 37
 Escobar, Katherine, 139
 Espinosa, Daniel, 9, 15, 107, 108, 109, 126
 Estrada, Paulina, 108
 Etchevers, Martin, 15, 117, 156, 171
 Evans, Chris, 38, 64, 149
 Evers, Oliver, 56
 Ewell, Arcadia, 100
 Fajardo, Camila, 118
 Falconer, Caroline, 81
 Falender, Carol, 56
 Falkenström, Fredrik, 27, 28
 Fanaian, Mahnaz, 144
 Farfallini, Luis, 14, 15, 158, 164
 Favaretto, Taís Cristina, 153
 Feijó, Luan Paris, 126, 128, 153
 Feixas, Guillem, 23, 64
 Fekete, Maria Noel, 176
 Fernandez Sanz, Sofia, 80, 81
 Fernandez, Mauricio, 108
 Fernández, Olga, 109

Fernández-Álvarez, Héctor, 19, 158, 164
 Fernández-Álvarez, Javier, 164
 Fernandez-Gomez, Matias A., 159
 Fernández-Navarro, Pablo, 22, 154
 Ferrando, Rocío, 146
 Ferreira, Ângela, 74, 138
 Ferretti, Romina, 29
 Ferro, Gabriela, 154
 Fietz, Julia, 120, 169
 Firestone, Lisa, 7, 8
 Fiscalini, Elsa, 96
 Fischer, Candice, 32, 162
 Fischersworrying, Martina, 177
 Flemotomos, Nikolaos, 77
 Fleury, Heloisa J., 14, 38
 Floramo, Valeria, 154
 Florenzano, Andrea, 36
 Flückiger, Christoph, 18, 48, 57, 70, 110
 Folke, Sofie, 128
 Folmo, Espen, 132
 Freiria, Santiago, 155
 Freitas, Lucia Helena, 172
 Freitas, Lúcia Helena, 153
 Friedl, Nadine, 58, 60
 Frizzo, Giana Bitencourt, 181
 Ftenou, Aspasia, 148
 Fukuda, Cláudia Cristna, 14, 38
 Fukushima, Tetsuo, 158
 Fürer, Lukas, 119
 Gablonski, Thorsten-Christian, 43, 121, 146
 Gabriella Pedrotti, Bruna, 166
 Gaete, Joaquín, 29
 Gale, Jerry, 21
 Gálvez, Constanza, 51
 Garay, Cristian, 15, 155
 García, Adolfo, 175
 García, Fernando, 158, 164
 García, Javiera, 177
 Georg, Anna, 42
 Geremia, Lisiane, 125
 Gergov, Vera, 102, 103
 Gerstenblith, Judith, 99
 Ghidella, Melanie, 55
 Gilboa-Schechtman, Eva, 78
 Girardi, Marcelo, 36
 Giri, Himanshu, 134
 Glebova, Tatiana, 114
 Gloger, Sergio, 109

Godara, Malvika, 141
 Godoy, Valentina, 156
 Goettems Bastos, André, 63
 Gómez Penedo, Juan Martín, 60, 61, 63, 158
 Gomez Penedo, Martin, 10, 31
 Gómez, Beatriz, 20, 164
 Gomez, Camila, 66
 Gomez, Diana, 30
 Gómez-Barris, Elyna, 37, 174, 180
 Gonçalves, Leonardo, 63, 163, 168, 170, 171
 Gonçalves, Miguel M., 22, 23, 59, 154
 Gonçalves, Sónia, 23
 Gondan-Rochon, Matthias, 132
 González, Felipe, 54
 Gonzalez, Sofia, 139, 150
 Goodman, Geoff, 67, 119
 Goodwin, Brien, 93
 Goto, Ayumi, 90, 91, 98
 Grace, Randolph, 59
 Grafanaki, Soti, 46
 Grandjean, Loris, 83, 101
 Grau Touriño, Antoni, 64
 Gråwe, Rolf Wilhelm, 11
 Grenyer, Brin, 20, 144
 Grevet, Eugenio, 175
 grosse Holtforth, Martin, 24, 25, 60, 61
 Grzona, Sofía del Carmen, 169
 Guay, Stephane, 150
 Guerrero, Katherine, 165
 Gündl, Harald, 129
 Gunning, Faith, 48
 Guzmán, Marcela, 57
 Hajkowski, Susan, 40
 Haller, Elisa, 134, 162
 Hamm, Caroline, 134
 Hardy, Gillian E., 81
 Hardy, Nathan, 105, 114
 Harpaz-Rotem, Ilan, 101
 Hartmann, Armin, 43
 Hayes, Jeffrey, 60
 Heer, Sara, 24, 25
 Heinonen, Erkki, 45
 Held, Judith, 48, 110
 Helmich, Natalia, 117, 156
 Hernandez, Camila, 180
 Hernandez, Cristobal, 101, 123
 Herrera, Pablo A, 141
 Hildebrando de Freitas, Caroline, 125

Hill, Clara, 12, 16, 19, 20, 42, 95, 99, 100
 Hilpert, Peter, 110
 Hirsch, Hugo, 10
 Hirsch, Pablo, 10
 Holland, Heitor Marques, 164, 172
 Holmqvist, Rolf, 27, 28
 Hong, Jinny, 160
 Hook, Jonathan, 147
 Hook, Josh, 97
 Horowitz, Leonard, 18
 Houben-Hop, CharWes, 147
 Howard, Ashley P, 134
 Huber, Dorothea, 121, 133
 Hunger, Christina, 139
 Ibañez Gil, María Anabel, 154
 Ibañez, Agustin, 175
 Imel, Zac E., 77
 Immel, Nina, 7, 37, 139, 150
 Irarrazaval, Matías, 126
 Iversen, Valentina Cabral, 11
 Iwakabe, Shigeru, 15, 19, 91, 98, 158
 Jackson, Aaron, 82
 Jaime, Daniela, 57
 Janis, Rebecca, 35
 Janusz, Bernadetta, 21
 Jaramillo, Juan Carlos, 9, 108
 Jarczok, Marc, 53, 101
 Jarry, Josee L, 134
 Jennings, Ciaran, 47
 Jennissen, Simone, 129
 Jiménez, Álvaro, 126, 142
 Jimenez, Micaela, 15, 81, 82
 Jimenez-Mosquera, Carlos, 82
 Johnson, Benjamin, 43
 Johnson, Lee N., 105, 113
 Johnson, Sue, 122
 Joo, Eunsun, 15, 16, 19, 90
 Jørgensen, Mie Poulsgaard, 132
 Jornada Lourenço, Luciana, 125
 Josefina, Larraín Valenzuela, 178
 Juan, Santiago, 62
 Juárez, Sofía, 169
 Kadur, Jennifer, 121, 146
 Kainth, Sukriti, 124
 Kaivosoja, Matti, 135
 Kaltiala-Heino, Riittakerttu, 135
 Kanamota, Priscila Ferreira de Carvalho, 50
 Kanellopoulos, Dora, 48

Kappelman, Nils, 120, 169
 Kazez, Ruth, 55
 Keck, Martin, 120, 169
 Keegan, Eduardo, 137
 Kellet, Stephen, 33
 Kerman, Bernardo Samuuel, 78
 Kessler, Felix, 167
 Kichic, Rafael, 133
 Kim, Jiyea, 90
 Kimura, Yuka, 98, 158
 King, Brittany R, 121
 Kivity, Yogev, 12, 43
 Kivlighan Jr., Dennis, 100
 Kizuki, Shiori, 158
 Klatte, Rahel, 57
 Kleinbub, Johann Roland, 136
 Kline, Kathryn, 99
 Klöckner, Christian, 11
 Klug, Guenther, 121, 133
 Klundt, Jared, 145
 Knoll, Megan, 111
 Kochen, Silvia, 164
 Koditek, Marie, 60
 Kogan, Jerome, 41
 Kohen, Nicole, 53
 Koksvik, John Morten, 11
 Kopf-Beck, Johannes, 120, 169
 Korman, Guido Pablo, 15, 131, 164
 Kornhas, Lea, 42
 Kotze, Beth, 144
 Koutsovit, Florencia, 155
 Kramer, Ueli, 15, 83, 95, 96, 101
 Kraus, David, 93, 94
 Krause, Mariane, 9, 20, 80, 81, 108, 109, 159, 174
 Krieger, Tobias, 60, 61
 Kulkarni, Swati, 134
 Kuranova, Anna, 88
 Lacruz, Tatiana, 65
 Lago, Adriana, 176
 Lamoço, Danielle Pamphiro, 170
 Langer, Álvaro, 52, 54
 Lanzillotti, Alejandra, 164
 Lara Cantú, Ma. Asunción, 108
 Lara-Cabrera, Mariela Loreto, 11
 Lau, Marianne, 128
 Lauritzen, Line Rettig, 46
 Laverdière, Olivier, 147
 Lavik, Kristina Osland, 115
 Leduc-Cummings, Isabelle, 111
 Lee, Jihui, 48
 Lee, Ka Wa, 99
 Leertouwer, IJsbrand, 174
 Lehrbach, Kyler, 121
 Leighton, Caroline, 67, 68
 Leung, Tiffany, 124
 Levis, Maxwell, 131
 Levy, Kenneth, 43
 Lewin, Rivian, 70
 Lewis, Kate, 144
 Leyton, Fanny, 180
 Lievendag, Leonora, 64
 Lima e Silva, Eduarda Xavier, 181
 Lin, Mu, 24, 25
 Lin, Ying Hui, 169
 Linaker, Olav Morten, 11
 Lindberg, Nina, 135
 Löffler-Stastka, Henriette, 103
 Lohani, Monika, 77
 Lopes, Rodrigo, 108
 López Fediuk, Luciana, 62
 López Saavedra, Santiago, 146
 López Salazar, Patricio, 172
 Lopez, Lorena, 41
 Lorenzo, Valeria, 9
 Lozano, Luis Arturo, 166
 Lu, Yun, 99
 Lucentini, Agostina, 154
 Lüdemann, Jonas, 121
 Lueger, Robert, 105
 Luk, Sarah, 99
 Luke, Melissa, 97
 Luna, Manuela, 165
 Lunansky, Gaby, 86, 88
 Lunn, Susanne, 46, 72
 Luttges, Carolina, 126
 Lutz, Gabriele, 121
 Lutz, Wolfgang, 34, 59
 Lybbert, Ragan Andrew, 118
 Machado, Paulo, 23
 Magalhães, Carina, 22, 59
 Maglio, Ana Laura, 127
 Maissis, Guy, 72
 Maldavsky, David, 37
 Mallmann, Manoela Yustas, 181
 Mannella, Jillian, 46
 Mantilla, Carla, 9, 116

Manubens, Rocío, 62
 Marchand, Andre, 150
 Marczyk, Joana Rodrigues, 170
 Mardones, Rodolfo, 54
 Markovska, Silvana, 103
 Martínez, Anton, 169
 Martinez, Claudio, 51, 52, 57, 84, 92, 135, 156, 159, 165
 Martinez, Vania, 108, 126
 Martino, Fiorella, 55
 Martins, Hugo Roberto Sampaio, 168
 Martin-Soelch, Chantal, 96
 Mascialino, Guido, 38
 McAleavey, Andrew, 17, 18, 34, 47
 McCarthy, Kevin, 28, 48
 McGowan, Cheri, 134
 McLeod, John, 115
 McMahon, Aisling, 45, 47
 McMain, Shelley, 18, 20
 Medeiros, Sebastian, 53
 Medina Mesa, Claudia Helena, 152
 Medina, Joan Carles, 23, 64
 Meganck, Reitske, 17, 71, 72
 Mellado, Augusto, 159
 Menga, Sol, 65
 Mesurado, Belén, 175
 Meyer, Björn, 108
 Milhazes, Andreia Viana, 154
 Milic, Branka, 103
 Miller, Richard, 104
 Miller, Scott D., 11
 Milrod, Barbara, 28, 48, 155
 Mingos, Mary, 28
 Moeller, Stine Bjerrum, 128
 Moessner, Markus, 108, 126
 Molina, María Elisa, 106
 Moller, Naomi, 123, 137
 Moltu, Christian, 34, 47, 115
 Montado, Gabriela, 9
 Montesano, Adrián, 23
 Moore, Michael, 155
 Moraes, Walquiria Lino da Silva, 50
 Morales Arias, Dennis Lisette, 159
 Morales, Felipe, 139, 150
 Moran, Javier, 135, 173
 Moreira, Alejandra, 156
 Moreno, Diego, 86
 Moretti, María Paula, 154
 Morgade, Federico, 31
 Morrison, Nicholas, 93
 Mörtl, Kathrin, 129, 134
 Mösko, Mike, 124
 Muiños, Roberto, 158
 Muir, Heather J., 95
 Muñoz, Magaly, 141
 Muñoz, Mariela, 169
 Murawski, Brenda María, 64
 Murphy, Anne, 41
 Murphy, Sean, 13
 Nakamura, Kaori, 158
 Naoum, Marcela, 54
 Nardecchia, Agostina, 154
 Nardi, Suzana Catanio dos Santos, 75, 126
 Neves, Nilda, 37
 Newman, Michelle, 121
 Nielsen, Jan, 46
 Nitsche, Pía, 32
 Nietzsche, Pía, 53
 Noda, Ayumi, 158
 Nordberg, Samuel, 34, 47
 Nordgren, Lise Bergman, 27
 Norman, Ufuoma, 58
 Notaerts, Liza, 117
 O'Connell Kent, Julie Anne, 82
 Ocampo Lopera, Diana María, 9, 14
 Okubo, Chisa, 158
 Olhaberry, Marcia, 118
 Oliveira, Aline David, 50
 Oliveira, Ana Carmen de Freitas, 50
 Oliveira, João Tiago, 22, 23
 Oliveira, Sergio, 153
 Oliveira-Silva, Patrícia, 59
 Olmos, Jorge, 155
 Opfermann, Hannes Frieder, 7
 Orsi, Victoria González, 146
 Ortega, Ivana, 155
 Ortiz Garzón, Eliana, 39
 Oshiro, Claudia Kami Bastos, 74, 75, 76, 78, 79, 148, 170
 Oswald, Jennifer, 93, 94
 Otmazgin, Adi, 142
 Owen, Jesse, 96, 97
 Pacheco, Manuela, 32, 53
 Paetsch, Andreas, 169
 Palmieri, Arianna, 136
 Palombo, Carla, 156

Pantet, Ananda, 50
 Pardo, Felipe, 152
 Paredes, Felipe, 149
 Parra, Alejandro, 151
 Pascual-Leone, Antonio, 83
 Paxton, Maegan, 102
 Paz, Adar, 78
 Paz, Clara, 13, 23, 37, 38, 149
 Pedersen, Jesper, 132
 Peltonen, Kirsi, 135
 Penedo, Martin Gomez, 10
 Peraita, María Belén, 158, 164
 Pérez Atehortúa, César Alejandro, 152
 Perez Zambón, Silvina, 55, 138
 Perez, J. Carola, 84, 109
 Peri, Raghuveer, 77
 Perosa Carniel, Bruno, 63
 Perry, Christopher, 28, 112, 152
 Philips, Björn, 17, 27, 28, 40
 Pimentel Souza, Tamires, 172
 Pinto, Dulce, 73
 Pinto-Coelho, Kristen G, 18, 92
 Pires, Nuno, 74
 Piskorz, Maria, 155
 Pitron, Diego, 66
 Pizarro, Rocio, 66
 Podina, Ioana, 103
 Poulsen, Stig, 17, 45, 72, 103
 Poulson, Stig, 46, 132
 Poznyak, Elena, 103
 Prass, Megan, 100
 Prevendar, Tamara, 103
 Pumarino, Catalina, 165
 Putrino, Natalia Inés, 171, 175
 Quevedo, Yamil, 69, 101
 Quirk, Kelley, 105, 114
 Rabung, Sven, 133, 146
 Rafaeli, Eshkol, 78
 Ramires, Vera, 66, 67
 Ramos, Anna Carolina, 50
 Ramos, Eveline Cascardo, 14, 38
 Ramos-Lima, Luis Francisco, 172
 Raña Ferreira, Amanda, 74
 Rashleigh, Chuck, 82
 Rasmussen, Gian, 152
 Raue, Patrick, 48
 Rebouças, Cinthia Danielle Araújo Vasconcelos, 163, 170, 171
 Rein, Martin, 169
 Reinel, Mahaira, 30, 140
 Rek, Katharina, 160, 169
 Rembado, José María, 58
 Ribeiro, António, 22, 23
 Ribeiro, Eugénia, 23, 73, 74, 138
 Rice, Kenneth G, 137, 147
 Riisager, Lisa, 128
 Rios, Ulises, 68
 Rivas, Andrés Luciano, 65
 Rivera-Ottenberger, Diana Verónica, 123
 Roane, David, 41
 Roberts, Kristin, 137, 147
 Robinson, Anna, 143
 Robinson, Louisa, 33
 Rocha, Neusa Sica da, 157, 161, 163, 168
 Rodrigues, Bernardo Dutra, 50
 Rodriguez Lizana, Danilo, 85
 Rodriguez Quiroga, Andrea, 118
 Rodriguez, Danilo, 86
 Rodríguez, Juliana, 51
 Rodriguez, Loreto, 66
 Rojas, Graciela, 126, 141
 Romano, Felicia, 93, 94
 Rosa-Holyoak, Christina, 113
 Rosenbaum, cata.rosenbaum@gmail.com, 51, 84
 Rosendahl, Jenny, 35, 36, 57
 Rosenstein, Lia, 43
 Rost, Felicitas, 17, 72
 Roubal, Jan, 19
 Roussos, Andrés, 13, 31, 128, 158, 176
 Rovaris, Diego, 175
 Rubel, Julian, 34, 48, 59
 Rubin, Simon Shimshon, 130
 Ruiz, Maria Paula, 108
 Russo, Susana, 55
 Russos, Andres, 69
 Rutherford, Bret R., 61
 Rutzstein, Guillermina, 64, 177
 Ruz, Valentina, 29
 Rydel, Deborah, 156
 Ryland, Sam, 118
 Ryum, Truls, 11, 110
 Saavedra, Cyntia, 107
 Sahin, Zeynep, 155
 Saliba, Andrea, 103
 Salvo, Vera Lúcia, 157
 Sametband, Ines, 29

San Martín, Diego, 57
 Sanchez, Livia, 125, 153
 Sánchez-Sosa, Juan José, 108
 Sandell, Rolf, 27
 Santander, Fernanda, 159, 165
 Santangelo, Lucian, 10
 Santangelo, Pablo Rafael, 161
 Saralegui, Daniela, 139, 150
 Saravia Serrano, Karen, 147
 Sartor, Mariana Salvadori, 170
 Sarudiansky, Mercedes, 15, 131, 164
 Sauer, Eric, 137
 Sauer, Eric M, 147
 Sbdar, Lara, 65
 Scappatura, Maria Luz, 64
 Scevola, Laura, 164
 Scharf, Frederik Bernt, 128
 Scharfstein, Jocelyn, 107
 Schenk, Nathalie, 119
 Scherb, Elena, 19, 78
 Schiller, Birgitta, 129, 134
 Schmeck, Klaus, 119
 Schneider, Indianara Cristini Muller, 167
 Schröder-Pfeifer, Paul, 56
 Schuch, Felipe Barreto, 168
 Schuch, Jaqueline, 175
 Schuler, Keke, 102
 Schulthess, Peter Eduard, 116
 Schulz, Holger, 146
 Schütz, Sthéfani, 163, 171
 Schwartz, Dominique, 36
 Schwartzman, Carly, 15, 121
 Schwarz, Elena, 129
 Sedeño, Lucas, 175
 Segev, Aviv, 142
 Sela-Shani, Mirit, 142
 Sepúlveda, Ana Rosa, 65
 Serrano, María Renee, 86
 Shafranske, Edward, 56
 Sharp, Carla, 132
 Shuttleworth, Jo, 151
 Silberschatz, George, 7, 26
 Silva, Elisângela, 148
 Silva, Gabriela, 74
 Silva, Joana Ribeiro da, 59
 Silva, Vânia, 73
 Simonovich, Javier, 132
 Simonsen, Erik, 132
 Sinclair, Ana, 146
 Sirey, Jo Anne, 48
 Smith, Melanie, 94
 Sneiderman, Susana, 54
 Sneiderman, Susana, 55
 Solari, Adrian Amilcar, 10
 Solomonov, Nili, 18, 20, 28, 47, 48
 Soma, Christina S., 77
 Soto, Marena, 57, 156, 159, 179
 Soucie, Kendall, 134
 Sousa, Inês, 23, 59, 138
 Souza Aranha, Alan, 75, 79
 Souza Schwochow, Monique, 166
 Souza, Allan Maia Andrade de, 161
 Spangler, Patricia T, 19, 100, 102
 Spuler, Christian, 51, 178
 Spuler, Cristian, 179
 Stähli, Annabarbara, 24, 25
 Starrs, Claire J., 112, 152
 Steele, Howard, 41
 Steele, Miriam, 41
 Stefanini Machemer, Roberta, 166
 Steggles, Kane, 110
 Stein Sparvieri, Elena, 136
 Stiles, William B, 16, 18, 44, 80, 81, 96
 Stordeur, marina, 144
 Storebø, Ole Jakob, 132
 Strauss, Bernhard, 12, 35, 36, 57, 78
 Svacina, Adriana, 108
 Svien, Hal, 35
 Swift, Joshua K., 69
 Szabo, Wilsa, 141
 Tabosa, Vitoria Maria, 30
 Tækker, Louise, 72
 Talia, Alessandro, 136, 147
 Tasca, Giorgio, 122
 Tate de Stanley, Cristina, 36, 37
 Taubner, Svenja, 12, 20, 42, 43, 56, 57
 Teche, Stefania Pigatto, 172, 175
 Tenreiro, Cristina, 164
 Thana, Lavanya Joanna, 140
 Tiburcio Sainz, Marcela Alejandra, 108
 Tilkidzhieva, Elitsa, 134
 Timulak, Ladislav, 15, 18, 70, 82
 Tischner, Irmgard, 137
 Tishby, Orya, 125
 Tomicic, Alemka, 9, 51, 52, 57, 83, 84, 92, 156, 159, 165

Tompkins, Kelley, 69
 Torres, Sandra, 103
 Toth, Landon, 177
 Traverso, Pierina, 9, 116
 Treuer, Patricio, 143, 179
 Trombka, Marcelo, 157
 Trudeau, Kimberlee, 93
 Truijens, Femke Lara, 17, 44
 Trujillo, Luz Adriana, 14, 39, 159
 Tschacher, Wolfgang, 13, 76
 Tulbure, Bogdan, 103
 Tzur Bitan, Dana, 142
 Uckelstam, Carl-Johan, 28
 Ugarte, María José, 139, 150
 Uribe, Lucas, 115
 Usabiaga, Patxi, 32
 Vaccarezza Schürmann, Stephanie, 162
 Valdes Sanchez, Nelson, 107, 174
 Valdes, Nelson, 36, 101, 106
 Valdéz, Gabriela, 164
 van Bork, Riet, 87
 van Rijn, Biljana, 81
 van Thiel, Sabine, 110
 Vanegas Osorio, Jorge Humberto, 167
 Vargas, Germán, 54
 Vartanian, Joana Figueiredo, 76, 79
 Vásquez Lopera, Cristina María, 152
 Vásquez, Daniel, 9, 140
 Vassallo, Guillermo, 146
 Vega, Mariela, 66
 Vera, Nicole, 54
 Vernengo, Maria Pia, 144
 Vidal Rojas, Jesús Antonio, 57, 156, 165
 Videla, Rocío, 169
 Vilanova, Felipe, 175
 Vilas Boas, Denise, 145
 Villaran, Valeria, 9, 152
 Vîslă, Andreea, 48, 110
 Vitale, María Cecilia, 39
 Vivino, Barbara, 19
 Vogel, Patrick, 110
 Vohrinher, Paul, 126
 Volkert, Jana, 43
 von Oepen, Rebecca, 7
 Vossler, Andreas, 123, 137
 Voursoura, Eleni, 103
 Wagner, Isabella, 129, 134
 Waikamp, Vitória, 172
 Walcher, Ana Laura Gehlen, 157, 163
 Wampold, Bruce, 11
 Wang, Jason, 99
 Warth, Marco, 31, 53
 Watson, Jeanne, 160
 Watzke, Birgit, 134, 162
 Weaver, Timothy, 140
 West, James, 102
 Westra, Henny A., 95
 Wiebe, Stephanie Amanda, 122
 Wimmer, Eva, 134
 Winter, Friederike, 31, 53, 106
 Wirth, Luisa, 121
 Wischer, Yvonne, 133
 Wiseman, Hadas, 19, 20, 25, 26
 Wolfer, Christine, 48, 110
 Wright, Kevin John Robert, 150
 Wysocki, Anna, 87
 Wyss, Gertrudis, 138
 Yamazaki, Wakako, 158
 Yoris, Adrián, 175
 Zamboni Busetti, Luciana, 125
 Zamignani, Denis Roberto, 49, 50, 145
 Zeek, Almut, 43
 Zetzer, Heidi, 19
 Zhu, Peitao, 97
 Zhu, Xu, 99
 Zilcha-Mano, Sigal, 12, 16, 28, 61
 Zimmermann, Ronan, 119
 Zuñiga, Susana, 143, 180
 Zytner, Rosa, 130