



BOOK OF ABSTRACTS

Society for Psychotherapy Research
5th joint European & UK
Chapters conference

19 – 21 September 2019
Jagiellonian University, Krakow



SOCIETY FOR PSYCHOTHERAPY RESEARCH
5th JOINT EUROPEAN & UK
CHAPTERS CONFERENCE
SEPARATION AND UNITY

‘Separation and Unity’



SOCIETY FOR
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Society for Psychotherapy Research

5th joint European & UK Chapters conference, Krakow 2019

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Pre-Conference Workshop*Therapist training and development*Moderator: David E. Orlinsky,
University of Chicago, USA**The SPRISTAD Collaborative Longitudinal Multi-Site Study of Psychotherapy Training and Trainees**

The SPRISTAD collaborative multi-site study of psychotherapy training and development of trainees was launched in 2012 and has continued to evolve through stages of research design, instrument development, participant recruitment, data collection, and data processing. This workshop will briefly describe those stages, review what has been achieved as of early 2019, and discuss optimal directions for the future work of data analysis. The workshop will provide an opportunity for those already engaged in the project to interact with members of the Research and Steering Committees, and an opportunity to share their experiences and questions as local research coordinators. For other SPR colleagues who may be interested in the study, the workshop provides an opportunity to learn more about the conditions, procedures, and potential rewards of joining in this large collaborative project.

Pre-Conference WorkshopModerator: Celia M. D. Sales,
Universidade do Porto, Portugal**Introduction to research data management - Open workshop from the COST Action TREATme programm**

9:00h-11:00h

Introduction to Research Data Management

Timea Biro | Digital Repository of Ireland, Royal Irish Academy

11:15-12:30

Systematic Reviews of Literature: Tools for Data Management Planning

Yulia Karimova & Célia Sales | University of Porto

re-Conference WorkshopModerators: Wolfgang Tschacher,
University of Bern; Joana Coutinho,
University of Minho; Deborah
Meier, University Hospital of
Psychiatry and Psychotherapy,
University of Bern**Addressing the Complexity of Psychotherapy: Nonverbal Synchronization in Human Change Processes**

The workshop will deal with 1. self-organization and synchrony (based on empirical findings that regular patterns of interaction arise in the therapist-patient relationship) 2. detection of attractors (attractors describe stable states of a process, e.g. the stability of a disorder a patient suffers from. They can be detected and described based on empirical time series) 3. phase transitions (when there are two attractors --e.g. severe depression and normal functioning--, we may observe transitions between them) 4. differential equations, models (processes, time series, attractors can be modelled by mathematical equations, i.e. synthetically) 5. comparison of empirical and synthetic models (in complexity science, like in all psychotherapy research, we struggle with the mapping of theory to measurement) 6. qualitative meaning of complexity (how are complexity and attractors linked with traditional questionnaire measures?) 7. scaling fractal dynamics (a specific kind of self-similarity found in time series, e.g. physiological time series, individual and social psychology) 8. different landscapes of complexity: deterministic chaos, ARMA, stochastic landscapes, quantum field granularity, indeterminism. 9. translational processes and procedures from research to clinical practice and vice versa. Learning outcomes will be related to critical thinking developments on different types and dimensions of complexity. There will be reflective practice on order and randomness in clinical practice: different forms of resonance (harmonic and stochastic) and synchronization. Reference to different scales of human change will be mapped and explored.

Pre-Conference Workshop

Moderator: Kasia Wereszczynska,
Oakton Community College

Compassion Fatigue, Vicarious Trauma & Burnout

There is agreement that an impediment to determining change mechanisms, and to improving clinical outcomes through research, has been impeded by an emphasis on generalising methods, largely statistical, which have aggregated mechanisms, effects and factors. In this argument it is suggested that these aggregations largely remain hidden, particularly effective treatment factors. In this workshop we will examine ways in which it may be possible to focus, discriminate and isolate detail in clinical technique and process in relation to specific outcomes of the application of that technique at a micro-process, quantum level. In this way specific factors are determined influencing clinical outcomes; discriminating fine-grain detail in process factors and process against outcome factors, with precision. A clinical model of STPP will be presented, including the detail of clinical process and technique and the collection of video and outcome data. There will be an examination of key process variables as they are assumed within the clinical model, and the methodological issues encountered in designing research to study these. There will be a consideration of qualitative and quantitative methods, and their development, design, epistemology and application providing precision in multiple perspectives on process and outcome. The workshop is designed as an interactive forum to consider these issues and will use presentations of clinical video, clinical data, outcome evaluation, process rating, and the development of process rating methods. Learning Outcomes: Workshop participants will: identify methodological issues in decision making in defining process as a target of investigation, compare methods used in qualitative and quantitative process research design, and different indications for where they may be applied, assess potential correlations between therapist interventions and change events in routine clinical practice

Compassion Fatigue, Vicarious Trauma, & Burnout Kasia Wereszczynska, Oakton Community College

Helping professionals give much of themselves day in and day out. Whether on the front line or any other point along the way, they open themselves up to absorb an array of emotions from external as well as internal stimuli. As explained by Carl Rogers (1980), "To be with another in this [empathic] way means that for the time being, you lay aside your own views and values in order to enter another's world without prejudice. In some sense it means that you lay aside yourself; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of the other, and that they can comfortably return to their own world when they wish." Unfortunately, it can become increasingly challenging for helpers to return to their baseline without doing any personal self-care. Therefore, recognizing compassion fatigue, vicarious trauma, and burnout is an important step toward both the prevention and intervention of such debilitating effects. Once done, one may engage in desirable activities to maintain one's satisfaction. As such, this presentation will define compassion fatigue, vicarious trauma, and burnout; define their symptoms; and discuss activities one may engage in to avoid them.

Pre-Conference Workshop

Moderator: Ilya Zakharov,
Gannushkin Psychiatry Hospital

Cognitive schema of serenity prayer: Case study and clinical applications

Serenity prayer is well-known as psychotherapeutic instrument. Besides the great role it plays in addiction recovery in 12 steps program, many authors mark the effectiveness of usage of its main principles when dealing with different psychological and emotional problems and life situations (A. Bodnar, 2011; W. Reich, 2015; A. Dick-Niederhauser, 2009 et al). After brief review of references, case study of using prayer in work with patient with anxiety disorder is described and some kind of cognitive schema of prayer that was composed following this work is presented. Different stages of creation of cognitive frame and final image are depicted on slides, audience is invited for discussion and additions at each stage. Religious aspect of prayer is not considered, it is evaluated as some kind of manual on development and improvement of three categories: ability to accept the situation, possibility of change of current and life-long circumstances and facts, and opportunity to make a choice. Examples of clients' problems that correspond with different elements of schema are presented, participants are suggested to add or review cases from practice. Scheme is easy for perception and can be used by specialists practicing different

therapeutic approaches, so discussion may be free and productive. Reprints of scheme will be handed out to participants. Workshop addresses psychotherapists, psychologists, psychiatrists, social workers at all stages of their careers, including students, as well as anyone who is interested in subject. No prior knowledge of psychotherapy is required, for information is presented in the way it is suggested to client.

Presenter Ilya Zakharov, Gannushkin Psychiatry Hospital

Pre-Conference Workshop

Moderator: Alessandro Talia,
Heidelberg University, Germany

Epistemic trust and psychotherapy research

Accumulating evidence suggests that one single factor underlies every form of psychopathology. In their recent work, Fonagy and his colleagues have suggested that this factor may reflect a vulnerability that derives from not being able to rely on information garnered from others, or a lack of epistemic trust. The concept of epistemic trust has emerged in the fields of linguistics and developmental psychology, and it is relatively new to psychotherapy researchers. This workshop aims to explore ways in which we can investigate epistemic trust in psychotherapy research. In particular, we will discuss 1) the theory of epistemic trust, including its definition, its underlying mechanisms, and its development, drawing from experimental pragmatics and developmental cognitive science; 2) the relationship between epistemic trust and other concepts used in psychotherapy research such as attachment, mentalizing, defenses, and the therapeutic alliance; 3) methods and procedures for studying epistemic trust in psychotherapy research. The workshop will include presentations, analysis of videos and transcripts, and role-playing.

Pre-Conference Workshop

Moderator: Felicitas Rost,
Tavistock and Portman NHS FT

Q-Sort Methodology: Bridging the divide between qualitative and quantitative methodology. An introduction to an innovative tool for psychotherapy research

Q-methodology is an innovative technique capable of bridging the divide between clinical knowledge and the quantitative systematization of it. Although this method has been extensively applied in clinical psychology its merits and usefulness for psychotherapy research remain largely in unknown. It was initially described by Stephenson (1935, 1953) as a data collection method, scaling technique and data analytic method to empirically study human subjectivity, in particular values, opinions and viewpoints from a first-person perspective. It was then extended by the British tradition (e.g. Curt, 1994; Stainton Rogers, 1995; Watts & Stenner, 2005) to study shared viewpoints, thereby adopting a multi-participant design and a highly unusual form of qualitative analysis. Finally it was adopted by Block (1961, 1971) for the use as a standardised observer-rated assessment tool. Its attractiveness stems from numerous advantages, the most salient being its aptitude to produce holistic data. For example, it provides the means for a statistical robust, reliable, and valid rating scale, whilst at the same time allowing space for clinical perspective and the possibility of a comprehensive understanding of the subject under study, as it collects both quantitative and narrative data. In this pre-conference workshop, I will provide an introduction to Q-statistic and Q-methodology (person-centred) by contrasting it to R-statistic and R-methodology (variable-centred). I will then provide an overview of the three schools within this method and their various merits demonstrated with examples. Learning Outcomes: - Develop knowledge and understanding of Q-methodology and its application within the three schools (single-participant design, multi-participant design and - Gain practical guidance on implementing Q-methodology within the three differing schools.

Plenary

Understanding and Overcoming Obstacles to Better Mental Health Among Young Men -

Moderator: Michal Mielimaka,
Jagiellonian University Medical
College, Kraków, Poland

Keynote speaker:
Professor **John Ogrodniczuk**, **University of British Columbia**

Joined Lecture by SPR and
TREATme (COST-Action)

Structured Discussion

Therapist training and development

Moderator: Ulrike Willutzki,
Witten/Herdecke University

Therapist Training and Development (SPRISTAD) -- How is psychotherapy embedded in the national health care systems?

The SPR Interest Section on Therapist Training and Development (SPRISTAD) has designed a collaborative multi-national longitudinal study of psychotherapy training. Until now more than 1200 trainees from 15+ countries and 50+ training institutes are involved in the study. In order to better understand the emerging differences between training practices and trainees this panel will provide information about the way psychotherapy is embedded into the national health care systems. These structures provide the framework for psychotherapy training and have substantial impact on its duration and form. Moreover, they are relevant for the costs of training and how far trainees or other institutions have to take care of them. Representatives from collaborating countries will give a short overview about national practices.

Convenors: Ulrike Willutzki, Germany (Chair), M. Helge Rønnestad, Norway (Immediate Past-Chair), Armin Hartman, Germany (Chair-Elect), Héctor Fernandez-Alvarez, Argentina (Senior Career Counselor), Henriette Löffler-Statska, Austria (Mid-Career Counselor), Erkki Heinonen, Finland (Early Career Counselor), David Orlinsky, USA (Research Committee Chair)

Contributor(s): Omar Gelo, University of Salento, Italy; Erkki Heinonen, University of Helsinki, Finland; Henriette Löffler-Statska, Medical University of Vienna, Austria; Anton-Rupert Laireiter, Universities Vienna and Salzburg, Austria; Lynne Rigaud, Fédération Française de Psychothérapie et Psychanalyse, France; Michael Helge Rønnestad, University of Oslo, Norway; Ulrike Willutzki, Witten/Herdecke University, Germany; Cătălin Zaharia, Romanian Federation of Psychotherapy, Romania

Structured Discussion

Adolescents

Moderators: Celia M. D. Sales,
Universidade do Porto, Portugal;
Randi Ulberg, University of Oslo,
Norway

Psychotherapy for adolescents and young people: What does research tell us so far?

The COST Action TREATME aims to establish an European multidisciplinary researcher network focused on creating the knowledge required for the individualization of psychotherapy for young people (YP) experiencing mental disorders. The network reviews the state of the art on moderators, mechanisms of change, age customized assessment tools and outcome measures, and studies how to develop research designs that involve YP as active collaborators in the process. A major goal of TREATME is to disseminate the results of the work done in these areas to relevant stakeholders across Europe (i.e. researchers, practitioners, policymakers, educators, etc.). This structured discussion provides an overview of ongoing studies at TreatMe, and the dissemination plan being implemented, aiming to promote dialogue with members of SPR and related research networks.

Discussants: Stig Poulsen, University of Copenhagen, Denmark; Yianna Ioannou, University of Nicosia, Cyprus; Celia M. D. Sales, Universidade do Porto, Portugal; Henriette Löffler-Statska, Medical University of Vienna, Austria;

Structured Discussion

Change process

Complexity science and psychotherapy

This Structured Discussion will explore how theoretical models inspire empirical research and clinical practice. We will also discuss how research and clinical practice generate new

Moderator: Wolfgang Tschacher,
University of Bern

models. How models can embed markers for tracking translations and the best way to establish clear procedures and algorithms for good practice in translational research in our field. We will finally discuss some criteria for the optimisation of modelling.

Discussants: Wolfgang Tschacher, University of Bern; Günter Schiepek, Paracelsus Medical University, Salzburg, Austria; Johann Kleinbub, University of Padua;

Structured Discussion

Treatment guidelines need a revised methodology. It's high time for a sea-change and viable alternatives

Moderator: Felicitas Rost,
Tavistock and Portman NHS FT

Earlier this year, pressure from a coalition of all major UK mental health professional bodies, patient organisations and MPs, led to an unprecedented achievement: A third revision of the proposed NICE guideline on Depression in Adults. SPR UK spearheaded the campaign. We pointed to the various serious methodological concerns, which, if not adequately addressed, render the guideline unfit for purpose. The methodological concerns have been made repeatedly over the last 15 years in the UK and similar processes have occurred in other European countries and beyond. Yet time and again this critique has been dismissed and down-played as inter-professional quarrels over which treatments get recommended. The repeated calls that the subordination of psychological treatment and research to medical science is a hindrance and in need of a re-visioning keep falling on deaf ears. This discussion endeavours to continue our dialogue about the uses and abuses of research in treatment guidelines that we began in Oxford 2017 and in Amsterdam last year. Whilst we need to continue to challenge guideline developers such as NICE, the time has perhaps come to start thinking about developing alternative guidelines that use a mixed-method design and synthesis of findings from different methodologies. Who, if not us, would be better placed to do so? Perhaps the recent decision of the American Psychological Association to develop an alternative guideline could serve as an example for us to be doing something similar in Europe? We invite for a lively structured discussion on how alternatives to NICE and other treatment guidelines may look like. Keywords: treatment guideline development, NICE, research and policy making

Discussants: Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Svenja Taubner, University Hospital, Heidelberg, Germany; Catalin Zaharia, Asociatia Mind Master; Lynne Rigaud, European Association for Psychotherapy;

Panel

Alliance

Moderator: Eugénia Ribeiro,
Universidade do Minho, Braga,
Portugal

Therapeutic collaboration: How the dyad interaction process contribute to client's change

We define therapeutic collaboration as a joint effort of both the therapist and client to work within the client's therapeutic zone of proximal development (TZPD). The TZPD is the distance between the client's actual developmental level, which is characterized by his/her (non)abilities to cope with daily challenges, and his/her potential developmental level, which is characterized by the expected and desired changes to achieve with the therapist's help. The concept of therapeutic collaboration as an operationalization of the TZPD helps clarifying how therapeutic exchanges contribute to client's change throughout the therapy process. In this panel we present three studies aiming to explore the specifics of the therapeutic collaboration negotiation process and their impact on therapy outcomes. The first paper presents a descriptive study aiming to identify the collaborative therapeutic exchanges that differentiate recovered and non-recovered cognitive-behavioral therapy cases; the second paper presents a comparative study aiming to describe how the collaboration between therapist and client unfolds within helpful events in psychotherapy; and the third paper presents a comparative study aiming to analyze the occurrence of interactions that exceed client's TZPD and describe how the therapeutic dyad returns to work within it, in a non and a manualized Cognitive-Behavioral Therapies.

Therapeutic collaboration: how the dyad interaction moves toward the upper limit of

the client's TZPD Eugénia Ribeiro, Universidade do Minho, Braga, Portugal; Adam (Italy) Horvath, Simon Fraser University, Burnaby, Canada; William B. Stiles, Miami University, Oxford, USA; Ângela Ferreira, Universidade do Minho, Braga, Portugal; Dulce Pinto, University of Minho; Gysele Melo, University of Minho; Cátia Cardoso, University of Minho

Previous studies based on the therapeutic collaboration model have shown that collaborative therapeutic exchanges are more frequent in successful clinical cases when compared with unsuccessful ones. However, collaborative therapeutic exchanges refer to different positions of the therapeutic dyad regarding the client's TZPD, and theoretically some of them would be more associated with the emergent client's change. This paper aims at describing the development of therapeutic collaboration throughout 23 CBT therapy processes, which clients were diagnosed with depression and social anxiety (12 recovered and 11 non-recovered). We used the therapeutic collaboration coding system to code 9 sessions from each clinical case, distributed by the initial, intermediate and final phases. The results of the descriptive analysis show that, in recovered cases, the therapeutic exchanges occurring closer the upper limit of the client's TZPD (e.g. supporting innovation-tolerable risk; challenging-tolerable risk) increased throughout the process. In addition, therapists challenging intervention became more comfortable throughout the process as shown by the clients' responses of safety and tolerable risk. The results will be discussed in terms of their implications for training and clinical practice.

Exceeding clients' Therapeutic Zone of Proximal Development in a non and a manualized Cognitive-Behavioural Therapies Cátia Cardoso, University of Minho; Gysele Melo, University of Minho; Eugénia Ribeiro, Universidade do Minho, Braga, Portugal

Therapeutic Zone of Proximal Development (TZPD) is a dynamic concept defined as the distance between client's actual developmental level and his/her potential developmental level. For the achievement of change by clients, the Therapeutic Collaboration Model proposes that therapists need to work within clients' TZPD balancing between supporting their actual development level and challenging it. Previous studies driven by this model in non-manualized therapies have been show that the occurrence of interactions that exceed clients' TZPD is common and that the return to work within clients' TZPD does not always occurs immediately. In this exploratory study, we aimed to analyze the occurrence of interactions that exceed client's TZPD and describe how the therapeutic dyad returns to work within it, in a non and a manualized Cognitive-Behavioral Therapies. We collected two complete clinical cases with Major Depression disease conducted in a University Psychology Service. Each clinical case occurred throughout 16 sessions. The analyses of this study are still occurring; thus, we cannot inform about the therapeutic results of the cases, allowing a naive coding of them. We are using the Therapeutic Collaboration Coding System to 1) code the interactive sequences of the cases; 2) identify when the dyadic interactions exceed clients' TZPD; 3) analyze the therapists' interventions after those interactions; and 4) analyze the clients' responses to the previous therapists' interventions. As this exploratory study is still in progress, we will present the results and discussed them in the meeting, highlighting it research and clinical implications.

Counselling in UK universities and colleges: Gathering outcome measures for the sector: a feasibility study Geraldine Dufour, University of Cambridge, UK; Michael Barkham, University of Sheffield, UK; Emma Broglio, British Association for Counselling and Psychotherapy; Mark Fudge, Keele University; Louise Knowles, University of Sheffield, UK; Alan Percy, University of Oxford; Afra Turner, Kings College London; Charlotte Williams, Birkbeck, University of London

Given growing concerns over high levels of mental health issues in students, the SCORE consortium was set up to pool data from UK university counselling services to systematically examine sector-wide outcomes and demonstrate the impact and accessibility of psychological therapies in universities and colleges. The aim of this feasibility project was to establish the suitability of required processes and procedures for this objective. This involves pooling data of varied outcome measures (CORE-OM, CCAPS, PHQ-9 and GAD-7) as well as non-standardised demographic and session variables. This is a retrospective analysis of routine outcome data collections from participating organisations'

student counselling services. Through this process, the intent is to develop data protocols that facilitate pooling data from different services to allow group level analyses. A corresponding aim is to clarify the logistics and data sharing agreements to yield a secure data hub. The overall aim is to develop and deliver a viable template for the forthcoming pilot project, which will focus on pooling further data from a larger and more diverse group of student counselling services. In the present challenging funding context, it is critical for heads of services to demonstrate and evidence efficacy, impact and effectiveness as some services have been axed and replaced by wellbeing services delivering interventions lacking a solid evidence-base. The current project provides an example of collaboration and enhanced dialogue between researchers and practitioners and provides a model for enhancing the evidence base for university counselling services and improving student care. Keyword: Student

The role of couples' experiences and perceptions of vulnerability and regret in facilitating regret and forgiveness in EFT-C Dr. Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel; Ido Wiesel, Ben Gurion University, Beer Sheva, Israel; Ben Shahar, Hebrew University, Jerusalem, Israel

This study examined the interplay between clients' perceptions of their partners' anger and vulnerability, and their own actual experience of these emotions in facilitating regret and forgiveness during emotion-focused therapy for couples (EFT-C). To this end, data from 34 couples who received a 10-session of EFT-C for unresolved emotional injury (e.g., affair) was analyzed. Following each session, clients reported their experience of vulnerability, anger, regret, and forgiveness, as well as their perceptions of their partners' experience. Firstly, the results of Truth and Bias Models (West & Kenny, 2011) indicated that whereas clients' perceptions of their partner's vulnerability were both accurate (tied with the partner's actual experience) and biased (tied with their own experience), the perceptions of partner's anger were only biased, suggesting that anger perceptions function as a "closed system". Secondly, the results of Actor-Partner Interdependence Models (Kenny et al., 1996) illustrated that both one's experience and one's perceptions are consequential in promoting regret and forgiveness. For example, offending partners' own vulnerability, as well as their perceptions of their partners' vulnerability but also anger, were associated with greater levels of regret. Similarly, injured partners' own vulnerability, as well as their perceptions of their partners' vulnerability, were associated with greater levels of forgiveness. Together, these results highlight the importance of targeting both couples' experience and their perceptions of each other in promoting resolution of relational injury.

Panel

Process and outcome

Moderator: Hadas Wiseman,
University of Haifa, Israel

Attuning in the Moment and Responsiveness in Psychotherapy

Therapists' capacity to attune in the moment is key to enhance optimal responsiveness to their clients and is essential to balance the needs of clients, treatment interventions and other process variables that compete for attention at any one moment in the therapy hour. To be attuned to shifts in clients' moment to moment processes requires from the therapist a sensitive, perceptive attention and a quality of listening that is alert to such micro-shifts in order to facilitate access to clients' unconscious, implicit knowledge that can provide opportunities for new learning to occur. The papers in this panel will address attunement and responsiveness in three ways. Orya Tishby will address therapist responsiveness in relational psychotherapy focusing on the therapist's attunement to the relational matrix that goes beyond the patient's subjective experience. She will present the ways she has been assessing responsiveness from different perspectives in her research. For example, client-therapist agreement on rupture and repair, the Patient's Experience of Attunement and Responsiveness Scale and the CCRT to assess countertransference). Hadas Wiseman will draw on attachment theory as a framework for conceptualizing therapist attunement and moment-to-moment responsiveness to the client's relational needs. Sharon Egozi will examine different client communication patterns (assessed on the Patient-Attachment --Coding System; PACS) that may enhance or undermine the therapist's attunement to the client's closeness-distance needs (assessed on the Therapeutic-Distance Scale- Observer

Version; TDS-O). Gary Diamond our Discussant will offer his insights and comments.

Therapist responsiveness in Relational Psychotherapy Orya Tishby, Hebrew University, Jerusalem, Israel

Relational psychoanalysis has shifted from "one-person psychology" to "two-persons psychology" (Aron, 1996). Rather than focusing on the individual only, this approach focuses on two subjects who influence and are influenced by each other both consciously and unconsciously. Benjamin's concept of "mutual recognition" (1992), defines a developmental process, in which the parent and child learn to recognize each other while also seeking recognition from the other. Later on, we learn to balance these opposing needs. Responsiveness in relational psychotherapy pertains to the therapist's attunement to the relational matrix, not just to the patient's subjective experience. Therapists constantly monitor the relationship: identifying ruptures, impasses and enactments, which are seen as joint creations. They are attuned to transference and countertransference, and to shifts in their internal states, which may signal patients' dissociated self states. In order to increase responsiveness they apply techniques such as disclosure of countertransference, rupture resolution strategies, and processing relational events with the clients. Therapists assess their responsiveness by checking with the client. In my research I assess responsiveness from different perspectives: using the Post Session Questionnaire to examine client-therapist agreement on rupture and repair, the Patient's Experience of Attunement and Responsiveness Scale, the CCRT to assess therapists' countertransference, and rigidity in the perception of their clients. I am also looking at the association between interventions and outcome in supportive-expressive short term therapy, moderated by clients' avoidance and anxiety attachment. I will present some findings from these studies, and how they reflect responsiveness in the relational model.

Attachment theory as a framework for therapist attunement and moment-to-moment responsiveness Hadas Wiseman, University of Haifa, Israel

Attunement and optimal parent responsiveness to the infant's needs is the hallmark of secure attachment. This paper will draw on attachment theory (Bowlby, 1977, 1982, 1988) and research (Ainsworth, et al., 1978; Beebe & Lachmann, 2005; Mikulincer & Shaver, 2017), as a framework for conceptualizing therapist attunement and moment-to-moment responsiveness to the client's relational needs. Clients with different attachment characteristics require different types of therapist responsive behavior. Therapists' awareness of their own attachment characteristics, and the way these meet those of their clients, are crucial for the development of a secure-base for client exploration. Moreover, by offering the client an authentic experience of attunement the therapist facilitates moments of meeting (Boston Change Process Study Group, 2016) that contribute to corrective emotional experiences. Implications of for research, clinical practice and supervision will be discussed.

Attuning to closeness and distance dynamics in relation to clients' communication patterns Sharon Egozi, Tel Hai College, Israel; Alessandro Talia, Heidelberg University, Germany; Orya Tishby, Hebrew University, Jerusalem, Israel; Hadas Wiseman, University of Haifa, Israel

Aim: The responsibility for attuning to the client is one of the main tasks of the therapist. Clients' distinct ways of communicating their present internal experience, related to their attachment classification, is an implicit invitation for the therapist to respond, namely, validate, correct or elaborate their experience (Talia et al. 2017). Closeness-distance dynamics refer to the level of transparency and disclosure the client needs at the moment. This presentation will focus on different client communication patterns that may enhance or undermine the therapist's attunement to the client's closeness-distance needs. Method: The Patient-Attachment-Coding System (PACS; Talia et al. 2014) and the Therapeutic-Distance Scale- Observer Version (TDS-O; Egozi & Wiseman, 2017) were applied to client narratives about meaningful moments with their therapist. Through the integration between these two observational measures, we will demonstrate how clients communicate differently about their needs. By adding the perspective of the therapist based on the narratives he told about the client at the same time, we will demonstrate the challenges therapists face in

attuning to the clients' closeness-distance needs. Results and Discussion: Our study differentiates between the merging and involving communication patterns (used by high anxiety clients), and the releasing pattern (used by high avoidant clients) in relation to the challenges posed to therapist attunement. Client's communication patterns may influence the therapist's ability to understand the clients' therapeutic distance needs as well as their feelings of competence in the dyad. An awareness of these patterns and their connection to attachment can contribute to enhancing therapist attunement.

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

Panel

Process and outcome

Moderator: Ulrike Dinger,
Heidelberg University, Germany

Different perspectives on dyadic processes

Individual psychotherapy is a two person endeavor. Accordingly, the latest research interest has moved beyond the traditional one person perspective and seeks to examine the interconnectedness between patient and therapist. This can be achieved through several means. The current panel offers three unique perspectives and different methodological approaches to examine dyadic processes in psychotherapy. The first presentation offers a theoretical discussion of the concept of intercorporeality and processes of synchronisation in psychotherapy and explores the usability of these constructs with preliminary questionnaire data from an ongoing clinical trial. The second presentation examines nonverbal synchrony via motion energy analysis (MEA). The level of synchrony in body movements between 36 dyads of depressed patients with a clinician in a standardized diagnostic interview situation is analyzed and related to patients' symptom severity as well as patients' perception of clinical empathy. The third presentation investigates parallel assessments of patients, and therapists' view in the therapeutic alliance with response surface analyses. For this study, 92 patient-therapist dyads in psychodynamic psychotherapy responded to standardized alliance questionnaires throughout treatment. Both unique perspectives as well as their level of agreement are used to predict subsequent symptom improvement. Together, the three presentations provide theoretical arguments and empirical support for the claim that the consideration of synchrony offers new insights into psychotherapeutic processes.

Intercorporeality and synchronisation: two important aspects for a better understanding of psychotherapeutic processes Frederic Bülow, University Hospital, Heidelberg, Germany

In psychopathology, the role of the body and bodily experiences during depression have been described and discussed extensively. Different experiences of the body and the differences between the lived body (Leib) and the physical body (Körper) have also been subject of research. Furthermore the importance of the phenomenon of interpersonal synchrony and its relevance for psychotherapeutic processes have become much clearer during the last years. I would like to look for a common ground of these different aspects within a therapeutic setting. In this respect it seems useful to take a closer look at the concept of intercorporeality and processes of synchronisation. Firstly I will examine how patients and therapists can perceive themselves and the other during therapy. I aim to describe the interdependencies of first, second and third person perspectives. Concerning synchronisation I would like to discuss possible functions of synchronisation. On the basis of these considerations I will explore the nature of the relationship of intercorporeality, processes of synchronisation and the reduction of depressive symptoms during the therapeutic process, outline possible consequences for diagnosis and treatment of mental disorders as well as for psychotherapy research and present first preliminary data from an ongoing study using the embodied intersubjectivity scale and the body responsiveness questionnaire.

Nonverbal synchrony, empathy and depressive symptom severity in a diagnostic setting with Depressed Patients Anna Sandmeir, University Hospital, Heidelberg, Germany; Christoph Nikendei, University Hospital, Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany

Aim: Nonverbal synchrony between therapist and patient is of high relevance for psychotherapy research since it is assumed to play an important role in the formation of a

positive therapeutic relationship. This study aims at examining the association of nonverbal synchrony in a dyadic interview setting with depressed patients and symptom severity as well as the diagnostician's perceived empathy.

Methods Standardized diagnostic interviews between a trained clinician and patients with major depressive disorder (N = 36) prior to the beginning of a psychotherapeutic treatment are videotaped. Nonverbal behavioral synchrony is assessed with Motion Energy Analysis (MEA). MEA is used to quantify the extent of nonverbal synchrony between clinician and patient by automatically and objectively measuring the extent of temporal synchronization of their body movements. Depressive Symptom Severity is measured with the Beck's Depression Inventory II, diagnosticians' empathy as perceived by the patients with the Consultational and Relational Empathy Scale (CARE). **Results:** A significant negative correlation between depressive symptom severity and the amount of nonverbal synchrony was found ($r = -0.34$, $p < .05$), but no significant positive correlation between diagnosticians' empathy as perceived by patients and the amount of nonverbal synchrony was found ($r = 0.05$, $p = n.s.$). However, a positive correlation between the diagnosticians' total body movement and empathy as perceived by patients was found ($r = 0.29$, $p < .05$). **Discussion:** The discussion will focus on the implications of reduced synchrony for relationship quality and will address potential causal pathways between body movement and perceived empathy. Limitations of the study, methodological considerations and further directions for research will also be addressed.

Influence of patient and therapist agreement and disagreement about their alliance on symptom severity over the course of treatment: A response surface

analysis Simone Jennissen, Heidelberg University, Germany; Christoph Nikendei, University Hospital, Heidelberg, Germany; Johannes Ehrenthal, University Hospital, Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany

Objective: The quality of the alliance has previously been associated with treatment outcome. However, the construct is dyadic in its nature with both the patient and the therapist contributing. Relatively little is known about the effects of congruence between patient and therapist about their mutual alliance on treatment outcome. The current study investigated how patient and therapist agreement and disagreement about the alliance predict symptom severity in the early, mid, and end phase of long-term psychotherapy. **Method:** We investigated $n = 92$ independent patient-therapist dyads for the early, $n = 75$ dyads for the mid, and $n = 51$ dyads for the end phase of treatment. Polynomial regression with response surface analysis was used to predict symptom severity five sessions later from congruence of the alliance ratings. **Results:** In the early and end phase of treatment, therapist overestimations of the alliance significantly predicted higher symptom severity. In the mid phase of treatment, disagreement about the alliance, regardless of who was overestimating the alliance, predicted higher symptom severity. **Conclusion:** Findings support the importance of alliance disagreement and therapist overestimations of the alliance as predictors of patient symptom severity and suggest that the effects of alliance congruence differ between treatment phases.

Discussant: Ulrike Dinger, Heidelberg University, Germany;

Panel

Mentalization

Moderator: Svenja Taubner,
University Hospital, Heidelberg,
Germany

Mentalization and the therapeutic process: Fostering the integration between theory and clinical practice

Mentalization represents "the mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons" (Bateman & Fonagy, 2004, p. xxi) and is considered one of the most important specific domains of psychotherapies. The assessment of mentalization in psychotherapy represents a compelling issue (Luyten, Fonagy, Lowyck, & Vermote, 2012) and this may limit the connection between the theoretical construct and clinical practice. The aim of this panel is to provide clinically useful information about the assessment of mentalization and the peculiar characteristics of mentalization in specific psychopathological domains. The contribution by Hauschild et al. will provide information about the validation of an

adaptation of the mind-mindedness coding manual, while the contribution by Taubner et al. will discuss the assessment of in-session mentalizing with a newly developed assessment measure applied to psychotherapy sessions of patients with anorexia nervosa. Gagliardini and Colli's contribution provide indications on patterns of mentalization in a sample of 100 patients with eating disorders, while Dzirlo et al.'s contribution is focused on the characteristics of mentalization in a sample of 30 patients with functional somatic syndrome. Clinical implications of these works will be discussed in order to foster the integration between empirical research and clinical practice.

Coding mind-mindedness in five-minute-speech-samples of early prevention

experts Sophie Hauschild, Heidelberg University, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany; Lea Kornhas, University Hospital, Heidelberg, Germany; Paul Schröder-Pfeifer, University Hospital, Heidelberg, Germany; Anna Georg, Heidelberg University, Germany

Background: Experts in early prevention, who are working as home visitors in psychosocially burdened families are often challenged by difficult-to-reach parents and may feel overwhelmed by the families' problems. Their ability to mentalize within the helper-client relationship is supposed to be a key skill to keep a mentalizing stance, build a working alliance and to effectively work within the helper-client relationship. However, there is a lack of specific and objective measures to assess mentalizing in early prevention experts. As mind-mindedness is one viable approach to objectively assess mentalizing, the goal of our study is the development and preliminary validation of an adaptation of the mind-mindedness coding manual (Meins & Fernyhough, 2015) for use on five-minute-speech-samples stemming from early prevention experts' narratives. Method: We collected five-minute-speech samples of reflections upon four difficult interpersonal situations typical for early prevention experts' home visits (vignettes) and an individual difficult interpersonal situation while answering predefined questions prompting mentalizing. Frequency of mind-minded comments related to self and others, as well as uncertainty about other(s) were coded. A sample of N = 20 mental health experts' narratives was included. Moreover, participants completed self-report measures on reflective functioning (Reflective Functioning Questionnaire, Metacognition Self-Assessment Scale, and Attribution Complexity Scale) in order to investigate correlations between the newly adapted, objective mentalizing assessment and established self-report measures. Moreover, we will investigate covariance with demographic features (e.g. age, duration of working in early prevention). Retest-reliability will be assessed in a subsample of N = 10 mental health experts. Results & Discussion: Analyses are currently carried out and results will be presented and discussed at the conference. Keywords: Mentalizing, mind-mindedness, early prevention, psychometric assessment

Assessing dimensions of in-session mentalizing -- results from the ANTOP-anorexia

trial Svenja Taubner, University Hospital, Heidelberg, Germany; Jana Volkert, University Hospital, Heidelberg, Germany; Max Zettl, University Hospital, Heidelberg, Germany; Almut Zeeck, University of Freiburg, Germany; Armin Hartmann, University of 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) exist, 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). Aim: 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. Keywords: mentalization, psychometric assessment, psychotherapy process

Reflective functioning in patients with irritable bowel syndrome Henriette Löffler-Stastka, Medical University of Vienna, Austria; Larisa Dzirlo, III Medical Department for Internal Medicine and Psychosomatic, St Vincent Hospital, Vienna; Felix Richter, University of Klagenfurt, Austria

Background: Irritable bowel syndrome (IBS), as part of the functional somatic syndromes, is a very frequent functional bowel disease with the prevalence of 11,2% . The economic costs of diagnostic procedures, psychological and somatic strain of patients are very high. Patients often feel misunderstood and stigmatized and lack adequately developed coping strategies. The etiology of IBS includes biological factors like disorders on the hypothalamic-pituitary-adrenal axis (HPA-Axis), immune system and neurotransmitters, as well as psychological factors like pathological personality traits, mentalization and early attachment strategies (attachment deactivating and hyperactivating). Literature reports data on the connection between adverse early life events, early traumata and IBS, but data on reflective functioning of these patients is rare.

Methods In this study we explored reflective functioning of IBS patients (N=30). IBS diagnosis has been established according to ROME IV criteria. The patients were unfamiliar with any kind of psychotherapy and psychiatric medication. Mentalization was scored on the Brief Reflective Functioning Interview (BRFI) using the Reflective Functioning Scale (RFS). Results: The results revealed severe impairment in patients with IBS concerning their ability to mentalize (RF overall score (mean) = 2.73). The results confirm the hypothesis of authors that the patients with functional somatic syndromes have reduced capacity of reflective functioning.

Conclusions At this time, there is no standardised psychotherapeutic treatment for functional somatic syndromes. Beside the medical treatment as usual, it is to consider the usefulness of mentalization based therapy (MBT) as a parallel option to the medical treatment. Further studies are needed.

Discussant: Alessandro Talia, Heidelberg University, Germany;

Panel

Age group diversity

Moderator: Charlie Emma Duncan,
British Association for Counselling
and Psychotherapy

Counselling and psychotherapy across the lifespan and in different settings

This panel session provides an overview of some of the recent research undertaken at a UK national counselling and psychotherapy membership organisation. Each presentation will focus on a different setting or client group and will include experiences of implementing either a counselling or psychotherapy service, or a process for collecting routine outcome measures. The first presentation, delivered by Dr Emma Broglia, will focus on the routine collection of outcome measures across UK university counselling services to identify trends in student mental health. The second presentation, delivered by Charlie Duncan, will focus on the implementation of an online client management and outcomes monitoring system for practitioners working in private practice with adult clients. The third presentation, delivered by Dr Jo Pybis, will focus on the feasibility of implementing counselling within a care home context, based on feedback from care home staff and counsellors working in care home settings. The final presentation, delivered by Gemma Ryan, will focus on the experiences of counsellors and psychotherapists working in the National Health Service (NHS) in the UK. It will provide an overview of who works in such services and their perceptions of the opportunities and barriers which they face.

Student counselling embedded in UK Higher Education: A national initiative to identify student mental health trends Emma Broglia, British Association for Counselling

and Psychotherapy; Michael Barkham, University of Sheffield, UK

Identifying the prevalence of mental ill-health in students has been a longstanding priority and the growing concern of student mental health is widespread. The present feasibility study aims to collate data from clinical measures administered routinely in university counselling services to identify student mental health trends in the UK. Retrospective service data from the 2017-2018 academic period were exported and collated from six UK university counselling services. Data comprised clinical outcome measures alongside demographic and contextual information (e.g. degree topic, level of study, disability). A series of mixed factorial ANOVAs with post-hoc simple effect analyses were used to explore differences in symptom profiles at the university, faculty and demographic levels. The initial dataset comprised 6,235 students from six UK university counselling services, which include small-large services from rural and city campuses. Preliminary results are presented using outcome measures for anxiety, depression and student-specific mental health concerns including academic distress, substance misuse, family distress, social anxiety, eating concerns and hostility. Challenges and 'learned lessons' of feasibility work will also be presented alongside plans for the next phase of the project. Initial findings demonstrate that, with high stakeholder engagement and research-practice collaboration, it is feasible to collate clinical data from embedded student counselling services and that it would be feasible to expand the project across the UK higher education sector. Analysis of clinical data identify unique symptom profiles across different student sub-groups that could be used to inform preventative interventions and service development.

Using an online outcomes monitoring system in private practice: outcomes and implementation Charlie Emma Duncan, British Association for Counselling and Psychotherapy

Background: Implementing client tracking and feedback as part of routine practice poses a range of challenges, including therapist resistance and beliefs that measures may be used as contra-evidence for their efficacy as a practitioner. This research aims to evaluate the acceptability of an online outcomes monitoring system to private practitioners, as well as outcomes in terms of psychological distress, depression, anxiety and the therapeutic alliance. Method: Up to 30 private practitioners are currently piloting an online client management system which also has the capacity to collect routine outcome measures. Data on the number of practitioners who expressed an interest in participating, the number who went on to participate and the number who dropped out are being collected, alongside qualitative feedback to explore the facilitators and barriers to participation. Outcomes data to measure clients' levels of psychological distress, depression, anxiety and therapeutic alliance are also being collected. Results: Up to March 2019, 184 practitioners expressed an initial interest in participating and 177 completed the eligibility questionnaire, of which 165 were eligible to participate. Sixteen practitioners are participating and a further one has subsequently dropped out due to incongruence with their practice and the client consent process. Analysis of outcomes data will be complete by September. Discussion: Understanding how to engage practitioners in collecting routine outcome measures has important implications for the pooling of data from independent sources, which can contribute to the evidence-base for the effectiveness of counselling.

The feasibility of implementing counselling within a care home Jo Pybis, British Association for Counselling and Psychotherapy

This study aims to explore the feasibility of implementing counselling within a care home in a UK context. There are approximately 400,000 older people living in care homes in the UK (NICE, 2013), with around 40% suffering from depression (The Royal College of General Practitioners, 2014). Despite two thirds of care home residents having some form of dementia (Knapp et al., 2007), and recent evidence indicating antidepressants are not effective for people with dementia (Dudas, Malouf, McCleery & Dening, 2018), the prevalence rate of antidepressant prescribing in care homes is nearly four times greater than for older people living in the community (Harris, Carey, Shah, Dewilde & Cook, 2012). There is very little access to psychological therapy across UK care homes and little is known about the service delivery and funding models that might enable psychological

therapy to be more readily available in care homes. Using a qualitative methodology, this study aims to better understand how counselling might be able to be implemented within a care home. We explore the views of care home staff towards counselling and identify barriers to service implementation, alongside the experience of counsellors who have delivered counselling in care homes to understand what service delivery models are currently adopted. We also sought the views and experiences of care home staff around their own needs for reflective support and the role counselling may have in supporting those at the frontline of care work in the UK.

Counsellors' experiences of working in the NHS: A survey Gemma Ryan, British Association for Counselling and Psychotherapy

Little is known about counsellors working in the wider NHS; who they are, where they work or how they experience their work. Additionally, little is known about counsellors who have recently left the NHS and their explanation for this. The present study addresses these questions, alongside counsellor perceptions of the adequacy of their NHS services. In March 2017, an online survey comprising of open and closed questions was distributed to all British Association for Counselling and Psychotherapy (BACP) members. Responses consisted of 1,210 members currently working in the NHS and 767 who had previously worked in the NHS. Respondents answered questions about their work setting and role, professional background and, for those currently working in the NHS, perceptions of services. Respondents who had previously worked in the NHS were asked why they no longer worked in the NHS. Data was analysed both quantitatively (descriptive and cross-tabulation analyses) and qualitatively (thematic analysis). Analysis of qualitative data suggest that counsellors left their NHS employment for several reasons including: finding alternative employment, contracts not being renewed, feeling that their profession was undervalued and feeling ethically compromised in their work. Counsellors suggested a change in attitude towards their profession and a change in practice to prioritise therapy quality over quantity and provide more services for those with complex mental health needs. This study has provided information on a part of the NHS workforce that has experienced considerable workplace shift in recent years. Implications for training, practice and the broader profession will be discussed.

Panel

Process and outcome

Moderator: Uwe Altmann,
University Hospital, Jena, Germany

Synchronization phenomena in patient-therapist interactions: Indicators of mental disorder, innovative moments, change and therapeutic success?

In interpersonal interactions we can observe short sequences in which interaction partners seems to be highly interrelated, coordinated, or synchronized. Such synchronization phenomena are, for example, synchronous body movements, imitations of emotional facial expressions, convergence of vocal parameters, and also the synchronization of physiological systems. The presentations of this panel introduce various kinds of nonverbal and physiological synchronization as well as their measurement. It will be shown how nonverbal and physiological synchronization are related to mental disorder, innovative moments, change and therapeutic success. Future directions of psychotherapeutic synchronization research will be discussed.

Synchrony and co-regulation in the treatment of Depression Dana Stolowicz-Melman, Bar-Ilan University; Ruth Feldman, Bar-Ilan University; Eva Gilboa-Schechtman, Bar-Ilan University; Dana Atzil-Slonim, Bar-Ilan University

There is growing evidence that difficulties in emotion regulation underlie depression. Depressed individuals tend to experience more blunted emotions and lower arousal levels than do individuals who are not depressed. However, when depressed individuals do experience negative emotions, these emotions tend to be characterized by greater peaks of heightened arousal as well as by longer durations. Until recently, most studies on emotion dysregulation in depression have focused on difficulties in the down-regulation of distressed emotions. Importantly, the significance and centrality of upregulation of blunted emotions in depression became clearer in recent years. Moreover,

most previous studies focused solely on clients' experience, and few assessed interpersonal dynamics. The current study will examine whether client-therapist behavioral and emotional synchrony, while the therapist help the client to up or down regulate their emotions towards a homeostatic emotional state, is associated with increased clients-therapist alliance and improvement in the therapeutic outcome. Method: Thirty client-therapist dyads (150 therapy sessions) in a time limited manualized psychodynamic therapy were analyzed. Clients completed session-by-session self-reports of their experience of the therapeutic alliance and symptom severity. Graduate students in clinical psychology coded both client and therapist with the Coding Interactive Behavior scale (CIB), a coding system which enable simultaneous assessment of multiple facets (e.g., affect, voice, gaze, attention) of behavioral and emotional synchrony. Results: The results are expected to shed light on synchrony and co-regulation as a mechanism of change in psychotherapy for clients diagnosed with major depressive disorder.

Vocal arousal synchrony and emotional co-regulation as a mechanism of change during psychotherapy Adar Paz, Bar-Ilan University; Eshkol Refaeli, Bar-Ilan University, Tel Aviv; Dana Atzil-Slonim, Bar-Ilan University

Background: The quality of client-therapist relationship and its positive effect on the therapeutic outcomes has been investigated extensively. An important measurable aspect of this relationship is the extent to which clients and their therapists become behaviorally coordinated or synchronized. Nevertheless, the mechanism in which synchronous behavior allows for therapeutic change is yet to be revealed. It has been recently suggested that behavioral synchrony is linked to the emergence of emotional co-regulation within the therapeutic dyad, which in turn promotes adaptive emotion regulation capacity in the client, and thereby facilitates successful therapeutic outcomes (Butler & Randall, 2013; Koole & Tschacher, 2016). Nevertheless, it is challenging to study emotion regulatory processes as it requires intensive repeated measurements from both parties of the therapeutic dyad. Aims: As the vocal tract is a non-invasive window into moment-by-moment analysis of the therapeutic interaction and since voice is a primary channel of emotion expression and communication, the current study aims are: (a) to investigate whether vocal synchrony is positively associated with the quality of the therapeutic relationship; (b) to explore whether emotional co-regulation within the therapeutic dyads leads to clients' increased emotional regulation capacity and decreased symptoms; (c) to test whether vocal synchrony moderates the link between emotional co-regulation and emotion regulation capacity. Method: Thirty client-therapist dyads (450 therapy sessions) in psychodynamic psychotherapy conducted in a university-based community outpatient clinic have been recorded. Clients completed session-by-session self-reports of their experience of the therapeutic alliance (measured by WAI), well-being (measured by ORS), symptom severity (measured by HSCL) and emotion regulation capability (measured by DERS). Vocal-arousal was extracted automatically from the vocal recordings using a state-of-the-art algorithm (Bone et al., 2014). Subsequently, the client-therapist vocal synchrony and emotional co-regulation was assessed using a dynamic systems model (Chaspari et al., 2017). Results: The results are expected to shed light on the association between client-therapist vocal synchrony, the emergence of emotional co-regulation and the improvement of the client's emotion regulation capacity and well being.

Micro-process analysis: Innovative Moments and physiological synchronization Giovanna Esposito, University of Naples Federico II; Johann Kleinbub, University of Padua; Anna S. Cutolo, University of Naples Federico II, Italy; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal; Arianna Palmieri, University of Padova, Italy

The growing field of study on physiological synchronization shows that co-regulation of patient's and therapist's autonomic activity is associated to desirable relationship traits such as empathy and clinical alliance. Few studies, though, have investigated the link between physiological synchronization and precise therapy process markers. Among various instruments developed to rate the therapy content, the Innovative Moments Coding System (IMCS) identifies instances of the therapeutic dialogue in which the patient's problems are narrated in novel, and more adjusted ways. These markers of meaning transformation are

associated with change in different models of therapy and diverse diagnoses. In the present study we present the first exploration of the physiological correlates of Innovative Moments markers. In detail, we video recorded a 16-sessions psychodynamic therapy collecting simultaneous skin conductance in patient and therapist. Physiological synchronization was assessed through Adaptive Matching Interpolated Correlation analyses, and the transcripts were coded through the IMCS. We present quantitative and qualitative analyses showing the associations between different IMCS codes and physiological dynamics. We aim to show how physiology (both individual signals and the dyadic synchronization), session transcripts, and Innovative Moments codes can be meaningfully combined. We argue that these types of data representation and analyses, integrating objective and subjective measures, can offer powerful insights for the study of the therapeutic process at a micro level.

Associations between movement synchrony and outcome in patients with social anxiety disorder: A comparison of cognitive behavioral therapy and psychodynamic therapy Uwe Altmann, University Hospital, Jena, Germany; Désirée Schoenherr, University Hospital Jena; Jane Paulick, University Trier; Anne-Katharina Deisenhofer, University Trier; Brian Schwartz, University Trier; Julian A Rubel, Justus-Liebig-University Gießen; Ulrich Stangier, Goethe University Frankfurt/Main; Wolfgang Lutz, Universität Trier, Germany; Bernhard Strauss, University Hospital, Jena, Germany

Background: In psychotherapy research, synchronization of patients' and therapists' nonverbal behavior is understood as an indicator of empathy, alliance and success. To exclude heterogeneity resulting from different psychopathologies, we examined the synchrony-outcome-association in a homogeneous sample of patients with social anxiety disorder and investigated whether this association depends on the therapeutic approach.

Methods Patients (N=267) were treated with either manual-guided cognitive behavioral therapy (CBT), manual-guided psychodynamic therapy (PDT), or naturalistic CBT. Helping Alliance Questionnaire (HAQ), Inventory of Interpersonal Problems (IIP) and Beck-Depression-Inventory (BDI) were assessed. Motion energy analysis was applied on therapy videos. Movement synchrony in session 3 and 8 was quantified using time series analysis methods. Results: In both CBT conditions movement synchrony was observed more frequently than in PDT. Whereas in both CBT conditions movement synchrony predicted an improvement of IIP, PDT showed the largest effect size for the synchrony-alliance-association. However, the more the therapist is imitating the patient, the lower are HAQ, and the higher were the IIP and BDI at end of therapy. Conclusion: Movement synchrony is an early indicator of therapeutic success but not under all conditions: depending on the therapeutic approach and timing of synchronization (leading vs. following), movement synchrony predicts different measures of therapeutic success. Clinical implications: Nonverbal patient-therapist-interaction at an early therapy stage can already give indications of the later therapy success. However, when the therapist imitates patient's movement behavior more often than vice versa, he or she might be more involved in patients' maladaptive interpersonal pattern which could hamper the therapeutic process.

The Mirror Game as an outcome measure in psychotherapy Rinat Feniger-Schaal, University of Haifa, Israel

The significance of body-mind link is getting increased interest, still the outcome measures of psychotherapy largely rely on verbal measures, thus, missing other channels of information that will allow rich, and implicit information. The area of psychotherapy clinical research, hence, is in the search of assessment measures that use movement /non-verbal behavior. One promising approach seems to be to investigate nonverbal synchrony, as an outcome measure that related to various socio-emotional domains. This study is a first step towards designing an assessment procedure that will involve synchrony during a dyadic interaction task as an outcome measure for psychotherapy research. We aim to use a standardize movement task that will allow broad movement expression to evaluate interpersonal interaction. In our previous studies we used the Mirror Game - a simple imitation game that is receiving increasing scientific interest as a research paradigm - to measure attachment style and found some promising results. In the present German-Israel

collaborative study we designed ways to use the mirror game as an outcome measure in psychotherapy. Preliminary results will be presented.

Panel

Change process

Moderator: Wolfgang Tschacher,
University of Bern

Aspects of complexity in psychotherapy: Ways to estimate client's and therapist's synchrony, coregulation, and pattern formation

This panel represents recent work by members of the SPR Special Interest Group "Complexity in psychotherapy". This work has centered on complexity issues in several ways: First, the measures used in this research are complex datasets because when we analyze, for example, physiological time series of dyads we are commonly dealing with 'big data'. Second, the phenomena of interest -- synchronization, pattern, attractor -- are basic concepts of nonlinear systems theory applied to psychotherapy. Third, all work deals explicitly with time series, i.e. the passage of time and the dynamics in single therapy processes. We will present current quantitative research on interactional synchrony that is now also analyzing various physiological and prosodic signals to better understand alliance, emotions, and the relationships between spouses. We will also introduce the underlying concepts of complexity theory, especially the attractor concept and the interplay of causal and random processes in therapeutic change.

Interpersonal synchrony as an entry point to understand human change processes: The case of cardiac synchrony in couple's interactions Joana Coutinho, University of Minho; Alfredo Pereira, University of Minho; Patricia Oliveira-Silva, University of Porto; Wolfgang Tschacher, University of Bern

The dynamics of interpersonal synchronization have long been the object of study in psychotherapy research. This may be explained by the fact that these dynamics are involved both in the origin of psychopathological symptoms and in their treatment. Classical studies with dyads of children and caregivers as well as studies with couple's dyads - the two most significant attachment relationships of the human lifecycle - have consistently supported the role of synchrony and interpersonal coordination for healthy human development and positive relationships. On the other hand, psychotherapy research looking at therapist-patient dyads also pointed out the crucial role of synchrony for therapeutic process and outcome. Thus synchrony seems to be manifestation of key therapeutic ingredients such as empathy, compassion and alliance. In the first part of this presentation we will review some of the more recent literature about physiological synchrony between elements of significant dyads, using psychophysiological measures as diverse as electrodermal activity, cardiac measures, respiration, neuroendocrine measures or EEG measures. In the second part of our talk we will present the results of the work we have been developing on physiological synchrony in couples. A sample of 32 couples (N=64) performed a structured interaction task in the lab. During this interaction task the simultaneous recording of cardiac measures (interbeat interval, heart rate) using the Biopac MP-150 data acquisition system (BIOPAC SYSTEM, Santa Barbara, CA) was performed. After the task self-report measures of empathy (Interpersonal Reactivity Index and Interpersonal Reactivity Index for Couples) and relationship satisfaction (Revised Dyadic Adjustment Scale) were administered to both spouses. Among other hypotheses, we expect to 1) confirm the presence of cardiac synchrony during the couple's interaction task when compared to the baseline; 2) A positive relationship between synchrony levels and self-perceived dyadic empathy and dyadic adjustment; 3) Higher levels of cardiac synchrony during the negative interaction condition than positive interaction.

Emotional co-regulation in the treatment of depression Dana Atzil-Slonim, Bar-Ilan University; Adar Paz, Bar-Ilan University; Eva Gilboa-Schechtman, Bar-Ilan University; Eshkol Refaeli, Bar-Ilan University, Tel Aviv

There is a growing consensus among psychotherapy theoreticians and researchers that emotions and their regulation are an interpersonal phenomenon and should be studied as a dynamic system that interacts over time not only within the client at the intrapersonal level but also between the client and the therapist at the interpersonal level. Inter-personal

emotion-regulation, or co-regulation, is the bidirectional linkage of dyadic partners' oscillating emotions in a way that ultimately contributes to achieving an optimal level of experienced emotions in both participants. Co-regulation has been found to be associated with a wide range of beneficial outcomes including healthy development and overall relationship quality. Recently, psychotherapy researchers have started to examine the role of emotional co-regulation in the therapeutic context (see Koole & Tschacher, 2016 for review). However, most studies on client-therapist co-regulation have assessed only one or two sessions from various representative therapeutic phases, or selected sessions which represent different levels of the outcome variable. Consequently, current research has been unable to address the way in which co-regulation develops from moment-to-moment within a session and from session-to-session within a course of therapy. Moreover, previous studies did not assess oscillatory patterns of dampening or amplification that may arise because of regulatory dynamics between clients and therapists. Only dyadic (client and therapist) high temporal resolution data can provide the setting for such examinations. Voice is a primary channel of emotion expression and communication. The speech patterns of clients and therapists during treatment sessions can serve as an objective and direct way of studying emotional co-regulation in psychotherapy. The current study aims to examine whether vocal features of emotional co-regulation within-sessions and across treatment facilitate the understanding of the development of favorable changes in the treatment of clients who suffer from MDD. To this end, data of clients (N=50) and therapist (N=8) treated for MDD using a 16-session Supportive Expressive Therapy will be analyzed. Intensive repeated measurements of client and therapist computerized vocal arousal and observer ratings of emotional arousal will be assessed each session. Outcome measures will be completed each session as well as at the beginning, end, and follow-up time-points. The findings have the potential to expand the understanding of the mechanisms that account for gains in the treatment of depression.

Modeling psychotherapy as causation and chance Wolfgang Tschacher, University of Bern; Hermann Haken, University of Stuttgart

Psychotherapeutic dynamics has deterministic ('causation') and stochastic ('chance') ingredients. The deterministic forces derive from stable states, i.e. attractors in state space at some state x - e.g. a mental disorder such as depression has the properties of an attractor. Stochastic processes are given as diffusion, which destructs all deterministic pattern and can likewise vary with different values of the state x of a system. The deterministic forces are described by the potential function $V(x)$, and the stochastic processes by $Q(x)$. We will describe how both functions can be extracted from empirical time series, which yields a visual depiction of the attractor landscape inherent in a system. In two-dimensional time series, which may represent both the therapist's and client's behavior, we are interested in the coupling (synchrony) of their behavior streams. We therefore compute the synchrony of therapist and client e.g. by the application SUSY (surrogate synchrony), which is based on windowed cross-correlations controlled by surrogate tests. In analogy to one-dimensional time series, we can also compute $V(x)$ of the cross-correlations to detect possible attractors in therapist-client synchrony. Corresponding to the deterministic and stochastic ingredients of complex time series, our theory predicts that in psychotherapy there are deterministic and stochastic interventions. Deterministic interventions shift attractors in state space, whereas stochastic interventions destabilize attractors. In addition, we assume as a third kind contextual interventions that modify the attractor landscape altogether by self-organization. We will demonstrate how this view of therapeutic interventions stands with respect to the current understanding of common and specific factors of psychotherapy.

Panel

Change process

Moderator: João Batista,
Universidade do Minho, Braga,

Narrative changes and emotional processing in meaning reconstruction therapy for prolonged grief disorder

With recent recognition by the World Health Organization (WHO) that approximately 10% of the bereaved may suffer from complicated, prolonged and preoccupying responses to

bereavement, there is an obvious need for specialized grief therapies that can be delivered effectively and accessibly to mourners in need of intervention. In this sense, the meaning reconstruction approach has been used to develop brief therapies centered in the meaning making of the loss. In this panel we address the changes in client's narratives and emotional processing throughout meaning reconstruction therapy. The first presentation deals with the changes in narrative disorganization and symptoms' evolution. The second presentation shows the tracking of narrative innovation in psychotherapy sessions and how these innovations are different according to therapy outcome. The third presentation compares two cases on the evolution of emotional processing during psychotherapy for prolonged grief. This panel intends to contribute identification of narrative and emotional processing mechanisms associated with recovery in psychotherapy for prolonged grief disorder.

Changes in Narrative Disorganization and their Relation to Symptomatic Change in PGD Following Narrative Reconstruction Therapy Tuvia Peri, Bar Ilan University

Aims: Based on similarities between PGD and PTSD it was suggested that the disorganization in loss narratives and lack of integration of the loss into the patient's autobiographical memories have a role in causing the symptoms of intense yearning, persistent thoughts about the deceased and difficulties to accept the reality of the loss. This study evaluated the relationship between narrative disorganization and integration of the loss, to symptomatic changes in PGD patients treated with an adjusted Narrative Reconstruction (NR) therapy formerly used effectively with PTSD (Peri et al., 2016). **Method:** 12 patients with PGD were treated with NR - a time limited intervention in which a written narrative of the unremitting memory related to the loss is prepared with the patient and the personal meaning integrating the loss into the patient's autobiographical memory is attained. Symptomatic changes as measured by PG-13 were correlated with changes in disorganization levels of spontaneous narratives and with the level of integration of the loss using the ISLES (Holland et al., 2010), all measured before and after therapy. The narratives were analyzed using a scoring method developed by Foa, Molnar & Cashman (1995) and further improved by Halligan et al. (2003). **Results:** Narrative disorganization change was significantly correlated with symptomatic changes following therapy ($r=-.51$; $p<.05$). We found also a significant correlation between symptomatic change and the reported level of integration (ISLES) ($r=0.52$; $p<.05$). **Discussion:** The effectiveness of NR in reducing PGD symptoms may be related to the changes in narrative disorganization and to the level of loss integration. Further studies using larger samples and including control groups are needed.

Meaning reconstruction and narrative innovation on psychotherapy for prolonged grief disorder João Batista, Universidade do Minho, Braga, Portugal; Rita Castro, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal; Robert A. Neimeyer, University of Memphis

Prolonged grief is characterized by a marked impairment in making sense of the loss. To address this feature, a meaning reconstruction approach has been used to develop a brief psychotherapy model for prolonged grief. This intervention combines experiential, narrative and meaning reconstruction strategies and can be used in individual or group therapy. This study investigated whether the meaning reconstruction strategies can foster changes in the clients self-narratives, and if these narrative changes are associated with therapy outcome. The sample of this study was constituted by six clients that concluded the individual online modality of the meaning reconstruction approach. Clients were selected according to their outcome, three recovered and three unchanged clients. The Complicated Grief Inventory was used to assess the prolonged grief symptoms throughout therapy. The Innovative Moments Coding System was used to analyse the narrative innovation of the sessions. Results show that recovered clients increasingly present more complex and elaborated innovative moments. Moreover, the complex innovative moments are associated with less severe prolonged grief symptoms in the sessions. Despite the small sample of this study, the meaning reconstruction approach seems to be associated with changes in client's self-narratives. Recovery is signaled by the presence of more elaborated innovative moments, that imply the organization of an alternative self-narrative, more satisfying and

integrating the loss.

Emotional processing during the reconstruction of the grief experience: a case study

Patricia Pinheiro, Universidade do Minho, Braga, Portugal; Daniela Nogueira, Department of Social Sciences and Behavior, Maia University Institute (ISMAI), Portugal; Rui Pereira, School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough, United Kingdom; Daniela Alves, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal; João Salgado, University Institute of Maia

Prior research, mainly conducted on cases of depression, observed that clients' improved capability to process their emotions predicted better therapeutic outcomes. In this paper, we analyzed two clients experiencing complicated grief treated with constructivist therapy, exploring whether emotional processing was related to therapeutic change. Specifically, we investigated the association of emotional processing with (1) therapeutic outcome (good or poor) and (2) change in the type of grief-related emotions (adaptive or maladaptive). Compared with the poor outcome case, the good outcome case achieved more improvement in the ability to process emotions throughout therapy. Such a session-by-session increase in the level of emotional processing occurred alongside a change in the type of grief-related emotions aroused, from maladaptive to more adaptive responses. Although there was a decrease in such emotions in the poor outcome case, a higher frequency of maladaptive emotions during the last phase of therapy was observed. These results suggest that emotional processing may be associated with symptom improvement and the transformation of grief-related maladaptive emotions throughout grief therapy.

Panel

Personality

Moderator: Anssi Peräkylä,
University of Helsinki

Personality disorders and social interaction in clinical settings

While personality disorders involve difficulties within the individual -- for example in the internal regulation of emotion and experience of self (Ronningstam 2005; APA 2013) -- they manifest themselves also between individuals, in interpersonal interaction (Streeck 2018). This panel will explore the interpersonal aspects of personality disorders. The authors have used conversation analysis as a method to describe the ways in which personality disorders shape, or are enacted in, social encounters. Two interactional settings are involved: couple therapy and psychiatric assessment interviews. The paper of Peräkylä is based on video recorded assessment interviews in psychiatric outpatient clinic in Finland, focusing on the patients' (dis)engagement discussion on diagnosis and symptoms of personality disorders. In a case study of three assessment processes, the author shows how the patients' engagement is built up through the assessment process. Paper by Janusz and colleagues is based on video recorded couple therapy sessions at the Medical College of the Jagiellonian University, Poland. The paper explores the ways in which vulnerability and grandiosity of the self is enacted in the spouses' ways of describing each other's mind. Paper by Dejko and colleagues uses the same Polish data as Janusz and colleagues, but focuses on non-verbal actions. Dejko et al. describe bodily practices of disengagement in the ongoing therapeutic conversation. The presentations will be commented upon by two discussants: Michael Buchholz (Berlin) and Peter Muntigl (Ghent).

Patient (dis)engagement in diagnosis of personality disorder Anssi Peräkylä, University of Helsinki

Using conversation analysis on video recorded psychiatric consultations, we examine the patients' engagement in discussion on diagnosis of personality disorder. The data come from a psychiatric outpatient clinic in Finland, where newly referred patients undergo an assessment procedure, consisting of 4-9 interviews with clinicians. The aim of the assessment procedure is to establish the patient's diagnosis and to decide about possible further treatment. The focus of the presentation will be on three assessment processes where a diagnosis of personality disorder was arrived at. These three processes involve altogether 24 video-recorded interviews. Throughout the assessment procedure, the clinicians seek to engage the patient in the discussion on their problematic behaviours that

are relevant for the diagnosis. When this is successful, an intersubjective moral and emotional orientation to the patient's behavioural and relational problems emerges. The failure to engage the patients, on the other hand, involves patients distancing themselves verbally from the moral frameworks invoked by the clinicians' questions, lack of responses to diagnostic statements, and/or non-verbal displays of non-engagement. The observations will be discussed in terms of Bergmann's (2016) notion of the inherently moral dimension of psychiatry, as well as Goffman's (1955) theory of face-work in social interaction. Bergmann J.R. (2016) Making Mental Disorders Visible: Proto-Morality as Diagnostic Resource in Psychiatric Exploration. In: O'Reilly M., Lester J.N. (eds) The Palgrave Handbook of Adult Mental Health. Palgrave Macmillan, London. Goffman, E. (1955) On Face-Work. An Analysis of Ritual Elements in Social Interaction. *Psychiatry* 18:213-231.

Grandiose and vulnerable self in couple therapy interaction Bernadetta Janusz, Jagiellonian University, Kraków, Poland; Jörg Bergmann, University of Bielefeld; Feliks Matusiak, Jagiellonian University, Kraków, Poland; Karolina Dejko, Jagiellonian University, Kraków, Poland; Anssi Peräkylä, University of Helsinki

According to the prevailing psychiatric view, personality disorders (PDs) involve disturbances in self and identity. Vulnerability and grandiosity of the self are key disturbances especially in narcissistic personality disorder. Interlinked with these disturbances, it is also suggested that in PDs, the capacity to empathise and understand others may be affected. In our study, we use conversation analysis to examine couple therapy interaction with patients with PD. We focus on moments of interaction where the management of self and the understanding of the other are intertwined. We seek to understand the ways in which descriptions of the co-present spouse's mind serve in the management of the speaker's own self-image. In particular, the presentation will focus on situations where such representations serve in the management of vulnerability of the self, or involve displays of grandiosity of the self. The data are collected from video recorded first sessions of couple therapy conducted in Polish. Eight couples participated in the study. The participants were diagnosed by Shedler-Westen Assessment Procedure (SWAP; see Shedler & Westen 2007). Chosen segments of the data were transcribed and examined qualitatively with the methods of conversation analysis (CA). We will be showing how the speaker's self-presentation in interaction oscillates between vulnerable and grandiose positions. The therapist or one spouse can attribute weakness or neediness to the other spouse. This can imply vulnerability of the self of this other spouse, who then can respond by displays of grandiose self. These displays can involve, for example, 'expert like' statements regarding the mental state of the spouse, or the speaker's own mind. The speaker can also allocate the need of help entirely to the spouse. Such shifts between vulnerable and grandiose positions can occur between utterances, or even within one utterance. We will discuss our observations in the light of Goffman's theory of self in social interaction, as well as structural psychodynamic theories of personality including the theory of mentalisation.

Bodily practices of disengagement in couple therapy Mariusz Furgal, Jagiellonian University, Kraków, Poland; Karolina Dejko, Jagiellonian University, Kraków, Poland; Bartłomiej Taurogiński, Jagiellonian University, Kraków, Poland; Bernadetta Janusz, Jagiellonian University, Kraków, Poland; Feliks Matusiak, Jagiellonian University, Kraków, Poland; Barbara Jozefik, Jagiellonian University, Medical College Kraków, Poland; Anssi Peräkylä, University of Helsinki

Talk about marital problems in couple therapy inevitably involves threats to the participants' self images: spouses discuss each other's weaknesses, mistakes and wrongdoings. In the paper, we will analyse the non-verbal practices that the participants resort to in the management of such moments in couple therapy sessions. The data are collected from video recorded first sessions of couple therapy at the Medical College in Jagiellonian University, Cracow. Eight couples participated in the study. The participants were diagnosed by Shedler-Westen Assessment Procedure (SWAP; see Shedler & Westen 2007); the data includes couples with narcissistic personality disorder and borderline personality disorder, as well as couples without personality disorder. We used multimodal conversation analysis in the examination of segments of problem description during first consultations in couples

therapy. Typically, such problem descriptions are produced as answers to the therapists' questions and they are addressed to the therapist (rather than the other spouse). We focused on the non-speaking spouses' postural and gestural activities during the problem descriptions, when the speaking spouse attributes the problem to this non-speaking spouse. Such postural and gestural activities usually involve displays of disengagement, by means of looking away, turning posturally away, playing with own hands or objects, self-touch and covering one's own face. These practices of disengagement were often prompted by threatening elements in the speaking spouse's verbal descriptions, such as direct blamings or references to sexual problems. The practices seemingly have two functions: to communicate withdrawal from participation in the ongoing talk, and to regulate the listener's own emotional state. Tentatively, we will suggest that personality pathology may shape the ways in which the practices of disengagement are employed. We will discuss our observations in the light of two theoretical traditions. Goffman (1955; 1963; 1979) will help us to understand the management of self-image and participation in social interaction, while attachment theory (Bowlby 1976; Schachner, Shaver, Mikulincer 2005; Mikulincer & de Shaver 2003) will help us to understand the ways in which non-verbal behaviours serve in self-regulation while experiencing insecurity. References Bowlby, J. (1973). *Attachment and loss: Separation: Anxiety and anger* (Vol. 2). New York: Basic Books. Goffman, E. (1955). On face work. *Psychiatry*, 18(3), 213--231. Goffman, E. (1963). *Behaviour in Public Places: Notes on the Social Organization of Gatherings*. The Free Press, Glencoe. Goffman, E. (1979). Footing. *Semiotica*, 25(1-2), 1--30. Mikulincer, M., & Shaver, P. R. (2003). The attachment behavioral system in adulthood: Activation, psychodynamics, and interpersonal processes. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 35, pp. 53--152). New York: Academic Press. Schachner, D. A., Shaver, P. R., & Mikulincer, M. (2005). Patterns of Nonverbal Behavior and Sensitivity in the Context of Attachment Relations. *Journal of Nonverbal Behavior*, 29(3), 141-169.

Discussants: Michael Buchholz, International Psychoanalytic University Berlin; Peter Muntigl, Simon Fraser University, Burnaby, Canada;

Panel

Qualitative

Moderator: Biljana van Rijn,
Metanoia Institute, London

Assimilation progress across the lifespan: Case studies of treatments: child trauma, adolescent identity issues, adult shame, and complicated bereavement grief

The panel will present four different research papers into the assimilation process (Stiles, 2002) in different models of psychotherapy and with different clients. Two of the case studies were conducted with young people, one using play therapy with a pre-school child, the other comparing the use of avatar assisted school counselling with two adolescents. Two other two case studies focus on work with adults, one in psychotherapy on shame, the other on complicated grief reaction. All the papers use theory-building case methodology (Stiles, 2009). The range of studies will give more insight into assimilation as a change process in psychotherapy.

Approaching fearful emotions thru evolving play themes: Application of the assimilation model to understand change process in child psychotherapy Tuija Aro, University of Jyväskylä

Aim: The aim was to understand how pre-school-aged child's processing and assimilation of traumatic experiences are observable in play themes occurring in psychotherapy by analyzing them using the assimilation model and the APES continuum previously used in adult psychotherapy.

Methods Based on the post-session notes of 34 sessions, the themes were categorized according to events of the play, the child's role, and the therapist's role. Themes observed at least twice were included and analyzed in terms of how they reflected the problematic experiences and child's striving to assimilate them. The play roles were analyzed as expressions of diverse voices. **Results:** Four themes reflecting different APES stages were identified. In the first theme, the child expressed the problematic experience of being homeless and fearful. The identified voices reflected self-sufficiency, fear, and being lost. As

the themes evolved, the voice of a needy child, and finally, a self-soothing voice and the voice of a capable, resourceful child emerged. The later themes showed understanding of the painfulness of violence for a child and her solutions reflected mastery over her experiences. Discussion: Evolving themes and the emergence of new voices suggested increasing assimilation, but a non-linear change process was observed. The assimilation model provides a useful tool for observing the change process in play therapy. However, modifications are needed, for example in stage descriptions, to better apply to child development and symbolic play. The findings underlined the importance of the child--therapist collaboration as it may allow the child to build an observer-position needed before proceeding to being an active subject.

Contrasting use of avatar-base software by two adolescents in school counselling: Theory-building cases studies on the assimilation model Biljana van Rijn, Metanoia Institute, London; Evi Chryssafidou, Metanoia Institute, London; William B. Stiles, Miami University, Oxford, USA

Aim: The assimilation model suggests that psychotherapeutic progress can be understood as building semiotic meaning bridges between previously disconnected parts of the person (Stiles, 2011). Meaning bridges are signs (words, images) that have a similar meaning to both parts and are used to share the experience. This presentation analyses the use of digital, avatar-based imagery with adolescents in school counselling. Method: Two theory-building case studies: 'Richard' and 'Sophie' (pseudonyms). An adaptation of assimilation analysis (Stiles & Angus, 2001) was used to study recordings of screen imagery with background audio drawn from a sequence of 9 sessions for Richard, and 11 sessions for Sophie. Results: In the case of Richard, the core problematic theme was related to his experience of feeling different from his peers and the problems associated with it. The core theme was worked within a succession of different, but related scenes in a highly paced mode, led by the client. In Sophie's case, two split off problematic themes were represented by two different scenes. The third scene, represented by a heavily guarded wall, seem to reflect the primary conflict between the two main scenes. The pace was limited, with a lot of inquiry by the counsellor. Discussion: These case studies suggest different ways that computer-generated scenes may be useful tools for therapeutic communication and the assimilation process and provide an overt client led exploration of their individual experience. The screen experience provides a potent and potentially immersive experience for the therapist and the client and requires a high level of adaptability by the therapist

"I don't know what others thought but for me it was terrible shameful. I needed to develop a kind of shell somehow to keep face"- A case study of the development and change of shame in psychotherapy Sami Kivikkokangas, University of Helsinki

Aim: The present study aimed to investigate how shame manifests and changes in psychotherapy. This is problematic because of the hiding nature of shame. The more specific research task was to show how the problematic shame experience manifested in the patient's utterances, and how her relationship toward shame-evoking referent developed and changed during her one-year therapy process. Assimilation model was used to track through what kind of steps the patient's relationship toward problematic shame experience developed and changed in line with the aims of therapy.

Methods Assimilation analysis (APES) and Dialogical Sequence Analysis (DSA) were used integratively in a previously proven study design within one case. The data consist of 32 videotaped sessions from an intensively studied integrative psychotherapy single case 'Hanna', where the central focus of the analysis was on the first and sessions 7-9 Results: Shame was central in Hanna's very first words, but only later was it worked on jointly, and only through this did it become understandable and meaningful. Across the sequence of sessions 7-9 Hanna's problematic experience of shame emerged: first as a clue or hint of being seen in front of an other, and then gradually assimilated, following a nonlinear trajectory from APES stage 1 to APES stage 6. Discussion: This study shows how shame manifests itself in the patient's utterances and how an understanding of shame's developing and hiding nature can come to use in a clinically meaningful way. From a clinical point of

view, four central steps were identified from Hanna's process that enabled the possibility of change toward her shame. Whereas this study showed that change toward shame evoking referent did happen, the question for further studies could be to shift more on the interactional processes through which this change was facilitated and enabled.

Slow assimilation progress in work with a client experiencing complicated/prolonged grief John Wilson, York St John University, UK

Aim: As part of a larger project using theory-building case studies, the aim was to investigate the relationship between attachment style and the assimilation of grief experiences, using assimilation analysis on the transcripts of a 40-year-old woman. She had been bereaved of her brother following sudden and traumatic death.

Methods The transcripts of more than one year of weekly sessions were analyzed using the Assimilation of Grief Experiences Scale, a variation of APES. The client completed Parkes' (2006) Retrospective Attachment Questionnaire (RAQ). A weekly CORE10 score for the client was also recorded. **Results:** After one year, the client's grief trajectory remained in a steady state of prolonged grief. Her CORE10 scores were unchanged. She remained dissociated from the reality of her loss and continued to ward off her grief. The client reported bouts of tearfulness between therapy sessions but displayed little negative affect during sessions. She continued to function normally in her work as a health professional. The RAQ scores pointed towards secure attachment. **Discussion:** The client was oriented towards a pattern of grief that relied on distraction and restorative activities, whilst avoiding grief orientation. Such extremes are more usually observed in insecure, avoidant clients. It may be that the nature of the loss, the relationship to the deceased and the age of the deceased, all known factors in prolonged grief, are more relevant than attachment style. Additional stressors concurrent with the loss may well have played a part. This case demonstrates the usefulness of an assimilation model in understanding the behaviour of grieving clients.

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

Panel

Attachment & development

Moderator: Bernhard Strauss,
University Hospital, Jena, Germany

The attachment in group psychotherapy - Its use in groups and some measurement issues

The concept of attachment based on Bowlby's theory meanwhile has gained surprising importance in psychotherapy research. Recently, also group researchers have tried to use attachment issues to use attachment measures as variables related to process factors and outcome. Besides all success of attachment research, there are still some open questions related to the measurement of attachment and the convergence of divergence of different measures. The panel comprises two presentations investigating attachment (with two different measures) in inpatient/day treatment settings in different samples. In a third contribution, the methodological question is raised by demonstrating attempts to test the convergence of methods using network analyses. In the discussion perspectives of attachment research in (group) psychotherapy will be focused.

The impact of attachment and group cohesion on outcome in intensive multimodal therapy for depression Johannes Ehrenthal, University Hospital, Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Ulrike Dinger, Heidelberg University, Germany

Background: Attachment theory has a profound impact on psychotherapy research. Reviews and meta-analyses point toward an impact of patients' attachment security on better treatment process and outcome. However, the variability of results urge the field to move from main-effects to theory-driven interaction models. One of those questions asks what kind of relational experiences during treatment may be helpful for individuals with different attachments styles.

Methods In a sample of initially 44 depressed patients in an eight-week intensive inpatient or day-clinic multimodal psychotherapy treatment (Dinger et al., 2014; 2015), patient attachment was measured with the Experiences in Close Relationships - Revised (ECR-R) questionnaire before treatment, group cohesion with the cohesion subscale of the Inpatient

and Day-Clinic Experience Scale (IDES) during treatment. Outcome was assessed with the Beck Depression Inventory (BDI-II) at five timepoints, from admission to six months follow-up. Results: Multilevel modeling showed a significant negative effect of attachment avoidance on the decline of depression over time, which was dampened under conditions of high experienced group cohesion. Discussion: The experience of high levels of cohesion with the fellow patients may be a factor that influences the impact of attachment insecurity on outcome, especially in group-oriented, multimodal psychotherapy settings.

Attachment and Group Therapy in Day Treatment Care Rainer Weber, University Hospital of Cologne, Germany; Johannes Ehrental, University Hospital, Heidelberg, Germany

Objective: Beside inpatient or outpatient care, day treatment programs for patients with mental health problems are playing a prominent and increasing role in the German health care system. Normally group psychotherapy is the main element in this multi-modal treatment approach. Method: We will report on the findings of a naturalistic study that has been carried out in a day treatment hospital. 160 Patients completed the KPD-38 (symptom measure) prior to admission, after admission, and before discharge. Interpersonal problems (IIP-32) and attachment characteristics (Bielefeld Questionnaire of Client Expectations) were assessed at the beginning of the treatment. Therapeutic factors (Therapeutic Factors Inventory) and group therapeutic relationship (Group Questionnaire) were assessed weekly during the course of treatment. Results: The results have shown that the perception of group therapeutic relationship is influenced by attachment characteristics. Using Multi-Level Regression Models we can show significant interactions between attachment dimensions and Positive Bonding Relationship. Discussion: After decades of group research, the question is not whether group psychotherapy is effective but what makes group psychotherapy effective. Further process-outcome relations will be discussed.

Searching for the convergence of attachment measures - Give network analyses a try Bernhard Strauss, University Hospital, Jena, Germany

Aims: During the past decades, attachment has become one of the most commonly used constructs in psychotherapy process and outcome research. Parallel to this research, several measures of adult attachment have been developed ranging from several self-report measures with different focus to implicit measures as well as interviews such as the AAI. There is still mixed evidence related to the question which measure touches which aspect of the construct. The majority of studies testing the convergent validity of these measures revealed rather low correlations. This was the basis for a project systematically comparing attachment measures in a healthy as well as a carefully defined clinical sample.

Methods For this study, N = 318 subjects were recruited. In the total sample, the mean age was 36 years. Two-thirds of the participants were female (66%), and 76% had a steady partner. The clinical sample comprised n = 175 participants with panic disorder with or without agoraphobia, the non-clinical sample consisted of n = 143 paralleled individuals. Measures of attached comprised the IAT, the AAI, AAP and a variety of questionnaires such as the ECR-R or the Bielefeld Questionnaire of partner expectations (BQPE). Results: In addition to correlations and structural equation models of the relationships between the measures, we have recently testes network analyses to clarify specific relationships that further clarify the structure of different measures. Discussion: Based upon these results some recommendations will be formulated and the need to clearly state the measure and its major purpose if attachment is used as a construct in psychotherapy research.

Panel

Treatment process and outcome

Moderator: Anna Georg,
Heidelberg University, Germany

Mentalization-based interventions in different parent, parent-infant, and child therapies and how they promote change

In this symposium, we bring together and discuss findings of four intervention and outcome studies on three different mentalization-oriented interventions. The interventions are tailored to diverse vulnerable populations - at-risk parents and parents of infants with regulatory disorders, as well as children with internalizing and externalizing problems. We present two

interventions that aim to promote parental reflective functioning and outcome data on respective trials. Two studies focus on effective therapeutic interventions, and investigate the question of how interventions promote change in parents resp. children. One of these studies is on the impact of therapists' adherence to mentalizing interventions on the child's ability to mentalize. The second one analyzes qualitatively the techniques used to help parents to understand their child particularly with regard to the topic of blame. The symposium draws together clinical researchers from different sites in UK, Germany, and Turkey. Each presenter will introduce the key features and aims of the intervention model used. They will describe the populations and contexts for which it was developed, and outline the study methodology and key findings. Discussion will focus on mechanisms of impact, specific effective mentalizing interventions for distinct samples, methodological and clinical lessons learned, and future research.

Treating regulatory disorders in infancy by fostering parental reflective functioning: Results from an RCT on focused parent-infant psychotherapy Anna Georg, Heidelberg University, Germany; Manfred Cierpka, University Hospital, Heidelberg, Germany; Paul Schröder-Pfeifer, University Hospital, Heidelberg, Germany; Sandra Kress, University Hospital, Heidelberg, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany

Regulatory disorders in infancy place a considerable strain on the parent-infant relationship and are associated with high parental distress and burden. Parent-infant psychotherapy works with parents in order to reduce infants' symptoms and to strengthen the quality of the parent-infant relationship, ultimately supporting the child's development. Strengthening the capacity to treat the child as a mental agent (parental reflective functioning) is supposed to be the primary mechanism of change. The aim of the study is to investigate the efficacy of a brief (four sessions) focused parent-infant psychotherapy (fPIP) for the treatment of early regulatory disorders. The study design followed a randomized controlled trial with a 2-arm comparison between fPIP and standard paediatric care (TAU). The sample consisted of N = 154 parents and their infants who at intake were between four and 15 months old and diagnosed with early regulatory disorder(s). The primary outcome were the infants' regulatory problems (96h diary and parents' self-report). Secondary outcomes were parenting stress, parents' symptomatic distress and especially depression, parental self-efficacy, parental reflective functioning, and the emotional availability in the parent-infant interaction (observer rating). Outcomes were assessed pre- and post-treatment after the treatment period of 12 weeks. We used ANOVAs to test our hypotheses under consideration of important covariates. Data is currently being analyzed and results will be presented and discussed at the conference.

How does mentalization predict treatment outcome in psychodynamic child psychotherapy? Sibel Halfon, Istanbul Bilgi University

Objective: Children with internalizing and externalizing problems have various mentalization deficits and psychodynamic child psychotherapy aims to enhance mentalizing capacities in the sessions, which allows children to have a better understanding of their internal world. Mentalization capacity may also affect patients' response to psychodynamic treatment with preliminary evidence suggesting that patients with higher pre-treatment mentalization levels improve more in treatment. However, the associations between pre-treatment mentalization ability, developing in-session mentalization processes and therapeutic outcome have not been researched in psychodynamic child psychotherapy, which will be investigated in this study. Method: The sample included 70 children with internalizing and externalizing problems, who underwent psychodynamic treatment. Children's mentalization capacity was assessed before treatment using the Coding System for Mental State Talk (CS-MST) to code different categories of mental state talk in children's attachment based story stem narratives. Parents filled out the Children's Behavior Checklist (CBCL) and Brief Problem Monitor (BPM) to assess internalizing and externalizing problems before and during treatment. 240 sessions were coded for mentalization adherence using the Child Psychotherapy Q-set (CPQ). Results: Multilevel analyses indicated that in-session mentalization adherence was associated with a reduction in total problem behaviors and a two way interaction showed that children with comorbid internalizing and externalizing

problems, who were able to make more causal connections in their mental state narratives before treatment, improved more in problem behaviors. Conclusion: Mentalizing in the sessions is associated with successful outcome and higher pre-treatment mentalization capacity can help children with complex psychopathology to make more therapeutic gains.

Illuminating the 'child-in-mind'. Mentalization-based treatment for parents (MBT-P) in complex and high risk families Gerry Byrne, Oxford Health NHS Foundation Trust

The Lighthouse© MBT-Parenting Programme aims to enhance parents' capacity mentalize and in particular to mentalize their children, to enhance attunement in parent-child relationships, to promote secure attachment and reduce Disorganization and to reduce risk of harm and of trans-generational transmission of psychopathology including BPD traits. The programme is underpinned by research in the fields of attachment, child development and neuroscience, by core psychoanalytic concepts offering insight into how minds and relationships work & advances in Mentalization Based Treatment for BPD. The Lighthouse© MBT-P Programme is running in the NHS in the UK on three sites, ReConnect Service, Buckinghamshire and FASS Service Oxfordshire and FASS Wiltshire and BaNES. An independent evaluation of the ReConnect Service has been conducted by the UCL/Anna Freud Centre. The programme will be outlined briefly and outcome data from the services given, alongside description of adaptations of the model including Lighthouse Families (Multi-family work), and Lighthouse 12 session brief model.

Discussant: Svenja Taubner, University Hospital, Heidelberg, Germany;

Panel

Child & family

Moderator: Evrinomy Avdi, Aristotle University of Thessaloniki

Exploring in-session processes in short-term psychoanalytic psychotherapy with adolescents

This panel presents research on interactional in-session processes in short-term psychoanalytic psychotherapy (STPP) with adolescents with a diagnosis of depression, with a focus on the role of silences and ruptures in the therapeutic alliance for the process of therapy. The research material is drawn from the IMPACT study, a large multicentre randomized controlled trial of different psychological treatments for adolescents with depression. The research material consists of audio-recordings of therapy sessions and interviews with adolescents about their experience of therapy. The first two projects explore the role of silence in three STPP treatments; the first study examines the emergence and the meanings of silence for adolescents themselves and the second focuses on longer pauses and the therapists' management of these. The other two studies focus on the therapeutic alliance in STPP and explore the emergence of ruptures and the therapists' attempts at resolving these in two STPP treatments, respectively. Taken as a whole, these studies aim to promote our understanding of the diverse meanings of silence in therapy with adolescents, as well as the processes implicated in the formation and maintenance of the therapeutic alliance; these in-session process are considered of particular interest, given the challenges to engaging adolescents in psychotherapy.

Exploring Silence in Short Term Psychoanalytic Psychotherapy with Adolescents with Depression Rachel Alice Acheson, University College, London, UK; Evrinomy Avdi, Aristotle University of Thessaloniki

Aims: In psychoanalytic psychotherapy silences are thought of as meaningful. Despite this, little research exists in this area, and none in adolescent therapy. This study aims to look at in-session silences and to explore silence amount, type, and pattern across three STPP treatments with adolescents with depression. The study also aims to explore the adolescents' experience of silences in their respective therapies. Method: Silences occurring in six sessions of three STPP therapies drawn from the IMPACT study were coded using the Pausing Inventory Categorisation System (PICS) (Frankel, Levitt, Murray, Greenberg, & Angus, 2006). Silences were coded as 'productive', 'obstructive', or 'neutral'. 'Experience of Therapy Interviews' conducted with these patients post-therapy were drawn from the IMPACT-ME study and analysed using thematic analysis. Results: This study identified that on average almost one-third of the session time was spent in silence, and that most of this silence could be considered 'obstructive'. Furthermore, each patient showed a unique pattern of silence across therapy. Thematic analysis of follow-up

interviews with the three adolescents showed that adolescent patients tend to express negative feelings about silence in their therapy. Discussion: Findings are cautiously interpreted using a psychoanalytic framework, with silence being thought of as linked to unconscious processes and defences. Contrasting views between psychoanalytic literature and the interviews with adolescents are highlighted and considered in view of the adolescents' developmental stage and the short-term nature of the specific therapeutic model. The findings are discussed in relation to their implications for clinical practice and further research.

Silence in the therapeutic work with depressed adolescents: An exploration of in-session silences and therapists' responses to long pauses in three STPP cases Nia Verdenhalven, Anna Freud Center, London, UK; Evriny Avdi, Aristotle University of Thessaloniki

Aims: This study examines the occurrence of in-session silences and therapists' responses to particularly long silences in the psychoanalytic work with depressed adolescents. Method: Pauses in three purposively sampled dyads of Short-Term Psychoanalytic Psychotherapy (STPP) were coded across eighteen therapy sessions, drawn from the beginning, middle and end stages of treatment. Data included frequency, duration, and percentage of session time taken up by silence. Pause quality was coded with the Pausing Inventory Classification System (PICS-R; Levitt & Frankel, 2004). Therapists' responses to long pauses (>1 min) were coded with the Helping Skills System (HSS; Hill, 2009). Results: 1,248 silences (≥ 3 secs) were identified. Most (69%) were coded as obstructive; the longer the pause, the less likely it was to be productive. Long silences (>1 min) made up 3.37% of all pauses. Silence patterns across the dyads varied widely; however, across all therapies long pauses most frequently occurred in the most silent stages in therapy, which was also characterised by the highest frequency of obstructive pauses. The vast majority of long pauses (85.71%) were broken by the therapists. The most frequent therapist responses were Interpretations (33.33%), Reflection of Feelings (16.67%) and Open Questions (16.67%). Discussion: Findings suggest that the patterns of silence are unique to each therapy. Whilst pause duration is associated with pause quality, findings may also indicate that longer silences potentially serve different functions and communicate different meanings at different treatment stages. Therapists' responses are considered from a psychoanalytic angle and implications for clinical practice and further research are offered.

Ruptures in the therapeutic alliance with adolescents: An exploratory study of micro-ruptures in two STPP treatments with depressed adolescents Soledad Larrea, Anna Freud Center, London, UK; Evriny Avdi, Aristotle University of Thessaloniki

Aims: Despite the wealth of literature on the therapeutic alliance in adult psychotherapy, this literature is limited for adolescents. This study aims to describe the patterns of ruptures in the therapeutic alliance through treatment with depressed adolescents, and to explore these in terms of feelings of anger and ambivalence in the therapeutic relationship. Method: Alliance ruptures were coded in 22 sessions from the beginning, middle and end phases of two short-term psychoanalytic psychotherapy treatments using the Rupture and Resolution Rating System, 3RS (Eubanks, Muran, & Safran, 2015). The sessions were obtained from the IMPACT trial (Goodyer et al., 2016). The patients' experiences of the therapeutic relationship were explored using thematic analysis of relevant extracts from eight semi-structured interviews -- three for each patient and one for each therapist -- drawn from the IMPACT-ME study (Midgley et al., 2014). Results: Ruptures emerged in all the sessions. The frequency of ruptures varied in different phases of treatment, and withdrawal ruptures were significantly more frequent. Ambivalence and anger related to the ruptures are being examined using thematic analysis of interviews; initial findings point to silences being an important concern for adolescent patients, and moments of collaboration and understanding seem to be meaningful for them. Discussion: The relevance of alliance ruptures in therapeutic processes with adolescents is discussed in the context of a psychoanalytic framework, used to understand anger and ambivalence in the therapeutic alliance with depressed adolescents.

An in-session exploration of working alliance ruptures and therapist attempts at

resolution in Short-Term Psychoanalytic Psychotherapy with adolescents with depression Holly Lee Dwyer Hall, Anna Freud Center, London, UK; Evrinyomi Avdi, Aristotle University of Thessaloniki

Aims: This study aims to explore in-session alliance ruptures and therapist attempts at resolution as they emerge in the different phases of a 28 session manualised psychoanalytic psychotherapy treatment (STPP) for adolescents with moderate to severe depression. **Method:** The material for this study comes from the IMPACT trial investigating psychological therapies in the treatment of adolescent depression. Purposive sampling was used to identify two treatments indicative of alliance ruptures and sessions were then selected from early, middle and later treatment phases. Using audio recordings, alliance rupture and resolution processes were identified and rated for significance using the observer-based Rupture Resolution Rating Scale (Eubanks, Muran & Safran, 2015). **Results:** Ruptures and resolution attempts were present in all three treatment phases. Therapists were more likely to respond to patient confrontation marker behaviours in the early treatment phase. Ruptures in this phase were more frequently responded to with Immediate Resolution Strategies, Redirects and Changing the Tasks and Goals of Therapy. Expressive/ Exploratory Resolution Strategy, Links Between Patient Therapist was most consistently employed in the middle phase of treatment and primarily in response to Withdrawal Ruptures. **Discussion:** Findings are discussed in light of recent studies on psychotherapy process with adolescents, and the use of transtheoretical vs. interpretive techniques in engaging adolescents and resolving ruptures in the alliance. Further reflections on the use of the 3RS with adolescents are offered along with potential directions for further research.

Panel

Change process

Moderator: Cátia Braga,
Universidade do Minho, Braga,
Portugal

Innovation and ambivalence in the process of change: theory, methods and practice

The empirical study of the transtheoretical processes that underlie psychotherapeutic change is centrally significant to the understanding of how psychotherapy works, assisting the improvement of psychotherapeutic outcomes and the prevention of therapeutic failure. In this panel we present a research program focused on the narrative-dialogical processes through which innovation emerges or, on the contrary, is prevented in the psychotherapeutic process (ambivalence). The first paper explores the role of level 3 (reconceptualization) innovative moments as mediators between emotion regulation and symptom's recovery. The second paper presents the preliminary results from the content analysis of the first set of interviews conducted in the context of the FIND protocol - a clinical tool based on innovative moment's research and designed to elicit innovative moments and clients' resources in psychotherapy. Finally, the third paper will present a new version of the ambivalence resolution coding system and report the findings of the intensive analysis of the process of ambivalence resolution in a recovered case of cognitive-behavioral therapy.

The association of narrative innovation and emotional regulation in psychotherapy for emotional disorders Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal; João Batista, Universidade do Minho, Braga, Portugal; Diogo Medeiros, Universidade do Minho, Braga, Portugal; João T. Oliveira, Universidade do Minho, Braga, Portugal

The Innovative Moments allow the identification and tracking of exceptions to the maladaptive framework that constrains clients' interpretation of their lives. The research with the IMs on psychotherapy have consistently shown that recovered clients present higher proportion of IMs than unchanged ones. Moreover, recovery is associated with an increased proportion of more complex IMs, whereas unchanged clients tend to get stuck on the basic forms of narrative innovation. However, the association of the IMs with other processes of change have rarely been studied. This study investigated the possible association of the IMs and emotional regulation on brief psychotherapy for emotional disorders. Emotional dysregulation has been considered one of the core elements of emotional disorders. Thus, we aimed to analyze if the narrative innovation (i.e. IMs) may be a mediator between the increase of emotional regulation and symptoms change. The sample for this study were 23

clients diagnosed with emotional disorders that completed the Unified Treatment for Emotional disorders. The data analysis comprised of a mediation model with emotional regulation evolution as independent variable, the IMs in the last sessions as mediator and the symptom evolution as dependent variable. The results show that Level 3 IMs (previously termed "reconceptualization") are a mediator between the increase of emotional regulation and symptom's recovery. These results reinforce the role of meaning-making in psychotherapy, as the clients that gained more emotional regulation are also the ones that produced more complex IMs, articulating the changes in their lives and the processes that allowed such changes more extensively. Thus, a greater emotional mastery seems to be associated with more complex narrative innovations.

Feedback Initiated Narrative Development (FIND) Protocol to elicit resources in psychotherapy: An exploratory study Carina Magalhães, Universidade do Minho, Braga, Portugal; Andreia Milhazes, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal; Robert A. Neimeyer, University of Memphis; Pablo Fernández-Navarro, Universidade do Minho, Braga, Portugal; Cátia Braga, Universidade do Minho, Braga, Portugal; João Batista, Universidade do Minho, Braga, Portugal

Based on our previous results on Innovative Moments (IMs) evolution, on narrative therapy, narrative research, and also on the research suggesting that clients change more by capitalizing previous resources than by compensating their deficits, we developed a protocol to elicit resources in psychotherapy. This protocol is composed by two brief interviews (one at the onset of therapy and another after the last session) and an observation of IMs in the fifth session. In this exploratory study we intend to test the feasibility and implementation of the first interview of FIND protocol to be used at the onset of therapy. Eight interviews of the first eight cases randomized to FIND condition were qualitative analyzed through content analysis, coding the presence of client's resources. Preliminary results from 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). The results will be discussed considering possible adaptations that allow the optimization of the interview as well as what kind of information can be available to client and therapist in order to facilitate the focus on client's resources from the beginning of the process.

Resolving ambivalence in Psychotherapy - an illustrated presentation of the Unified Ambivalence Resolution Coding System Helena Ferreira, Universidade do Minho, Braga, Portugal; Cátia Braga, Universidade do Minho, Braga, Portugal; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

Ambivalence - defined as a conflictual relationship between two opposing positions of the self (one favoring change, and another one favoring problematic stability) - has been consistently associated with poor outcomes, and was found to exert a significant impact on subsequent symptomatology. Narrative-dialogical oriented process studies on ambivalence resolution have been suggesting two different processes of ambivalence resolution that reflect distinct relationships between positions of the self: the dominance of the innovative position and the negotiation between the innovative and the problematic positions, with different impacts on ambivalence levels. Up until this moment, the study of ambivalence resolution demanded the training in and the use of three different coding systems: the innovative moments, the ambivalence and the ambivalence resolution coding system. This made the process study of ambivalence resolution very time and resource consuming and hampered the clear translation of empirical findings into the clinical practice. This study presents a single, clinically friendly coding system derived from previous methodologies and findings on ambivalence and ambivalence resolution. Findings of the intensive analysis of a recovered case of cognitive-behavioral therapy are reported and the implications of the attained results for future research and clinical practice are discussed.

Panel

Personality

Moderator: Theresa Wilberg, Oslo University Hospital, Norway

Psychotherapy for patients with avoidant personality disorder

Research has shown that the prognosis of Avoidant personality disorder (AvPD) is poorer than previously assumed, with risk of poor treatment response and relapse after treatment. Whereas persons with milder forms of AvPD probably can be treated with traditional treatments, those with moderate and severe dysfunction may need more specialized therapy. Yet, there is a paucity of treatment research on this type of personality problems. In this symposium we present various perspectives on psychotherapy for patients with AvPD. In the first presentation Ingeborg HU Eikenæs will demonstrate areas of personality functioning with relevance for psychotherapy for patients with AvPD. She will present data from 159 patients diagnosed with AvPD, compared to a normative population sample and patients with symptom disorders only. Kristine Dahl Sørensen has performed in-depth interviews with patients with AvPD and will report on the findings from an inquiry into their subjective experience of treatment, investigated from a hermeneutical-phenomenological perspective. Theresa Wilberg will then report outcomes of a pilot study of combined group and individual therapy for patients with AvPD. She will present data on the course of symptom distress, psychosocial impairment, and personality functioning during therapy and at one year follow-up for 18 patients who were offered two-year of combined treatment. Finally, Randi Brevik reports results of a psychometric evaluation of a self-report questionnaire designed to measure therapists' countertransference feelings, in a sample of nearly 3000 patients. The study is part of a process outcome study and research questions pertaining to patients with AvPD will be outlined.

Personality functioning in patients with Avoidant personality disorder - Relevance for psychotherapy planning, the therapeutic relationship and treatment

processes Ingeborg Helene Ultveitmo Eikenæs, Oslo University Hospital; Geir Pedersen, Oslo University Hospital, Norway; Theresa Wilberg, Oslo University Hospital, Norway

Objective: Personality functioning is a relative new dimensional term, described as the core of personality, personality problems and disorders. In DSM-5-AMPD (APA, 2013) personality functioning is measured by the Level of personality functioning scale, defined by four dimensions; Identity and Self-direction (Self), and Empathy and Intimacy (Other). The Severity Indices of Personality Problems (SIPP-118) is a self-report instrument developed in the Netherlands (Andrea et al., 2007) that measures somewhat wider aspects of (mal)adaptive personality functioning. Assessment of personality functioning may provide relevant information for treatment planning, and is also highly relevant as outcome measure, beyond symptoms and psychosocial functioning. Information of personality functioning may also inform and prepare the therapist for the therapeutic relationship and treatment processes. The aim of the present study is to present profiles of personality functioning in patients with Avoidant personality disorder, how they differ from patients with social phobia and other symptom disorder, as well as from normal population norms?

Methods In this cross-sectional study 159 patients diagnosed with AvPD by SCID-II (APA, 1994) from three clinical samples filled in SIPP-118. The SIPP-118 profiles were compared to the profiles of patients with Social phobia and other symptom disorders, and to Norwegian population norms. Results: Will be presented at the conference Conclusion: The results will be discussed at the conference with focus on the relevance for treatment planning and psychotherapeutic relation and processes.

Subjective experience of treatment for avoidant personality disorder: Reports from a qualitative research project

Kristine Dahl Sørensen, Sørlandet Hospital Norway; Theresa Wilberg, Oslo University Hospital, Norway; Eivind Stie, Sørlandet Hospital, Norway; Marit Råbu, University of Oslo, Norway

Aim: The aim of the presentation is to present preliminary findings from an inquiry into the subjective experience of treatment for avoidant personality disorder (AVPD) that is part of the ongoing qualitative research project of the subjective experiences of persons diagnosed with AVPD.

Methods The subjective experience of persons diagnosed with AVPD was investigated from a hermeneutical-phenomenological perspective. Two semi-structured, in-depth, face-to-face

interviews were conducted with 15 participants. Interviews were analyzed through interpretative-phenomenological analysis combined with a focus on reflexivity. Persons with first-hand experience with AVPD were included in the research process to maintain a service-user perspective and strengthen the validity. Results: The superordinate theme, "searching for courage to be" encompassed three main themes: "seeking trust, strength and freedom", "being handled" and "discovering the possibility for change and development". The main theme, "being handled", included the subthemes: "being diagnosed", "using medication", and "receiving therapy".

Conclusions The findings shed light on the importance of being met inter-subjectively by a therapist as an agentive intentional being even when one does not feel like one. We will discuss the importance of establishing emergent epistemic trust for open therapeutic communication and learning, as well as for becoming able to build courage to approach that which one fears.

Combined group- and individual psychotherapy for patients with Avoidant personality disorder - a pilot study Theresa Wilberg, Oslo University Hospital, Norway; Eivind Normann-Eide, Oslo University Hospital, Norway; Geir Pedersen, Oslo University Hospital, Norway; Merete Selsbakk Johansen, Oslo University Hospital, Norway; Ingeborg Helene Ultveitmo Eikenæs, Oslo University Hospital; Elfrida Hartveit Kvarstein, Oslo University Hospital, Norway

Aim: Studies from the past decades show that avoidant personality disorder (AvPD) is associated with a poor treatment response compared to other personality disorders, as well as risk of relapse after treatment. Treatment research on AvPD is scarce and there is a pressing need to develop and examine outcomes of treatments that focus particularly on this type of personality pathology. Unanswered questions regarding treatment of AvPD relate to topics like overall intensity and length of treatment, level of structure and interpersonal exposure within psychotherapy sessions, balance between focusing on emotions and cognition, and whether these patients should preferably be treated in a group- or individual format, or a combined approach. As a step towards developing a treatment program for patients with AvPD a pilot study was set up at Oslo University Hospital to evaluate outcome of a combined group- and individual therapy program. The aim of the present study is to investigate outcome of a combined treatment program, with focus on the course of symptom distress, psychosocial impairment, and personality functioning.

Methods The study has a naturalistic longitudinal design and includes 18 patients who were offered two year combined treatment. Patients are evaluated on a range of clinical measures covering diagnostics, symptoms, psychosocial functioning, interpersonal functioning, personality functioning, and affect awareness at baseline, end of therapy and at one year follow-up after termination. Included are also measures of therapy process and symptom development during treatment. Results: Work in progress.

Conclusions Results will be presented and discussed.

Countertransference feelings when treating patients with personality disorders - A psychometric evaluation of a shortened version of the Feeling Word Checklist (FWC-12) Randi Breivik, Oslo University Hospital, Norway; Theresa Wilberg, Oslo University Hospital, Norway; Julie Evensen, Oslo University Hospital, Norway; Jan Ivar Røssberg, Oslo University Hospital, Norway; Hanne Sophie Dahl, University of Oslo, Norway; Geir Pedersen, Oslo University Hospital, Norway

Aim: The Feeling Word Checklist (FWC) is a self-report questionnaire designed to measure therapists' countertransference feelings (emotional reactions to patients) during the course of treatment. Different versions of the questionnaire exist, with number of feeling words varying from 28 to 58. The main aim of the study was to evaluate the factor structure and the psychometric properties of a shortened, potentially more applicable questionnaire with 12 feeling words (FWC-12).

Methods During the period 2010-2016, therapists at 13 different outpatient units within the Norwegian Network of Personality-Focused Treatment Programs completed the FWC-12

with six-month intervals. 2974 patients participated in the study. Results: Factor analysis revealed three meaningful subscales, labelled Inadequate, Idealized and Confident. The subscales revealed acceptable psychometric properties, as well as associations with personality disorder pathology and patient rated alliance in clinically meaningful ways, supporting their validity. Avoidant and borderline personality disorders are two largest patient groups in the material.

Conclusions The FWC-12 measures three meaningful aspects of therapist's countertransference feelings. The instrument will be used in a larger process-outcome study with focus on avoidant and borderline personality disorder. We want to examine whether there a) is any association between therapists' countertransference feelings and patient personality pathology, b) whether there is a relationship between countertransference feelings and the patient's experience of therapeutic alliance, and c) whether countertransference feelings can help predict outcome of therapy.

Panel

Treatment process and outcome

Moderator: Thomas Schröder,
University of Nottingham, UK

Post-traumatic stress - new routes to recovery

Post-traumatic stress (PTS) is involved in the aetiology of many mental health presentations. While the diagnosis of PTSD is categorical, related symptoms are dimensional and treatments should be effective either side of the diagnostic threshold. This panel brings introduces three novel approaches to relieving PTS. In the first, introductory paper, Schröder & Regel give a brief overview of current developments and debates in trauma therapies. Compassion-focused therapy (CFT) has become an important development in helping recovery from trauma, especially for shame-prone or highly self-critical individuals. In the second paper, Rycroft et al. report the development of a brief CFT self-help measure and its evaluation in a pilot RCT. Brain Work Recursive Therapy (BWRT), a new addition to the range of trauma interventions, seeks to provide fast relief without the need for a prolonged focus on traumatic memories. No controlled studies of its effectiveness have yet been published. In the third paper, Rose et al. report the result of a series of single-case experimental studies investigating the effectiveness and mode of action of BWRT for non-complex trauma. Narrative Exposure Therapy (NET), developed in the context of promoting recovery from organised violence, seeks to help individuals habituate to distress arising from traumatic memories and to integrate these into autobiographical memory, placing them in the context of a life narrative. It appears to be well suited to multiple trauma. In the fourth paper, Lane et al. report the results of four single case studies using NET with female survivors of domestic abuse.

Trauma-focussed therapy - debates and directions Thomas A. Schröder, University of Nottingham, UK; Stephen Regel, University of Nottingham, UK

Aim: To set the scene for the following three papers. Method: A narrative review of the development of trauma-focussed interventions, based on clinical and empirical literature and the authors' own involvement with the field. Results: Descriptions of efforts to deal therapeutically with the psychological sequelae of traumatic experiences date back to the late 19th century (Janet, Freud). Trauma received heightened attention in times of war, as 'shell shock' (Myers) in WW1, 'battle fatigue' (e.g. Kardiner) in WW2 and, more recently as 'combat stress'; however, the psychiatric diagnosis of PTSD was only introduced in 1980, in the aftermath of the Vietnam War, covering traumatic stress as a result of interpersonal trauma (such as abuse, assault or loss), as a consequence of natural disasters, war or accidents, or as a professional hazard (emergency services, veterans). Trauma-focused interventions have been distinguished as 'bottom-up' (acting directly on the autonomic nervous system, e.g. breathing techniques), 'top-down' (regulating emotion from the pre-frontal cortex, e.g. meaning making), or acting directly on information processing (e.g. bilateral stimulation) and many trauma therapies combine two or all of these approaches. Psychological debriefing has been the subject of controversial debate; the term 'complex PTSD' is also contentious. Current NICE guidelines recommend trauma-focussed CBT and EMDR as first-line approaches. Discussion: The following three research papers represent different approaches to advance the field of trauma-focussed therapies.

Development and evaluation of a brief self-practice Compassion Focused Therapy (CFT) intervention for trauma patients. Claire Rycroft, Cornwall Partnership NHS Foundation Trust; Thomas A. Schröder, University of Nottingham, UK; Rachel Sabin-Farrell, University of Nottingham, UK; Paul Gilbert, University of Derby; Stephen Regel, University of Nottingham, UK

Background: Exposure to traumatic events is common and many will experience debilitating traumatic stress symptoms, frequently associated with depression, anxiety and other psychological difficulties. Traumatized individuals may have difficulties related to self-criticism and fear of compassion, potentially restricting outcomes of trauma-focused psychotherapeutic interventions. Increasing self-compassion may attenuate self-criticism and symptoms relating to traumatic stress. **Aim:** To develop and evaluate a brief self-practice CFT intervention to reduce symptoms associated with traumatic stress prior to trauma-specific psychotherapy. **Method:** An existing self-practice script was adapted for a clinical population, piloted in a forensic setting, and revised to form the basis of a three-week self-practice intervention in a single-blind pilot-Randomised Control Trial with 10 clients on the waiting list for a specialist trauma service. Half received the intervention immediately, the others, serving as waiting-list controls, after a delay. The primary outcome measure was the DASS-21, secondary measures included the IES and four scales tapping self-compassion and self-criticism. **Results:** In two-way mixed ANOVAs no significant interaction effects were found between time and group. Main effects of time were found for depression, symptoms of intrusion, avoidance and hyperarousal, and self-criticism. **Discussion:** Although changes were in the hypothesised direction, the absence of significant interaction effects suggests that the CFT intervention did not improve depression, anxiety and stress for this sample. This may be due to the study being underpowered, or to the clinical presentation of the client group. Implications for future research include evaluating the intervention on a larger scale with an active control group.

Brain Work Recursive Therapy (BWRT) for non-complex trauma: a case series. Hayley Rose, Nottinghamshire Healthcare NHS Trust, UK; Dave Dawson, University of Lincoln; Thomas A. Schröder, University of Nottingham, UK; Anne Abey, Lincolnshire Partnership NHS Trust

Background: Trauma exposure is common, yet only a minority develop PTSD. Adverse life events, not meeting PTSD criteria, can produce trauma effects, causing significant psychosocial impairment. BWRT is a new approach to trauma treatment but had not been subject to controlled research. It may share procedural elements, namely dual taxation of working memory, with EMDR. **Aim:** To investigate the effectiveness of BWRT for treating non-complex trauma and elucidate potential therapeutic mechanisms. **Method:** A series of single-case studies with a mixed-methods repeated measurements A-B experimental design was conducted with six participants reporting trauma-related residual difficulties after treatment as usual for Chronic Fatigue Syndrome. The primary outcome measure was the IES-6. Scales for depression, anxiety, distress and quality of life served as secondary measures. Within-session memory ratings, recordings of Heart rate/Heart rate Variability (HR/HRV) and post-treatment change interviews using Interpersonal Process Recall were used to study process. **Results:** Four participants showed reliable and clinically significant reductions in traumatic stress, maintained or enhanced at follow-ups, and concurrent improvements in psychological distress and life quality. All showed a decrease in HR; four showed an increase in HRV. Five participants had found BWRT helpful, considering it responsible for changes. Limited exposure to the trauma memory and immediacy of improvement were cited as positive aspects. **Discussion:** This is the first controlled BWRT study, offering support for its effectiveness for non-complex trauma, substantiated by participants' qualitative reports. Future research should determine the effects of working memory capacity on outcome and use dismantling studies to disaggregate the components of BWRT.

Moderator: Peter Muntigl, Simon
Fraser University, Burnaby, Canada

Creating and maintaining a positive therapist-client relationship is considered to be essential in achieving therapeutic success, whereas damage to this relationship and the inability to repair disaffiliative episodes may be detrimental to attaining good treatment outcomes. So far, research on the concept of the therapeutic relationship has focused almost exclusively on clients' and therapists' perceptions on the quality of the relationship, but very little work has focused on how relations between therapists and clients are actually negotiated in clinical praxis through talk. Conversation analysis provides a conceptual framework and a set of analytical tools to investigate social relationships as endogenous to interaction, created in and through talk, and how the quality of the relationship may shift as interactions unfold through time. This panel provides three studies that illustrate how qualitative, CA-informed analyses can contribute to better understanding how alignments are created and maintained between therapists and clients and how disalignments may arise and get subsequently repaired. Muntigl, Horvath & Chubak's paper examines conversational episodes of resistance to chair work entry in emotion-focused therapy and how therapists draw from a range of discursive practices to get the therapeutic activity back on track. Scarvaglieri focuses on first encounters in psychodynamic and client-centered therapy sessions and shows that both aligning and disaligning conversational practices are important for doing productive relationship work. Pawelczyk & Faccio's paper identifies how women patients who suffer from bulimia invoke and draw on the category gender in their interactions with women therapists to seek affiliation concerning their illness.

Getting to yes: Psychotherapists' interactional practices for recruiting client participation in chair work in emotion-focused therapy Peter Muntigl, Simon Fraser University, Burnaby, Canada; Adam (Italy) Horvath, Simon Fraser University, Burnaby, Canada; Lynda Chubak, University of Toronto, Canada

We examined 17 sessions of chair work in Emotion Focused Therapy (EFT) involving seven clients and five therapists using the methods of conversation analysis (CA). Our focus of interest was on the critical process of the therapist's negotiation with clients to engage (and to overcome their resistance to) chair work. We were able to identify three types of chair work entry sequences in which therapists attempted to recruit client engagement: smooth entry, deviations from smooth entry and outright resistance (often followed by chair work abandonment). Smooth entry was found to occur in sequences in which clients immediately endorsed the suggested project. Deviations from smooth entry were frequently followed by additional recruitment attempts from the therapist; for example, talk that orients to difficulties in gaining clarity on what aspect of the client's emotional distress is suitable for immediate therapeutic work. Resistance to entry occurred through various kinds of interactional practices in which clients did not endorse or rejected the therapist's attempts to (re)formulate the client's issues. Our research sheds light on the kinds of interactional sequences in which clients and therapists are able to align their goals and also the kinds of interactive sequences in which therapists and clients become disaligned during therapeutically relevant moments as well as how these disalignments may become repaired in situ.

First encounters in therapy: Relationship-building and introduction to therapeutic discourse Claudio Scarvaglieri, Ghent University, Belgium

This talk discusses how therapists and patients start building relationships. We investigate first encounters between therapists and patients in psychodynamic and client-centered therapy. The analyses show that therapists on the one hand try to align with the patients to build a positive working alliance. On the other hand, therapists work to establish specific interactive characteristics of therapeutic discourse (by e.g. not answering a patient's question, not accepting the turn, instead waiting for the patient to continue (Scarvaglieri 2013)), which often leads to disalignment with the patients' communicative activity and neglects their interactive expectations. We describe both processes in detail using methods from CA and functional-pragmatic discourse analysis (Redder 2008). We argue that at the beginning of therapy, alignment and disalignment are both important processes, as aligning with the patient contributes to a positive relationship, which has been shown to be vital for successful psychotherapy (see e.g. Ardito & Rabellino 2011), while disaligning introduces the patient to the specific discursive mechanisms that characterize therapeutic discourse

and constitute the basis for its effectiveness (Scarvaglieri 2017). Empirically, the talk is based on a corpus of 70 sessions from client-centered and psychodynamic therapies which have been transcribed following HIAT-conventions (Rehbein et al. 2004).

Gender as interactional resource for managing therapeutic relationship in psychotherapy with women suffering from bulimia Joanna Pawelczyk, Adam Mickiewicz University in Poznan; Elena Faccio, University of Padua

Research shows that client constructions of gender may be one of the primary discourses to be drawn from when deciding how to interact with therapists (Gerhart and Lyle 2001). This finding is of particular relevance to psychotherapy with women suffering from bulimia as social constructions of gender are recognized as among the causes of eating disorders. Thus, for women patients working with female psychotherapists, gender becomes an important category-sharing resource that can, to a great extent, shape the evolving therapeutic relationship and ultimately the effects of psychotherapy treatment. The aim of the paper is to identify how women patients invoke and draw on the category of gender in their interactions with women psychotherapists to seek affiliation concerning their illness. To this end, relevant excerpts from therapy sessions representing systemic therapy and socio-constructionist approaches are analyzed with the methods of conversation analysis and membership categorization analysis. The analysis shows how women patients invoke gendered assumptions as well as linguistic and interactional gender cues in an attempt to accomplish intersubjectivity with women therapists concerning their subjective experiences of living with bulimia. While the therapists do not always pursue affiliation, they strive to maintain alignment to accomplish relevant tasks at hand. At the same time, they reproduce gendered assumptions that (paradoxically) have been shown to contribute to developing bulimia. The findings call for therapists' greater engagement in self-examination and supervision to avoid reproducing gendered assumptions, which may validate the categorization of women and men that feeds the problem. Women psychotherapists should be particularly attuned to women patients' invoking of category-sharing as women suffering from bulimia tend to experience social relationships with great inadequacy, and generally suffer from lack of control in personal and relational situations. References Gerhart, Diane R. and Lyle, Randall, R. 2001. "Client experience of gender in therapeutic relationships: An interpretative ethnography". *Family Process* 40/4: 443- 458.

Panel

Child & family

Moderator: Orya Tishby, Hebrew University, Jerusalem, Israel

Assessing process and progress in psychotherapy with children and with parents.

In recent years there is accumulating evidence for the effectiveness of child and adolescent therapy (Midgley et al., 2018). In addition, there are studies which show that involving parents in the treatment of their children improves outcome (Dowell & Ogles, 2010; Kazdin, Whitley & Marciano, 2006;). However, research on process and outcome in child therapy and parent therapy lags behind research on adult individual therapy. In this panel we will present 4 papers that focus on different therapy processes, using a variety of measures. The first paper, by Sibel Halfon, presents a study which investigated Therapeutic Alliance trajectories, their demographic and symptomatic predictors and associations with outcome in psychodynamic child psychotherapy. Results show that several child characteristics facilitate or impede the alliance. Tamar Axelrad Levy will present results of an analysis of 2 successful and 2 unsuccessful cases of psychodynamic animal assisted therapy with children. Her study focuses on interventions that are unique to this type of therapy and their association with outcome. Sophie Holmes' paper presents descriptive findings from a Collaborative Case-Based research with "traumatized and traumatizing families", showing how parents "get stuck" in pre-mentalizing modes, and how therapists can work on mentalizing the family & the relational system. Agnes von Wyl studied six mother-toddler dyads, working with mothers using the Watch, Wait and Wonder model to improve mentalization. These studies, coming from different parts of the world (Turkey, Australia, Israel & Switzerland) all shed light on how therapy with children and with parents helps bring about change.

Therapeutic alliance trajectories and their association with outcome in psychodynamic child psychotherapy Sibel Halfon, Istanbul Bilgi University

Objective: This study investigated Therapeutic Alliance (TA) trajectories, their demographic and symptomatic predictors and associations with outcome in psychodynamic child psychotherapy. Method: The sample included 89 Turkish children (M Age= 6.87 (SD = 2.11), 46 % girls) with internalizing (37.11 %), externalizing (21.14 %) and comorbid (38.20 %) problems and 12 % of the children were in the non-clinical range. Independent raters coded 328 sessions from different phases of treatment using the Therapy Process Observational Coding System - Alliance Scale (TPOCS-A). Outcome measures were collected at intake and termination (Children's Behavior Checklist (CBCL) and Teacher Rating Form (TRF)). Results: Multilevel growth curve modeling indicated that TA showed a quadratic trend (high-low-high) over the course of treatment. The shape-of-change methodology indicated three subgroups following a stable pattern, a slow and an accelerated quadratic TA trajectory. Externalizing problems (teacher report) negatively predicted average TA strength. Boys and children with internalizing problems showed a declining TA trajectory, whereas children with externalizing problems (teacher report) showed an upward TA trajectory. Multivariate multiple regression analyses showed that the average TA (i.e., intercept) and the positive quadratic slope (the high-low-high pattern) positively predicted changes in internalizing and externalizing problems (teacher report). Discussion: This study was the first to show the course of TA development in psychodynamic child psychotherapy, identify a number of child characteristics that facilitate and impede TA. Investigating both the strength and patterns of TA development when examining associations with outcome is important.

Therapist's interventions in animal assisted child psychotherapy, and its relations to therapy process and outcome Tamar Axelrad Levy, David Yellin College; Orya Tishby, Hebrew University, Jerusalem, Israel

Therapist's interventions were studied in two successful and two unsuccessful animal assisted therapies, in order to examine the type of interventions associated with outcome in this type of treatment. The patients were four-seven-year-old boys, who completed 30 sessions of animal-assisted psychotherapy. Two therapists conducted the treatments, and for each one a successful and unsuccessful case was chosen. All therapy sessions were videotaped and therapists filled a structured report following each session. In addition, parents and the therapists filled the Youth Outcome Questioner (YOQ) at 4 time points in the course of therapy. Based on depth interviews with senior animal assisted therapists, we developed a quantitative coding scale for the therapist's interventions. The coding scale describes the content focus of the interventions, and consists of eight categories: (1) emotional clarification (2) the animal's realistic state and situation in therapy (3) the interactions which take place between the child-animal or child-animal-therapist or therapist-animal, in the therapy room (4) responding to the child's free associations and internal world (5) the therapy relationship (6) the child's experience with animals outside therapy (7) the child's relationships with significant people (8) other interventions. We will present initial findings on the associations between interventions and outcome in animal assisted child psychotherapy.

Investigating the processes in families where parents appear 'stuck' in pre-mentalizing their children and members of their family. Findings from Collaborative Based Case Research Sophie Holmes, Williams Rd. Family Therapy Center

This paper reports findings from case-based investigation of specific relational - therapeutic processes which includes the voice of family members in the research process & presentation. It begins with a description of the target processes from the different points of view. Therapists - researchers often 'see and conceptualize' the relational process in 'traumatized and traumatizing families as highly complex, while the family members 'see and conceptualize' their experiences very differently. We are proposing that this disjuncture has an important impact on the matrix of responses in "traumatized and traumatizing families". The consequence of these impacts on the parents and children can be best

summarized as the family system remains heightened, reactive and in a survival - defensive mode, thus making any form of well-intentioned treatment difficult to either implemented or utilized by the family. In effect therapists are also stuck in a Pre-mentalizing mode and do not transition into mentalizing the family & the relational system. The presentation will conclude with a brief overview of how we use our emerging understanding regarding target processes to shape the focus of the our mental effort and attentional resources while working with these challenging and complex relational systems.

Improvement of mother's mind-mindedness in attachment focused mother-child psychotherapies Agnes von Wyl, ZHAW

Aim: Watch, Wait, and Wonder (WWW), an attachment-focused psychotherapy for mothers and their infants and toddlers, could show good evidence for its effectiveness. However, little is known about the therapeutic process in this attachment focused therapy. Maternal mind-mindedness could be verified as associated with children's attachment. Therefore, in this study we asked if mother's mind-mindedness improves in a WWW-therapy with mothers and their toddlers and if there are similarities or differences between different mother-child interactions. Method: A sample of six mother-child WWW-psychotherapies was collected. Mothers completed several questionnaires. Additionally, in order to assess mother's mind mindedness we videotaped two play interactions in the beginning and after the psychotherapy. Results: The results suggest that mother's mind-mindedness improved during the mother-child psychotherapy despite the small sample size. Additionally, the mind-mindedness was associated with the results of the other measurements. Discussion: The results indicate that it could be important to support mother's mentalization ability in mother-child psychotherapies.

Panel

Moderators: Agnieszka Fusińska-Korpik, Andrzej Frycz Modrzewski Cracow Academy; Łukasz Cichocki, Andrzej Frycz Modrzewski Cracow Academy

Promoting resilience and positive mental health status in relation to prevention and education

Resilience means not only one's positive growth despite adverse life circumstances, adaptation to extreme difficult situation or recovery after threat and disaster, but also undertaking developmental tasks and coping with everyday stress. Strengthening resilience is carried out via educational programs for young people (workshops and classes in the kindergarten and in the school) or during adventure education and adventure therapy. Protective factors as proper self- and others' perception, social skills, self-efficacy, self-control, coping with stress and problem solving are developed in suitable form. Resilience was found to be a key factor promoting well-being and enhancing positive mental health status. Programs that promote resilience and well-being are found to be efficient in preventing mental health disturbances, especially depression. Furthermore, the education proces itself, through increasing knowledge about mental health may also play a role in students' mental health prevention. During the discussion various aspects of promoting resilience and positive mental health in adolescents, students and adults will be discussed. keywords: mental health prevention, resilience, depression, education

Is 50-minutes educational consultation a potent tool for decreasing depression risk? Krzysztof Walczewski, Andrzej Frycz Modrzewski Cracow Academy; Agnieszka Fusińska-Korpik, Andrzej Frycz Modrzewski Cracow Academy

Depression is to be one of sixth illnesses shortening people life globally. The estimated prevalence of depressive disorders is 13-22% in primary care clinics but is only recognized in approximately 50% of cases. The US Preventative Services Task Force (USPSTF) recommendations were updated in 2016. The USPSTF published a level B recommendation for screening for depression in the general adult population, including older patients and pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. The aim of the study was the assessment of major depressive symptoms, resilience and life satisfaction among people who participated in Depression Prevention Programme. The results suggest that educational and short-term support may

be an effective tool in mental health prevention.

Resilience in children and the youth - promoting and therapy Iwona Sikorska, Jagiellonian University, Kraków, Poland

Resilience means not only positive child's growth despite adverse life circumstances, adaptation to extreme difficult situation or recovery after threat and disaster (Garmezy, 1971; Luthar, 1991; Masten, 2001; Olsson i in., 2003; Rutter, 1979; Werner i Smith, 1992, 2001), but also undertaking developmental tasks and coping with everyday stress (Fröhlich-Gildhoff, Dörner i Rönnau, 2007/2012; Wustmann, 2004). Strengthening resilience is carried out via educational programs for young people (workshops and classes in the kindergarten and in the school) or during adventure education and adventure therapy. Protective factors as proper self- and others' perception, social skills, self-efficacy, self-control, coping with stress and problem solving are developed in suitable form. Adventure education enables enhancing resilience in the moderate risk situations. When undertaking challenging activities positive growth processes have been stimulated. Promoting programs and moderate risk situations were evaluated in meta-analyses as effective promoting and therapeutic actions (Bowen, Neil, 2013; Gilli et al, 2016).

Psychiatry education and its role in enhancing students' positive mental health Łukasz Cichocki, Andrzej Frycz Modrzewski Cracow Academy

The lecture is connected with new opportunity to teach psychiatry in Andrzej Frycz -- Modrzewski Cracow Academy. Teaching psychiatry is important but also difficult task. Part of these difficulties is connected with student's attitude towards psychiatry. Some stereotypes, anxiety, rigidity should be overcome in order to establish good relationships between students and the patients. Important aim of education is also increasing knowledge about mental health also regarding student's own well-being. Some of the students show symptoms of mental disorder and almost all of them will work as doctors in demanding, difficult psychological environment. Therefore it is very important to teach them how to take care about themselves and their mental health.

Panel

Severe mental illness

Moderator: Henriette Löffler-Stastka, Medical University of Vienna, Austria

Biomarkers and Environment - Moderators and treatment effects in psychotherapy with young psychotic patients

In this panel we elucidate the bio-psycho-social interplay and trajectory of how and why social/environmental factors influence psychopathological development and get a pathoplastic stance specifically concerning psychotic disorders. The research on effectiveness of preventive interventions and psychotherapeutic treatments together with potential moderators are presented. Treatment implications and future steps for research are also considered. As all presenters and/or first and last authors are members of the TREATme Project this panel also gives partly an overview of the current state of research in the TREATme (EU/ COSTAction16102) Project.

A naturalistic and prospective study on preventive interventions in children and adolescents at clinical high risk for psychosis Henriette Löffler-Stastka, Medical University of Vienna, Austria; Stefanie J Schmidt, University of Bern, Switzerland

Indicated prevention approaches can prevent transition to a first episode of psychosis in adult patients at clinical high risk (CHR). However, for lack of studies, primarily preventive intervention was not recommended by the European Psychiatric Association for children and adolescents. To find indication for efficient interventions in young CHR patients, we examined the treatment effects in a naturalistic 1-year follow-up study of 63 CHR patients (8-17 years) meeting ultra-high risk or basic symptom criteria at baseline. These were re-assessed for their outcome with clinical interviews and for meanwhile interventions with the Client Service Receipt Inventory. Outcome was categorized into (1) full or partial remission, (2) persistence, and (3) progression according to the course of CHR symptoms and functioning. Interventions were grouped into (I) none, (II) any psychological or pharmacological intervention, (III) preventive interventions administered in a specialized

CHR service, and (IV) hospitalizations. Ordinal regression analyses were used to investigate effects of interventions and potential moderators (baseline level of CHR symptoms and functioning, comorbidity) on outcome categories. The mental problems of 71.4% of CHR patients had at least partially remitted, persisted in 6.3%, and progressed in 22.2%. Patients receiving preventive intervention (55.6%) did not show partial or full remission more frequently than those without (75.6%) or any other intervention (71.4% any, 55.6% hospital). Yet, these patients had already reported more CHR symptoms and comorbid disorders, and lower functioning at baseline. Thus, current interventions might fail to sufficiently address the special needs of young CHR patients with severe mental-health problems.

Social cognition and psychopathology in connection with chromosomal aberrations - the 22q11 deletion syndrome: A review Henriette Löffler-Stastka, Medical University of Vienna, Austria; Branka Milic, Medical University of Vienna, Austria

Introduction: The 22q11 deletion syndrome (DS) is a genetic syndrome that results in highly variable profile of affected individuals of which impairments in social domain and increased psychopathology are the most prominent. Notably, 25-30% of affected individuals eventually develop schizophrenia and psychosis, marking this syndrome as the highest known risk factor identified to date for development of psychosis. Because social cognition has been targeted as one of the risk-factor domains in population with mental disorders, this systematic review will investigate social cognition in individuals with 22q11DS and look for the links across its domains to psychopathology and to social competence/skills/functioning. We will also explore possible psychotherapeutic targets that could be addressed with mentalization-based treatment (MBT). **Method:** Systematic literature review of the studies that include assessments of social cognition, psychopathology and social competence/skills/functioning in individuals with 22q11DS using electronic databases such as PubMed and PsycINFO. **Results/Conclusion:** A total of fifteen included studies confirm previously reported increased psychopathology with deficits in social domain in individuals with 22q11DS. In respect to psychopathology, both aspects of social cognition (perceptual and cognitive) have been primarily related to the diagnosis of schizophrenia/psychosis with distinct focus on positive and negative symptoms. Additionally, behaviors and symptoms associated with autism spectrum disorder (ASD) and the influence of anxiety and other emotional symptoms have also been addressed in the literature. Regarding social functioning, only few studies confirmed associations to the measures of both parts of social cognition. Finally, since mentalizing is found to lay at the core of protective response impacting the neurodevelopmental influence for risk of psychopathology, and given identified complexity behind links to social and psychiatric domains, (age-appropriated) interventions based on MBT are further considered for affected individuals and their parents.

Effectiveness and moderators of psychotherapeutic interventions for young people with psychotic disorders Vera Gergov, University of Helsinki, Finland; Branka Milic, Medical University of Vienna, Austria; Tamara Prevencar, Sigmund Freud University, Vienna, Austria; Eleni Voursora, Athens University Medical School; Stig Poulsen, University of Copenhagen, Denmark; Henriette Löffler-Stastka, Medical University of Vienna, Austria

Research on the effectiveness of psychotherapeutic interventions for adolescents and young people with psychotic disorders has increased in the past decades, but the evidence-base for this age group specifically is still limited. Also, our knowledge on which interventions work for whom and under what circumstances is scarce. In addition to overall effectiveness research needs to focus on the characteristics that influence clinical outcome. Treatment moderators refer to pre-treatment characteristics of the patient and therapist or treatment delivery that influence the direction or the magnitude of the relation between the intervention and outcome. Treatment predictors influence the outcome equally for target interventions and control conditions. A systematic literature review on the outcome studies of psychotherapeutic interventions for psychotic adolescents and young adults between ages 13 and 29 was conducted in September 2018 as a part of TREATme project. The databases used were PubMed and PsycINFO. A total of 1172 studies 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 or predictors of treatment outcome were identified. This presentation introduces the results from the systematic literature review of the outcome studies and preliminary findings on moderators and predictors of psychotherapeutic interventions for adolescents and young people with psychotic disorders. Implications for future research and clinical practice are to be discussed.

What is the incremental contribution of the variables of parental bonding, attachment representation, (unresolved) trauma and mentalizing for schizophrenic psychosis? Henriette Löffler-Stastka, Medical University of Vienna, Austria; Felix Richter, University of Klagenfurt, Austria

Background: Deficits in mentalizing had been well studied in psychotic patients most by the concept of theory of mind tasks. The theory of mind is grounded on a cognitive and biological framework. Studies suggest that psychotic patients often show insecure attachment representations. Furthermore the impact of trauma on the development of psychosis is still uncertain. Fonagy et al. postulate a framework which links attachment and mentalizing and its neurobiological basis to the possible pathways of the development of psychosis and the possible role of mentalizing as a moderator, which could indicate a resilience factor. Aim: In reference to Fonagy et al. the aim of this study is to bundle different well studied variables and test them in a framework of attachment related constructs. Therefore parental bonding, attachment representation, trauma, PTSD, and reflective functioning are collected in a sample of schizophrenic patients and will be tested by a structural equation model in the final study.

Methods In this pilot study a quasi-experimental design is used to explore the possible relationships between the different variables. Therefore a cross sectional design is chosen to compare a sample of schizophrenic inpatients with a clinical control group consisting of patients with depression and or anxiety disorders. To test the assumptions of this postulated model a longitudinal study is chosen. Psychotic symptoms, parental bonding, attachment style and trauma are measured by self-report (ETI, CTQ, FEE, ESI, ECR-R). Mentalizing is measured by the Brief Reflective Functioning Interview (BRFI) which is coded for the Reflective Functioning Scale (RFS). At first the data will be tested statistically by group comparison and the sample of the schizophrenic patients gets tested for psychotic symptoms after 12 months. Results: The current BiTMeP study is still going on. We present preliminary results at this time. The evaluation of the BiTMeP-data indicates a below-average mentalization capacity, moreover early childhood trauma and higher levels of attachment anxiety and attachment avoidance of the psychotic patients in comparison to the control group. Multiple regression analysis could indicate the impact of the postulated model on the psychotic symptom severity. Discussion: 1. Psychotic patients point ...* often dysfunctional parental bonding* higher levels of attachment anxiety and avoidance* often trauma and PTSD* a low mentalizing ability2. ... and show less psychotic symptoms after 12 months of therapy, if these relationships are weaker. Keywords: reflective functioning, attachment, trauma, psychosis, schizophrenia, resilience.

Discussant: Randi Ulberg, University of Oslo, Norway;

Panel

Change process

Moderator: Isabel Basto, ISMAI

Case studies of how therapists facilitate assimilation progress

The assimilation model argues that therapeutic change occurs through a progressive assimilation of problematic experiences, throughout therapy. Previous studies validated this assumption, since higher levels of assimilation seem to be associated with therapeutic success. Most studies in the assimilation model are based on clients' processes. However, it seems necessary to integrate therapists and therapeutic activities in the study of the therapeutic change process, from the assimilation model perspective, mainly because it is important to understand how therapeutic change can be promoted throughout therapy. Each one of the following case studies aims to fill this gap, contributing to theory-building the assimilation model. The first study aims to explore how therapeutic strategies are related to the assimilation of problematic experiences progress in two good outcome cases diagnosed with depression: one case treated with Emotion Focused Therapy (EFT) and one

case treated with Cognitive Behavioral Therapy (CBT). This could promote a better understanding of how specific therapeutic strategies are related with the assimilation progress throughout therapy. The second study aims to describe what the therapist does after a setback or a return to a lower stage in the assimilation process. This could help to clarify how to resolve this momentary impasse (setback) in order to facilitate assimilation of problematic experiences. The third study aims to explore the counsellors' point of views, experiences and processes by which building scenes or props in avatar based therapy are used as meaning bridges in assimilation'

Therapeutic strategies and the evolution of the assimilation of problematic experiences Isabel Basto, ISMAI; Carla Monforte, Ismai; Leonor Pereira, Ismai; William B. Stiles, Miami University, Oxford, USA; João Salgado, University Institute of Maia

The assimilation model describes psychotherapeutic change through the integration of painful experiences previously rejected by the self (Stiles, 2002; Stiles, Honos-Webb & Surko, 1998). Previous studies have associated increases in assimilation with decreases in symptom intensity (e.g., Basto, Pinheiro, Stiles, Rijo, & Salgado, 2016; Caro Gabalda, 2011) suggesting that assimilation is an important process for therapeutic change. However, there is not enough empirical validation about the therapist's role in promoting the assimilation process throughout therapy. Understanding how specific therapeutic strategies promote the assimilation progress throughout therapy could have important clinical implications, more specifically, this knowledge could help therapists to intentionally promote assimilation. This study aims to explore how therapeutic strategies are related to the evolution of the assimilation of problematic experiences in two good outcome cases diagnosed with depression: one case treated with Emotion Focused Therapy (EFT) and one case treated with Cognitive Behavioral Therapy (CBT). The process measures used were: the Assimilation of Problematic Experiences (APES) to assess the assimilation process and the Comprehensive Psychotherapeutic Interventions Rating Scale (CPIRS) to identify therapeutic interventions. Our results seem to suggest that there is a relation between specific therapeutic interventions in each therapeutic model and the assimilation progress throughout therapy.

Therapeutic activities after assimilation setbacks Isabel Caro Gabalda, University of Valencia, Spain; William B. Stiles, Miami University, Oxford, USA

Aim: Setbacks in the assimilation process are mainly of two kinds. There are setbacks explained as the client exceeding the therapeutic zone of proximal development (TZPD) or setbacks explained according to the balance strategy (BS). As those setbacks do not impede the process of assimilation, it is important to describe and understand what the therapist does after a setback.

Methods Alicia was diagnosed as having depression and treated with linguistic therapy of evaluation (LTE) for 26 sessions. Verbatim transcripts were assessed with the Assimilation of Problematic Experiences Scale (APES). The process of assimilation of her main problematic experiences showed almost 300 setbacks, which were classified according to the two types. Therapeutic activities after each one of those setbacks were identified and qualitatively described by a group of raters. Consensus between raters was obtained. Results: Activities are of different kinds. The therapist could explore further trying with questions, for instance, to get information about thoughts, feelings, etc. about any theme from the client. The therapist could confront of challenge the client using different LTE therapeutic activities. Finally, some activities could be described as those indicated to favor therapeutic relationship and work, such as reflections, therapeutic explanations, clarifications, helping client to focus on a theme, etc. Discussion: Theoretical and clinical implications will be considered. Are TZPD setbacks followed by different activities than BS ones? In this case, what does it mean? How those activities could help us to understand the progress in the assimilation process?

Use of digital imagery as meaning bridges in avatar-based counselling: helpful and unhelpful process as discussed by school counsellors Evi Chryssafidou, Metanoia Institute, London; Biljana van Rijn, Metanoia Institute, London

In avatar-based counselling, the client, with support from the counsellor is invited to populate a virtual landscape with avatars and props to help create a visual representation of how they see a situation, relationships and stressful events. Previous studies of avatar-based counselling in a school setting have shown small-to-medium reductions in personal distress and an increase in self-compassion among young people, especially for male clients and for those starting a new episode of therapy (Cooper, van Rijn, Chryssafidou, 2018). In this paper will draw on the analysis of interview transcripts of eight humanistic counsellors, who used digital imagery in face-to-face counselling with young people, for an average of five sessions. We will discuss the counsellors' experience and processes by which building scenes or props are used in assimilation as meaning bridges (Stiles, 2011). The analysis of interviews converges to the following points: Firstly, the counsellors observed that the software enabled salient aspects to be visualised, reflected on and interacted with over time. Digital imagery was used for therapeutic communication, both interpersonally and intrapersonally. Creating, modifying and revisiting scenes gave a sense of continuity and change over time. Secondly, when negative affect was triggered, a range of responses were observed, such as zooming out, changing perspective, adding counter voices, safety places, or deleting triggering scenes. Digital imagery was used less when clients experienced strong emotional distress or wanting to vent their frustration. Thirdly, counsellors responded differently, to clients' criticism about how avatars and props did not help to adequately represent their feelings. Some agreed with the limitation of the software, some discussed how reflecting on the imperfection honed the meaning making process.

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

Panel

Qualitative

Moderator: Felicitas Rost,
Tavistock and Portman NHS FT

The pivotal role of 'Private Theories' in psychotherapeutic treatment and psychotherapy research

In-depths qualitative analysis is needed to foster our understanding of the range and subtle nuances of outcomes, the specific contexts in which they emerge or fail to emerge, and the particular mechanisms that facilitates or hinders these. The present panel will focus on the pivotal role of patients' and therapists' private theories, which literature has widely demonstrated play a pivotal role in shaping the process and outcome of psychotherapy. Werbart (2005) defines private theories as "the human tendency to create implicit explanatory systems about what has befallen us and whence it came" (p. 1441). They are preconscious derivatives of unconscious ideas, and can as such also be understood as private constructions of meaning. In order to access ideas on problem formulation, pathogenesis, cure, change formulation and ideas of the other party's views, Werbart and Levander (2005) developed the Private Theories Interview (PTI). The first paper reports the findings from a thematic analysis of 23 therapists' PTIs focusing on curative and hindering factors of once-weekly psychoanalytic psychotherapy for patients suffering from treatment-resistant depression. The second paper compares the private theories of patients and therapists in the initial phase of a psychoanalytic treatment in terms of their convergence, divergence and interrelation using textual analysis. The third paper goes a step further by presenting the exploration of the private theories of a team of clinicians and researchers in defining the research protocol of administering the PTIs to their patients. It is hoped that these presentations will engage a lively discussion on the need to adapt psychoanalytic treatment more, but also perhaps on how private theories might emerge and get transformed when they become the target in a research study. Keywords: private theories, psychotherapy process, psychoanalytic psychotherapy, patients and therapists sense-making of the treatment

Therapists' private theories on the helpful and hindering factors of long-term psychoanalytic psychotherapy for treatment-resistant depression (TADS study) Felicitas Rost, Tavistock and Portman NHS FT; Guy Maissis, University College, London, UK; Peter Fonagy, University College London

Background: The Tavistock Adult Depression Study demonstrated that once-weekly, long-term psychoanalytic therapy is more effective than treatment as usual for individuals

suffering from treatment-resistant depression (TRD), reporting that 40% of the patients reached partial remission (Fonagy et al., 2015). Aim: The aim of this study was 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 based on Brown and Clark (2001) was used to analyse 23 PTI's from 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=12) and those who did not (N=11). Partial remission was defined as a Hamilton Depression Rating Scale score (It) 12. Results: Two main themes were identified as helpful: 'a containing and meaningful therapeutic relationship' and 'an effective psychoanalytic intervention'. Therapists regarded the establishing of a positive therapeutic relationship through effective containment of the various attempts of the patients to hinder the progress as pivotal. This enabled therapists to address the severe pathology more directly. Challenges were attributed to the patients' highly negative view regarding the usefulness and helpfulness of the therapy and of the therapists themselves. The use of supervision and the support of others involved in the patients' care was needed to mitigate the challenges. Discussion: Results are discussed with respect to the need to adapt psychoanalytic psychotherapy for this particularly complex and severe patient group.

Private theories of patients and therapists in comparison: a multiple-case study in the preliminary phases of the psychoanalytic treatment. Mariagiulia Chichi, Catholic University of the Sacred Heart of Milan; Emilio Domenico Fava, Catholic University of the Sacred Heart of Milan, State University of Milan.; Davide Margola, Catholic University of the Sacred Heart of Milan; Claudio Galvano, Italian Psychoanalytic Society, State University of Milan; Valentina Nuzzaci, Italian Psychoanalytic Society; Paolo Chiari, Italian Psychoanalytic Society; Licia Reatto, Italian Psychoanalytic Society; Anna Daniela Linciano, Italian Psychoanalytic Society

Background: Literature has widely demonstrated that so-called "private theories" (PT) have a predictive role at multiple levels: in the evolution of the working alliance, in the construction-deconstruction of treatment resistances, and, more generally, in terms of the treatment process and outcome effects (Philips et al., 2007). Aims: The current study aims to explore the PTs of patients and therapists in the initial phases of the psychoanalytic treatment, in terms of their convergence, divergence and interrelation. In this regard, patients and therapists deal with the early stages of the treatment according to theories that could be considered 'unconscious' or 'naïve'. How these theories concern the nature and course of pathogenesis, as well as the cure process will be explored.

Methods Data were collected from 18 semi-structured PTI interviews uniformly administered to patients and therapists matched for couples (9 and 9). Through full transcription of the 18 interviews, textual analysis (algorithmic, for clustering, factorial) was performed via the T-LAB mixed-methods software. Interviews were also coded using some additional dimensions (e.g., timing, problem's nature and location, speech form). Results: The emerging theoretical model identifies four main clusters of PT, focused on (1) a diagnostic-experiential perspective, (2) a crisis-impasse standpoint, (3) the gratification-frustration of the desire, and (4) the relational-contextual framework. Preliminary results indicate specific oppositions (clusters 1 and 2 vs. clusters 3 and 4), along with a high level of convergence between patients and therapists regarding cluster (1) and cluster (3). Discussion: The implications of these findings will be discussed with particular reference to clinical intervention and its possible "targeted" adjustments.

Private Theories of a psychoanalytic équipe: Clinical reflections on the administration of the Private Theories Interview Anna Daniela Linciano, Italian Psychoanalytic Society; Mariagiulia Chichi, Catholic University of the Sacred Heart of Milan; Licia Reatto, Italian Psychoanalytic Society; Claudio Galvano, Italian Psychoanalytic Society, State University of Milan; Valentina Nuzzaci, Italian Psychoanalytic Society; Matteo Terranova, Italian Psychoanalytic Society; Emilio Domenico Fava, Catholic University of the Sacred Heart of Milan, State University of Milan.

Background: Research has repeatedly shown that both patients and therapists come to the

treatment with their private theories about problem formulation and possible cure. But can we really maintain that we continually create private theories (PT) in the pursuit of knowledge? Or do we not rather come to a shared private understanding especially when an 'équipe' is at work, as for example when clinicians jointly design and carry out a research project? Aims: This paper presents the exploration of the PT of a clinical team in defining the research protocol of administering the PTIs to their patients. Results: The analytical minds of the therapists have made initial choices by considering the factors that appeared favourable to the establishment of a therapeutic alliance, which were subsequently partially revised in order to take account of their clinical experience with their patients. Thus, whilst it had been decided that the therapists would administer the PTIs themselves, the protocol was modified depending on the specific experience. Discussion: This transformation can be considered an enrichment, since it is the result of the integration of two polarities: (a) the team's thinking, aimed at creating the most fruitful conditions for the establishment of the therapeutic alliance, and (b) the experience of the analytic couple at work, looking for a "comfortable" way to stay in the here and now of the session. Conclusion: The team found itself confronted with the emergence and transformation of the experiences of individual analysts and their patients, and of their "private theories" regarding the methods of application of the research protocol.

Panel

Therapist training and development

Moderator: Ulrike Willutzki,
Witten/Herdecke University

Psychotherapy training and professional development of trainees: SPRISTAD in action

The SPRISTAD (SPR-Interest Section on Training And Development)-collaborative multi-site study of psychotherapy training and psychotherapy trainees involves training programs and their trainees in a number of European, North American and South American countries. Launched in 2012 by the SPR Interest Section on Therapist Training and Development (aka SPRISTAD), the study has evolved through stages of design, instrumentation, participant recruitment, data collection, data processing, and presently has accumulated data from more than 50 training programs and 1000 psychotherapy trainees, mostly via online-questionnaires. The panel gives an overview about the status of the project by drawing on responses from training centers and trainees.

Psychotherapy training centers in the SPRISTAD study: Their structure and processes in the Training Program Description Form (TPDF) Erkki Heinonen, University of Helsinki, Finland; Armin Hartmann, University of Freiburg, Germany; Marie-Kristin Apel, Universität Witten Herdecke

So far more than 50 training centers from 10+ countries (mostly from South America, North America and Europe) are taking part in the SPRISTAD-study. In the paper the structure of these training institutes will be described: Their status in the mental health care system, their staff, structure, duration and costs of the training as well as the theoretical orientation of the training. Moreover, respective processes in the training will be analysed: How are trainees selected? What patients do they work with in what setting? Which training elements are used in what sequence over the course of training? This in-depth description of the training centers provides the framework for trainees' experiences in the course of their training; moreover it allows first comparisons between psychotherapy training in different countries and with different theoretical orientations.

Pathways into the profession: Psychotherapy trainees' personal and professional background in the Trainee Basic Information Form (TBIF) Ulrike Willutzki, Witten/Herdecke University; Erkki Heinonen, University of Helsinki, Finland; Irene Messina, Universitas Mercatorum; Henriette Löffler-Stastka, Medical University of Vienna, Austria; Michael Helge Rønnestad, University of Oslo, Norway; David E. Orlinsky, University of Chicago, USA

Trainees who take part in the SPRISTAD study first fill out the Trainee Basic Information Form (TBIF) and thereby provide information about their background when they enter training. In addition to basic demographic characteristics the paper will give an overview

about their family background, quality of life and economic background in childhood. This information will be related to trainees' motivation to enter treatment as well as prior experiences as clients in psychotherapy. On the professional dimension trainees' education as well as prior work experience in counseling and psychotherapy will be described. Trainees' from different countries and with different theoretical focus will be compared concerning their pathways into the profession.

Sources of psychotherapist development: A map of the SPRISTAD study of psychotherapy trainees and some preliminary findings on trainee development

David E. Orlinsky, University of Chicago, USA; Ulrike Willutzki, Witten/Herdecke University; Michael Helge Rønnestad, University of Oslo, Norway; Armin Hartmann, University of Freiburg, Germany

Based on the two first contributions to the panel, this paper offers a conceptual map of the information assessed with the three main instruments in the SPRISTAD study: The Training Program Description Form (TPDF), the Trainee Background Information Form (TBIF), and the longitudinal instrument, the Trainee Current Practice Report (TCPR). The map is designed to serve as a framework for formulating an array of research questions. The primary dependent or target variables of the study are trainee experiences that reflect their development as psychotherapists. The primary predictor variables indicating potential sources of trainee development include the varied characteristics and qualities of the trainees' institutes and programs; of the trainees' experiences in education, practice and supervision; and of the trainees' themselves as individuals with specific personalities, life situations, and histories. These will be defined and some preliminary descriptive findings on measures of trainee development will be presented.

Panel

Treatment process and outcome

Moderator: Julian A Rubel,
Justus-Liebig-University Gießen

New developments in patient-focused research - Generating decision support rules for practitioners

The present panel presents new developments in patient-focused psychotherapy research, which is designed to provide practitioners with person-specific decision-support rules and tools. To this end, the application of a variety of methods is described: Growth mixture modeling, machine learning approaches, and dynamic structural equation modeling. These methods are applied to answer different questions, which share the goal to support personalized decision-making in psychotherapy. In the first talk, differential patterns of change in a sequential group and individual CBT treatment are investigated in order to identify patient characteristics that help us understand for which patients a less cost-intensive group treatment is sufficient. In the second talk, another "low cost" treatment (i.e. internet therapy) is investigated with regard to its person-specific effectiveness as a preparatory treatment before face-to-face therapy. In the next talk, data from an RCT comparing CBT and CBT with integrated exposure and emotion-focused elements (CBT-EE) is leveraged to develop a differential prediction algorithm. This algorithm estimates for each patient their probability to respond to either of these treatment alternatives enabling personalized treatment assignment. After that, a prediction model is presented that tries to predict for which patients the therapeutic alliance is a more or less important treatment component. The focus in this study is on different levels of social support as a person-specific predictor of the alliance-outcome relationship. Finally, a new tool is introduced that tries to quantify the expected reliability a person-specific prediction model might have.

Beyond Pre-to-Post Comparisons in a Randomised Controlled Trial: Patterns of Change in Group and Individual Psychotherapy for Depression

Danilo Moggia, Universitat de Barcelona, Spain; Wolfgang Lutz, Universität Trier, Germany; Alice Arndt, Universität Trier, Germany; Guillem Feixas, Universitat de Barcelona, Spain

The current study explored the presence of different patterns of change in a sample of patients who received two types of cognitive therapy for depression in group and individual sequential formats in the context of a randomised controlled trials. Our hypothesis was that

some patients would respond better to group than to individual therapy, and that for others the opposite trend would be found. Objective: To identify differential patterns of response, to describe the differences in the patients' characteristics in each pattern, and to predict pattern membership from these characteristics. Also, we wanted to gauge the relationship between each pattern and treatment outcome at termination and follow-up. Method: 108 adults who met criteria for major depressive disorder and/or dysthymia completed the treatments included in a randomized controlled trial combining group and individual therapy. They were assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders, the Beck Depression Inventory-II, the Clinical Outcome in Routine Evaluation, the Global Assessment of Functioning, and the Repertory Grid Technique. Growth mixture modeling was used to identify the patterns of change in each treatment phase. Mixed linear models and repeated measures analysis of variance were performed to compare patients' characteristics in each pattern. Multinomial logistic regression was used to compute predictive models for the patterns from patients' baseline characteristics. Finally, hierarchical linear regression was used to establish the power of each pattern to predict treatment outcome at termination and at 3-month and 1-year follow-up. Results: A 3-class solution was obtained: group therapy improvers, individual therapy improvers and non-improvers. Patients in each pattern differed in terms of initial symptom severity, psychological distress, functioning, self-ideal discrepancy, perception of social isolation, and conflictual construction of the self. Some of these variables also worked as predictors for pattern membership. More than half of the explained variance of the outcome at termination and at 1-year follow-up was accounted for by initial depression scores and pattern of change.

Conclusions The results supported the hypothesis of differential patterns of response to cognitive therapy. Profiles of patients who obtained better results in group or individual therapy for depression could be identified as well.

Differences in adherence to exposition and relaxation and their impact on outcome in an internet based intervention targeting anxiety disorders Alice Arndt, Universität Trier, Germany; Julian A Rubel, Justus-Liebig-University Gießen; Thomas Berger, University of Bern, Switzerland; Wolfgang Lutz, Universität Trier, Germany

Objective: Adherence is an important factor that influences treatment outcome of internet interventions. However, few studies report adherence concerning important treatment components as exposition and relaxation. In addition, it remains unclear how adherence differs across different populations, e.g. outpatients versus self-selected participants. Method: Adherence to exposition and relaxation were investigated in 87 participants of an internet intervention targeting anxiety disorders. Effect sizes were calculated and compared for participants with high and low adherence to exposition and relaxation using t-tests. Adherence was investigated as potential predictor of reliable change using logistic regression. Differences in adherence between outpatients using the internet intervention during the waiting time and self-selected participants were investigated using multivariate analysis of variance. Outcome of the two groups was compared adjusting for the number of sessions by applying an analysis of covariance. In the last step predictors of adherence to exposition and relaxation were investigated using logistic regression. Results: High adherence to exposition and relaxation was associated with better treatment outcome. Adherence was a significant predictor of reliable change. Self-selected participants were more adherent than outpatient participants. While these groups did not differ significantly in treatment outcome, number of session was a significant covariate. Level of education, subjective importance of participation and self-efficacy beliefs significantly predicted adherence to relaxation in outpatient participants.

Conclusions Adherence to active treatment components is associated with better treatment outcome and should be fostered. This may be especially important if self-efficacy beliefs of participants are low as may be the case in participants who seek face-to-face treatment.

How does social support affect the impact of the therapeutic bond? Dirk Zimmermann, Universität Trier, Germany; Julian A Rubel, Justus-Liebig-University Gießen; Viola Schilling, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany

Aim: The therapeutic bond is a well-studied construct showing a moderate association with therapy outcome across studies. Some argue that psychotherapy is mainly effective due to the provision of this kind of professional social support. Patients experiencing low social support outside therapy may benefit more from a good therapeutic bond than patients with high social support. This study investigates whether the impact of the therapeutic bond on the outcome is moderated through the degree of social support.

Methods Data from 879 adult patients receiving cognitive-behavioral outpatient therapy were analyzed. Patients rated the therapeutic bond, their impairment, as well as their social support. Therapy outcome was assessed every fifth session. Regression analyses were applied to test for main effects and interactions between therapeutic bond and social support predicting therapy outcome. Additionally, longitudinal models were applied to investigate effects over time. **Results:** Consistent with prior research, both the therapeutic bond and social support predicted therapy outcome. Patients with lower social support and a low quality of therapeutic bond had the poorest therapy outcomes. Among patients with high social support, the impact of the therapeutic bond was minimal. **Discussion:** Results suggest that both the therapeutic bond and social support play a role in therapy outcomes. The significant interactions show that a good quality of therapeutic bond is especially important if a patient lacks social support. Implications for further developments of personalized problem solving tools are discussed.

Are some patients less predictable than others? A tool for the identification of patients for which psychometric feedback might not work Julian A Rubel, Justus-Liebig-University Gießen; 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.

Panel

Systemic Case Studies

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

Stimulated Recall Interviews in couple therapy: A research instrument and a means of therapeutic intervention

Stimulated Recall Interviews (SRI) or Interpersonal Process Recall (IPR) 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 of this method for multi-actor settings like couple or family therapy, as well as in narrowing the research-practice gap in psychotherapy research. The panel focuses on naturalistic research conducted (1,2) in the context of the Relational Mind Project at the Department of Psychology, University of Jyväskylä, Finland and the Institute of Social Medicine, Rehabilitation Sciences and Healthcare Research, University of Applied Sciences Nordhausen, Germany, as well as (3) at the Laboratory of Systemic Psychology and Psychotherapy and the Department of Family Therapy and Psychosomatics, Jagiellonian University, Cracow, Poland. Discussant: Anssi Peräkylä, University of Helsinki

Variations in responses to Stimulated Recall Interviews Jarl Wahlström, University of

Jyväskylä; Virpi-Liisa Kyyri, University of Jyväskylä; University of Tampere

Aim: Interpersonal Process Recall (IPR) or Stimulated Recall Interviews (SRI) was developed as a process research method affording information on subjective emotional experiences and private thoughts of participants during psychotherapy. Later research has revealed that the responses to SRIs in addition to remembrances of occurrences of the recorded session include other elements, such as new emotional reactions, new insights into actions, intentions and meanings of self and others, and reflections on the therapeutic process. The aim of this study is to provide a rich description of these various elements.

Methods The data was obtained from SRIs collected in the Relational Mind research project on interaction in couple therapy. Each participant (the spouses and two therapists) was individually, within one day following the therapy session, shown four video extracts from episodes in the session, selected based on pre-established criteria, and asked about their thoughts, feelings, and bodily sensations during each episode. An inductive qualitative content analysis was performed on the verbatim transcriptions of the SRIs of one episode/extract per each of three cases (a total of twelve interviews). **Results:** We show the categories that emerged from the content analysis of the interview talk of the twelve interviewees. The occurrence of content categories for each participant is inspected with respect to his/her role (client/therapist), gender and interactional positions in the actual session. **Discussion:** The results will be discussed in relation to new potentials of the use of SRIs, both as a research instrument and a method of therapeutic intervention.

Stimulated Recall in couple therapy: analyzing the levels of the therapeutic system Maria Borcsa, University of Applied Sciences Nordhausen, Germany

Aim: This study focuses on one couple therapy case with a heterosexual co-therapeutic team and couple, separated locally because of domestic violence; they attended therapy to decide about a possible future together. Aims of this research: 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 SRIs 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 of the participants ("thematical network") and accounts' level of reference (Breuer 1991). **Results:** Even after asking all interviewees about thoughts and feelings during the session ("recall"), the 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). Watching the video clips during the SRIs, 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 situations might trigger individual coping strategies like denying, projecting etc., while therapists choose between their professional and personal selves in their positioning's (Rober 2008). SRIs offer a safe place to express off-scene, what would not be said in the couple therapy context. This issue poses ethical challenges in applying SRIs as a possible therapeutic tool.

Couple therapists' capacity for reflective insight into their in-session professional discursive practices Bernadetta Janusz, Jagiellonian University, Kraków, Poland; Barbara Jozefik, Jagiellonian University, Medical College Kraków, Poland

Aim: The explanatory research framework was adapted to investigate whether couple and family therapists are able to perceive and then take reflective stance towards their professional discursive practices during the family and couple therapy sessions. The research describes ways, in which interactions in the session and the content of the therapist's mind intertwine.

Methods The data were obtained from the family and couple therapy consultations and from the transcripts of the Interpersonal Process Recall that was done directly after the sessions. 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 different ways of taking reflective stance and meta- position regarding chosen part of therapeutic dialog (discussed during IPR) and therapist's interactional practices. Precise references to given segments of the interaction in the session are followed by the therapist's 'professional self' voices. Discussion: Using two

Methods the IPR, which focuses on the content of the therapist's mind -- such as the origin of their ideas in the process of their formation of hypotheses-- and conversation analysis, which is suitable for analysing the multidimensional and highly interactive talk in couple and family therapy constitutes methodological challenge. It is difficult to establish whether the therapist's thoughts and feelings as expressed in the IPR were in fact experienced during the investigated session earlier or evoked by the actual conversation.

Discussant: Anssi Peräkylä, University of Helsinki;

Panel

Attachment & development

Moderators: Alessandro Talia, Heidelberg University, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany

Advances in attachment-informed psychotherapy research: studies with the Patient Attachment Coding System

In the past few years, the introduction of the Patient Attachment Coding System (PACS) has offered a new way to investigate how patients' attachment dispositions influence moment-to-moment meaning-making in psychotherapy and the therapeutic process as a whole. The papers in this panel provide insight into this influence. In paper 1, a study will be presented that shows how patients' attachment influences their capacity to repair ruptures in the therapeutic alliance. Paper 2 presents a validation study investigating whether the PACS can track patients' attachment in psychotherapy with adolescents, and not only in adult psychotherapy. Paper 3 presents a micro-analytical investigation of the influence of patients' attachment dispositions on patient-therapist physiological synchrony. Results from these studies will be discussed in terms of the overall picture of attachment in psychotherapy that they offer and in terms of future directions for research.

Negotiating a secure base: secure attachment and rupture resolution Alessandro Talia, Heidelberg University, Germany; Svenja Taubner, University Hospital, Heidelberg, Germany; Chris Muran, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University; Madeleine Miller-Bottomo, New School University, New York, USA

Decades of work by Jeremy Safran and his colleagues have established that ruptures in the therapeutic alliance are not necessarily obstacles to the treatment, and that the process of repairing these events has the potential to deepen the therapeutic relationship and promote change. The field of alliance rupture research has largely focused on therapists' role in repairing ruptures or patient characteristics associated with greater rupture frequency, with little research on how the patient contributes to rupture repair. This study examines the predictive relationship between patients' attachment and the report of the rupture resolution process over the course of treatment. Patients' attachment was measured with the Patient Attachment Coding System (PACS), which assesses patients' attachment as different ways of communicating about present experience during the session. Alliance ruptures were measured via self-report items on a post-session questionnaire. Results show that secure in-session attachment is associated with higher ratings of rupture repair, according to both patients and therapists, and that the link between secure in-session attachment and repair increased when ruptures were more intense.

Validation study of the PACS in a German sample of adolescents Jana Schindler, Heidelberg University, Germany; Leonie Fleck, Heidelberg University, Germany; Alessandro Talia, Heidelberg University, Germany; Anna Fuchs, Heidelberg University, Germany; Michael Kaess, Heidelberg University, Germany

A continuously growing body of research indicates that interpersonal behavior in psychotherapy provides information about patients' attachment styles. The Patient Attachment Coding System (PACS) is a reliable and valid instrument to detect attachment representation in adults based on verbatim transcripts of any therapeutic session and modality. The present study is the first one to validate the PACS with the Adult Attachment Interview (AAI) by a clinical, adolescent sample in a German-speaking country. Twenty

adolescents (12 to 17 years) of the day-care center and the stationary institution in the university hospital of Heidelberg were administered the AAI at the beginning of treatment. Subsequently, the third session of each client was rated with the PACS. We hypothesized that the scales of the PACS reveal the same pattern of attachment organization in adolescents, as the scales of the AAI. Results could confirm this assumption and showed a 'substantial' agreement ($\kappa = .64$, $p(\text{lt}) .001$) between the two instruments. These findings suggest that the attachment-related behavior of adolescents is already similar to adults. Thus, it seems possible to conclude that the PACS would be a suitable instrument to assess attachment in adolescents and to fill the gap of measurement in adolescence.

Understanding the underlying mechanisms of physiological synchronization: an attachment-based perspective Johann Kleinbub, University of Padua; Alessandro Talia, Heidelberg University, Germany; Marta Zanon, University of Padua; Arianna Palmieri, University of Padova, Italy

The study of physiological synchronization is sparking increasing interest in psychotherapy research, where it has been found to be associated with the therapeutic alliance and clinicians' empathy. The mechanisms underlying physiological synchrony have been relatively little researched. In this study, we hypothesized that attachment could be a functional moderator of synchrony during patient-therapist interaction in psychotherapy. Aiming to identify the communicative acts leading to physiological synchrony during psychotherapy, we video recorded a 16-sessions psychodynamic therapy collecting simultaneous skin conductance in patient and therapist. Physiological synchrony was assessed through adaptive-lag cross-correlation analyses, and the transcripts were coded with the Patient Attachment Coding System (PACS) and the Therapist Attunement Scales (TASc). Our results show that communication sequences characterized by secure attachment markers predict phases of higher skin conductance synchronization. These results suggest that investigating the psychotherapy micro-process through objective physiological measures is feasible and may represent a valuable research direction. From the attachment theory perspective, our results present preliminary evidence as to what features of secure attachment may be responsible for increasing synchrony.

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

Panel

Change process

Moderator: Tomáš Řiháček,
Masaryk University, Faculty of
Social Studies

Psychosomatic complaints in psychotherapy

The prevalence of patients with medically unexplained physical symptoms (MUPS) in primary health care is high and these complaints are frequently connected with sick leave and higher use of medical services. Yet somatic examinations and treatments are seldom effective in their mitigation. Given the importance of psychological factors in the etiology of MUPS, psychotherapy represents a promising alternative to somatic medicine in the treatment of MUPS. However, reviews and meta-analyses have shown that while various forms of psychotherapy are effective in the treatment of MUPS, their efficacy is rather low. Therefore, the psychotherapy process in patients with MUPS has to be better understood in order to increase the effectiveness of psychotherapeutic treatments. The four papers incorporated in this panel tackle the problem from different perspectives, both qualitative and quantitative. Discussant: Martin grosse Holtforth

On psychosomatics and the maps in our hands: modelling change over twelve months of counselling practice

John Hills, University of Leeds, London, UK

Purpose: The project is a multi-case study of counselling with people who presented with embodied distress (e.g. physical symptoms). The researcher was motivated to learn what change looked like and how it was facilitated. Tiers of analysis were formulated along interweaving timelines: change as experience by participants, alongside an evolving counselling practice, and in the researcher's lived experience. Design: The methods derive from the change process research tradition, but the project highlights the superordinate role of reflexivity in knowledge production. Five clients who each identified somatic symptoms were recruited to the study. Sessions were audio recorded and coded for qualitative markers indicating the emergence of novel self-narratives. At the end of each client's therapy they received a case report and were invited to provide their own commentaries.

Findings: Therapeutic change was typified by a reframing of self in the world, with corresponding change in embodied experience. Cyclical relationships were observed between contextualisation of experience, identification with relational patterns, and realisation of agency. The intersections on those timelines of the therapist's uses of supervision, personal therapy, life events and dreams are explored. Discussion: As an analysis of one therapist's practice and the experiences of their clients, the study generates hypotheses rather than formally establishing theory. These hypotheses may offer scaffolding for practitioners who recognise similar patterns in their own case work. The study also highlights the use of self in practitioner research. The making explicit of continually evolving change concepts reflects the theory building work of clinicians in their everyday practice.

Change mechanisms in adult patients with medically unexplained physical symptoms: Literature review Martina Pourová, Masaryk University; Adam Klocek, Masaryk university, Faculty of social studies; Tomas Rihacek, ; Michal Cevelicek, Masaryk University, Brno

We will conduct a systematic review of empirical studies regarding completed therapeutic interventions assessing therapeutic change mechanisms in adults with medically unexplained physical symptoms (MUPS). A systematic search will identify relevant articles via a three-stage coding process (abstract and full-text screening and data extraction) according to the PRISMA checklist. The results will be divided into a descriptive and analytical part. The descriptive part will map the variability and role of change mechanisms in the treatment of MUPS patients, whereas the analytical part will compare the effects of those mechanisms and calculate the cumulative effect size for all relevant and simultaneously comparable studies. The methodological quality of incorporated studies as well as the extracted results will be discussed.

Mediators of change in patients with medically unexplained physical symptoms: Preliminary results of a multi-site naturalistic study Tomas Rihacek, ; Martina Pourová, Masaryk University; Jan R. Boehnke, University of Dundee

Various psychological change mechanisms have been suggested in the treatment of patients suffering from medically unexplained physical symptoms (MUPS). These include, among others, the development of somatic awareness, emotional regulation, relational satisfaction, psychological understanding of symptoms, and symptom acceptance. The aim of this study is to test the mediating effects of these variables in a naturalistic sample of patients taking part in intensive group treatments. Data on group psychotherapy process and outcome are being collected in several therapeutic clinics. Hierarchical linear modeling will be used for analysis. The logic of analysis will follow that of Granger causality testing: increments in a hypothesized mediator are expected to predict later increments in outcome and not the other way around. Results of an interim analysis will be presented and interpreted in the context of contemporary theoretical and empirical literature.

Change after group psychotherapy in patients with medically unexplained physical symptoms: A qualitative study Lucia Polakovská, Masaryk University; Michal Cevelicek, Masaryk University, Brno

Psychotherapy is currently one of the recommended forms of treatment for patients suffering from medically unexplained physical symptoms (MUPS). The aim of this study is to get a better understanding of patients' experience in psychotherapy in a group setting. This study focuses mainly on different kinds of changes that these patients register in their lives during and after the psychotherapeutic treatment. Semi-structured retrospective interviews are being conducted in a naturalistic sample of patients who participated in intensive group treatments at several therapeutic clinics in the Czech Republic. Thematic analysis will be used for the analysis of interview transcripts. The results will be presented and discussed with regard to current findings in this area of research.

Discussant: Martin grosse Holtforth, University of Bern, Switzerland;

Effectiveness and cost-effectiveness of internet-delivered interventions for depression and anxiety disorders in the Improving Access to Psychological Therapies: results from a randomised control trial

Derek Richards, Trinity College, Dublin, Ireland; Matthew Franklin, University of Sheffield, UK; Angel Enrique, Trinity College, Dublin, Ireland; Daniel Duffy, Trinity College, Dublin, Ireland; Caroline Earley, Trinity College, Dublin, Ireland; Jorge Palacios, Trinity College, Dublin, Ireland; Nora Eilert, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College, Dublin, Ireland

Background. The present study assesses in a real-world setting the effectiveness and cost-effectiveness of internet-delivered interventions for depression and anxiety at NHS IAPT. Methods. This real-world, randomised control trial includes supported iCBT interventions for depression and anxiety disorders or 8-week waiting-list control. Primary clinical outcomes were depression (PHQ-9) and anxiety (GAD-7). For the CEA, the EQ-5D-5L (generic health status) and ReQoL-10 (mental well-being) were used to elicit the Quality Adjusted Life Years (QALY), with self-reported resource-use and costing from a healthcare payer perspective. Aforementioned data were collected at six time-points: baseline, 8-week, 3, 6, 9, and 12-month follow-up. Results: Overall, 384 users were randomised to iCBT (n=256) or waiting-list control (n=128). For the CEA, two sets of results will be presented at the conference: (1) Presentation of effectiveness results from LMM across 12-months and (2) cost per QALY analysis of iCBT relative to waiting-list control accounting for data collection at six time-points across a 12-month period. Discussion: This study seeks to assess the effectiveness and cost-effectiveness of iCBT interventions for depression and anxiety that are integrated within step-2 of IAPT stepped-care model, and to compare it to a waiting list control. The results will provide a detailed analysis of how iCBT perform as an integrated treatment option within primary care settings. The study has the potential to show how iCBT can enhance service provision as a cost-effective treatment option and the findings will likely be generalisable to other health services.

Credibility and expectation and therapeutic outcome in blended therapy Sara Silva, University Institute of Maia; João Salgado, University Institute of Maia; Carla Cunha, University Institute of Maia

Client's perception of treatment credibility and expectation have received recent attention in psychotherapy research. Prior studies found that higher credibility and expectations are associated with better treatment outcomes. Research on face-to-face therapy pointed these variables as mechanisms associated to the therapeutic change; yet, little is known about this regarding blended treatments (face-to-face sessions and online modules). Blended therapy has shown similar efficacy when compared to the face-to-face treatment. Since previous studies were focused on its efficacy, the impact of client's credibility and expectations on the therapeutic outcome have not been clarified. In the current study, we aimed to explore whether client's credibility and expectation at the beginning of blended therapy were associated with (a) the initial severity of depressive symptoms, and (b) treatment outcome. We analyzed 20 cases of depressed clients collected from a pilot study, treated with a blended therapy intervention for 16 weeks (10 face-to-face sessions and 6 online modules). The client's credibility and expectations were assessed by the Credibility / Expectancy Questionnaire (CEQ), and depressive symptoms were assessed by the Patient Health Questionnaire-9 (PHQ-9). CEQ and PHQ-9 were filled in by clients at the assessment session. The PHQ-9 was also filled in all 10 face-to-face sessions. This is an ongoing study. Results and clinical implications of our results will be presented and discussed at this venue.

What are the mechanisms of change underlying the effects of internet-delivered interventions for depression and anxiety disorders? Results from a randomised control trial

Angel Enrique, Trinity College, Dublin, Ireland; Derek Richards, Trinity College, Dublin, Ireland; Daniel Duffy, Trinity College, Dublin, Ireland; Caroline Earley, Trinity College, Dublin, Ireland; Jorge Palacios, Trinity College, Dublin, Ireland; Nora Eilert, Trinity College, Dublin, Ireland; Ladislav Timulak, Trinity College, Dublin, Ireland

Background: In recent years, CBT has been transferred to online delivery methods (iCBT)

and these interventions have proven successful for people being treated with symptoms of depression and anxiety. Despite the evidence about its effectiveness, little is known about the underlying mechanisms of change. This study is aimed to explore the effects of iCBT for depression and anxiety in specific mechanisms of change, namely, emotion regulation and positive beliefs about rumination. Method: This is a secondary study of a randomised controlled trial aimed to explore the effects of iCBT interventions for symptoms of depression and anxiety disorders compared to a waiting-list group in a real-world setting. 384 users were randomised to the intervention group (n=256) or the waiting-list group (n=128). Participants completed the intervention during 8 weeks with support. Depression and anxiety were the primary outcomes. Measures of emotion regulation and metacognitive beliefs about rumination were administered. Assessments were conducted at baseline, post-treatment and up to 12 months follow-up. 12-month follow-up data is currently being collected. Results: Effects of the treatments on mechanisms of change will be explored through linear mixed models. Mediation analyses will also be conducted to assess if mechanisms of change mediate the relationship between iCBT and the change on symptoms. Results will be presented at the conference. Discussion: The results will shed light on the effects of iCBT in emotion regulation and metacognitive beliefs about rumination. This study will help to understand why and how iCBT works in order to improve our understanding of these interventions.

Face-to-face and Web-based Sessions in Psychodynamic Psychotherapy: A Single Case Study Aslı Uzel, Istanbul Bilgi University; Alev Cavdar, Istanbul Bilgi University; Rümeyza Oral, Istanbul Bilgi University; Güler Türeli, Istanbul Bilgi University; Dilan Özcan, Istanbul Bilgi University

Objective: Literature on e-therapy versus face-to-face therapy comparisons mainly report positive observations. Yet, many studies do not focus on the therapeutic relationship, and again, many of them lack adequate controls (e.g. Socala et al., 2012). The aim of this study is to systematically study the differences felt by the therapist and client during Skype sessions that takes place in the middle of a face-to-face psychodynamic process. We expect that the subjective experience of both the therapist and the client as to both forms of therapy within a single process will offer an insight into our difficulties and preferences. Method and Results: Data for this study is a single client from a longitudinal psychotherapy process-outcome research project. The client and the therapist conducted 34 sessions and the middle 10 sessions were on Skype. The changes in the affective experience of the client and the therapist, as well as the perceived efficiency and comfort of the sessions were examined. Since the Skype sessions were in the middle of the process, quadratic trends were tested via Regression-Curve Estimation. It was observable that although client's ease significantly decreased, shame and guilt also decreased, making it possible for them to experience an increase in efficiency. On the other hand, for the therapist, the positivity of the process significantly decreased during skype and increased after it. Interestingly, rarely reported emotions of contempt, envy, and disgust demonstrated a temporary increase in the first few face-to-face sessions following Skype. The associations with clinical content will also be briefly presented. Conclusion: The results demonstrated that therapist was influenced more and mostly negatively by the switch to the Skype sessions. Although it is a single case study, the opportunity to systematically observe the same process before, during, and after, offers insight and suggests that therapists might consider reflecting on their own unique reactions to e-therapy as well as more common issues of changes in frame (Bass, 2007). Keywords: e-therapy, psychodynamic psychotherapy, therapy modality, countertransference

Brief Paper Session

Moderator: Idit Shalev, Ariel University, Israel

Bio-physiological processes

Inter-network connectivity of the salience brain network predicts psychotherapy effects in depression after 7 weeks. Anselm Doll, Max Planck Institute of Psychiatry; Johannes Kopf-Beck, Max Planck Institute of Psychiatry; Julia Fietz, Max Planck Institute of

Psychiatry; Nils Kappelmann, Max Planck Institute of Psychiatry; Philipp Sämann, Max Planck Institute of Psychiatry

Background: Intrinsic functional connectivity networks represent a fundamental organization of the brain. The triple network model hypothesizes that psychiatric disorders are associated with changes in the interplay of the default-mode, salience and central executive networks. Method: Using fMRI and independent component analysis, the authors identified intrinsic functional connectivity networks of interest in 35 depressed patients before a 7-week intense psychotherapeutic and medical treatment. Inter-network-connectivity before treatment was regressed against treatment effect (BDI-difference scores) after 7-weeks. Results: regression analysis revealed a significant predictive effect of the connectivity between the salience and both the posterior default mode and the left lateralized central executive networks for the change in depression after 7 weeks. This effect was robust when controlling for initial depression severity, age and sex. The data suggest a critical role of the interplay between these three brain networks for the mechanisms behind the treatment of depression.

How and when the body reacts: patterns of somatic reactions and their meanings in psychotherapy process Oya Masaracı, Istanbul Bilgi University; Irmak Gültekin, Istanbul Bilgi University; Alev Cavdar, Istanbul Bilgi University; Sezgi Ermergen, İstanbul Bilgi University

Objective: Somatic reactions of both the client and the therapist have long been considered as unconscious communications. The emphasis on the communicative value of bodily complaints paved the way to identify the message of specific somatic reactions as regards the dyad. This study aims at (1) providing a portrayal of how somatic reactions unfold throughout therapeutic process and (2) attempting to associate specific reactions with dyad specific encounters. In addition to the commonly experienced reactions of headache, stomach pains, dizziness, etc., the dyadic meanings of temperature related reports such as hot flashes, getting cold, sweating, fever, etc. will be explored. Method: A total of 1566 sessions of 76 clients and 10 therapists, collected as a part of an ongoing longitudinal psychotherapy process-outcome research project, were reviewed. Data consisted of client's and therapist's self-reports following each session on any noteworthy physical discomfort or sensation that had no known cause. Therapist's and client's pre-therapy symptom levels (BSI; Derogatis, 1992), reflective functioning (RFQ; Fonagy et al., 2016), and ideal vs. actual portrayals of interpersonal closeness IOS; Aron, A., Aron, E. N., & Smollan, 1992) were available. Results: Majority of the clients (80%) and all of the 10 therapists reported to have a noteworthy somatic reaction in at least one session. In 443 of the sessions, at least one reaction was reported by a client. In addition to expected weak associations between symptom level and the frequency of bodily complaints, two observations warranted further attention. One is the weak, yet interesting, positive correlation between ideally desiring a closer relationship and the frequency of somatic reactions ($r = .173$). This association will be further analyzed by comparing the type and frequency of reactions for those participants whose ideal relationship is 1 SD closer and 1 SD remoter than actual. Further, on this connection between interpersonal closeness and somatic reactions, in almost all cases, there were shared somatic reactions and/or a turn-taking pattern. In two atypical cases, this rhythm was not observable. Instead, therapist or the client did not report a single reaction whereas the other reported more than average number of reactions. These two cases will be examined in detail, with reference to their alliance and clinical content. Conclusion: The message conveyed by the somatic reactions of the client takes its meaning in the dyadic exchange. The results of this study can be considered as another implication of affective attunement and the interplay of self-regulation and interactive regulation (e.g. Beebe & Lachmann, 1988; D.N. Stern, 1985, 1995). Keywords: psychodynamic psychotherapy, psychosomatization, somatic transference, somatic countertransference, interactive regulation

Efficient-causes and "teleo-causes" of the induced psychotherapeutic changing processes Catalin Zaharia, Asociatia Mind Master; Alexandru Caragea, Asociatia Mind Master

Science of Complexity, mainly through Dynamic Systems Theory, is considered more and more as a useful independent school for empirical psychotherapy research. A relevant example in this sense is "Dynamic Systems approach to psychotherapy" (Gelo & Salvatore, 2016) which provide a metatheoretical framework able to inform the specific (or unique) versus common factors debate". In our view, this framework could be enlarged. In this paper, we claim that the meta-theoretical vision outlined by the discovery of the constructal law (Bejan, 1996) regarding the distinct class of the flow systems with configuration is a possible additional valuable resource for empirical psychotherapy research. Also, we ground our argumentation on other notable results of fundamental and frontier research regarding the implications of quantum physics with an impact on psychology and neurosciences (Stapp, 1996 and Conway&Kohen, 2006) which we previously investigated. We explain here that the interplay between efficient-causes and "teleo-causes" during the psychotherapeutic redistribution of the attentional focus induced through conscious intent (a quantum-psychological phenomenon which implies a significant effort of will) can lead to neuromorphic changes of the nervous system and persistent changes of quality of experience.

Motivational mechanisms of change in the context of psychotherapy process Idit Shalev, Ariel University, Israel

Based on neuro-cognitive and social cognition conceptualization of motivation, the presentation will address two aspects of motivational research: the direction component and the energy component. What is the neural, cognitive and psychiatric expression of these mechanisms? What are their relevance to different approaches in psychotherapy? The presentation will address the emphases given in different therapeutic approaches to the directional component and to the energy component. Additionally, I will discuss the contribution of continuous motivational processes as compared to the motivational processes which occur from moment to moment in the therapeutic session.

Brief Paper Session

Trauma

Moderator: Rebecca Curtis,
Adelphi University, New York, USA

The function of avoidance: A qualitative analysis of soldiers diagnosed with panic disorder, social phobia and posttraumatic stress disorder. Nikolas Heim, Tavistock Clinic, London, UK; Robert J. Gorzka, Center for Mental Health, German Armed Forces Hospital Hamburg, Hamburg, Germany; Jenny Kaiser, International Psychoanalytic University, Berlin, Germany; Lutz Wittmann, International Psychoanalytic University, Berlin, Germany

Background: Avoidance is a central psychopathological process underlying many, often comorbid, mental disorders, including panic disorder (PD), social phobia (SP) and posttraumatic stress disorder (PTSD). In spite of research showing that there are various forms of avoidance, the construct is often treated as an unidimensional symptom. Objectives: This study aims to disentangle the construct of avoidance through the lense of a psychodynamic approach by focussing on its function. It will firstly be explored which function it fulfills, and whether it unidimensional or multidimensional. The second aim is to discern whether mental disorders differ within and between each other in terms of its function. Methodology: Semi-structured interviews with soldiers (N = 13) diagnosed with PD, SP or PTSD were analysed using qualitative content analysis (Mayring, 2015). Results: I. A total of 508 passages were coded. Avoidance fulfilled the function of preventive coping with emotions that cannot be regulated. Based on anticipations, specific affects were regulated either with the involvement of others or via the self. II. Participants of all three disorders showed a predominant regulation via the self, at the same time disorder-specific functions of avoidance were found (e.g. avoidance through aggression in PTSD, avoidance to assure the presence of a regulating other in PD and avoidance mainly without relying on others in SP). Conclusion: In terms of its function, avoidance was found to be a multidimensional construct that goes beyond the avoidance of phobic stimuli. Therefore, mental disorders

can be differentiated in terms of the function of avoidance. Keywords: avoidance, anxiety, posttraumatic stress disorder

Most helpful psychodynamic and cognitive-behavioral interventions for traumatized persons Rebecca Curtis, Adelphi University, New York, USA; John Tanner, Adelphi University, New York, USA; Andrea Keffer, Adelphi University, New York, USA

Respondents to an online survey were divided into three groups, according to whether they had experienced sexual, physical or emotional trauma personally or from witnessing trauma. Some fell into more than one group. They were asked to assess how effective they found 20 common therapeutic interventions during their experiences, 10 each CBT & PD from the Hilsenroth et al. CPPS scale. Correlational analyses revealed that participants who were physically assaulted or otherwise experienced an incident in which there was actual/threatened bodily harm found the psychodynamic technique, "The therapist allowed me to initiate the discussion of significant issues, events, and experiences" and the CBT technique, "The therapist explicitly suggested that I practice behavior(s) learned in therapy between sessions" to be the two most helpful of each style. Participants who experienced sexual assault (i.e. molestation) found the PD technique, "The therapist linked my current feelings or perceptions to experiences in my past" to be the most helpful. No CBT techniques were significantly helpful for this sample. Participants who had experienced emotional abuse and/or witnessed traumas found the PD technique, "The therapist allowed me to initiate the discussion of significant issues, events, and experiences" and the CBT technique, "The therapist explicitly suggested that I practice behavior(s) learned in therapy between sessions" to be the most helpful of each orientation. All 3 trauma groups found psychodynamic techniques on average significantly effective according to their perceptions. Only the physical trauma group perceived CBT technique significantly effective. Mean effective ratings will also be presented.

Compensatory Consequences Following Trauma in Men Deborah Powney, University of Central Lancashire

Experiences of trauma can have devastating effects which can be life changing, resulting in negative physical and psychological results including PTSD, depression, substance abuse, heart disease and suicide. However, it has been suggested that the extensive focus on the negative consequences leads clinicians to form a pathological bias towards what are normal reactions to trauma, which prevents a complete picture of how trauma victims adapt. Conversely, there is an emerging field that investigates positive changes that may occur due to the adaption to trauma. These compensatory consequences include, increased personal strength and self-esteem, higher levels of empathy and social connections, greater appreciation of life and improved resilience, which have been shown to reduce the negative impact of post-traumatic stressors. Therefore, practitioners should consider measuring both the needs and strengths when developing treatment. In traumatic experiences, men suffer disproportionately in areas such as military combat, HIV/AIDS, homelessness, imprisonment and suicide. Despite this, men are less likely to seek clinical help for psychological issues as the traditional treatments may leave men feeling emasculated or shameful. Particularly as 'male traits' can be seen as negatively predicting compensatory consequences in trauma. Although it has been shown that adherence to a masculine role is a strong predictor of post traumatic growth. Additionally, men may prefer services that are based on shared experience and peer counselling. The clinical implications for this are that trauma services for men should develop programs that consider the format of delivery, as well as assessing strengths and positive masculine traits.

Relationship focused therapy for sexual and gender minority individuals and their non-accepting parents -- initial findings Rotem Boruchovitz-Zamir, Ben Gurion University, Beer Sheva, Israel; Gary Diamond, Ben Gurion University, Beer Sheva, Israel

Aim: This study examined changes in parental behaviors, and in young adult's perceived parental acceptance and rejection, over the course of relationship-focused therapy (RFT) for sexual and gender minority (LGBTQ) adult children and their non-accepting parents.

Methods 25 young adults (ages 20-40) and their parents completed, on average, 20

sessions of RFT. All participants were "out" to parents for at least a year prior to enrolling in the clinical trial, and reported that at least one parent evidenced high levels rejection or low levels of acceptance. Participants completed measures of parental acceptance and rejection (PARSOS; Lubeznov-Kibrik et al., 2018), attachment anxiety and avoidance (ECR; Fraley et al., 2000) and psychological symptoms (BSI; Derogatis, 2000) at baseline, 8 weeks, 16 weeks and 26 weeks. Results: Repeated measures ANOVAs showed that positive parenting behaviors increased, and negative parenting behaviors decreased, over the course of treatment. Also, young adults' report of maternal and paternal acceptance increased over the course of the treatment, and their report of maternal rejection, but not paternal rejection, decreased over the course of treatment. There were no significant changes in attachment anxiety, attachment avoidance or global symptoms levels. Discussion: In accordance with the clinical model and purported change mechanisms of RFT, treatment was associated with increasingly positive behaviors which, in turn, were associated with young LGBTQ adult's experience of being accepted by parents. Such gains are important in light of the documented negative impact of parental rejection on LGBTQ offspring, and adult children's natural longing for parental acceptance.

Brief Paper Session

Moderator: Evangelia (Eva)
Fragkiadaki, University of West of
England

Medical disorders

Psychotherapy's impacts on the experience and management of Multiple Sclerosis (MS) symptoms: a mixed -- method longitudinal naturalistic study Evangelia (Eva) Fragkiadaki, University of West of England; Fotios Anagnostopoulos, Panteion University of Social and Political Studies; Sofia Triliva, University of Crete

Living with MS positions people in precarious lifeworld where continuous behavioral and cognitive modifications are required in confronting physical and psychosocial challenges. People with MS (PwMS) often seek psychotherapy in order to deal with psychological distress and help in coping with the illness. The efficacy of psychotherapy for people with MS has been considered in some research. The study to be presented aimed to address the impacts of psychotherapy of choice by applying a mixed -- method, longitudinal research design in the investigation of 20 PwMS's experiences of psychotherapy and of the management of the illness's symptoms. The collection and analysis of qualitative data adhered to the guidelines of Interpretative Phenomenological Analysis. The helpful and unhelpful factors the PwMS identify and the meaning they attribute to their psychotherapy experience on two different occasions (baseline and six months in treatment) were investigated using both in-depth interviews and questionnaires. Preliminary analysis revealed the significance of attributing meaning as one of the processes of reconciling with the illness, the role of disability representations and their relationship to PwMS' s perceptions of their bodies, and psychotherapy's contribution to the processes of personal transformation, integrating and incorporating the diagnosis into their identity. The findings highlight some of the processes applied in psychotherapeutic interventions can ameliorate the distress of this population. The clinical implications will be discussed along with the methodological connotations and limitations of the study.

Interpersonal dynamics and therapeutic relationship in patients with functional somatic syndromes: a metasynthesis of psychotherapy case studies Juri Krivzov, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium; Shana Cornelis, Ghent University, Belgium; Fleur Bart, Ghent University, Belgium

Aim: Research and clinical practice show that patients with Functional Somatic Syndromes (FSS) exhibit maladaptive interaction patterns that may lead to prolonged interpersonal distress. The latter could play a major role in the onset and maintenance of FSS and cause troubled therapeutic relationships. Perspectives from trauma, attachment, and psychodynamic research emphasize the role of early relationships with unavailable, rejecting or overcontrolling significant others at the root of maladaptive interaction patterns in FSS (Luyten et al., 2012). However, to date there is little elaboration of how such maladaptive patterns unfold in the course of life. The aim of the current study is to explore

in-depth the interpersonal functioning of the patients with FSS by utilizing published psychotherapy case studies. Thereby, we focus on the interaction patterns reported prior to and after the symptom onset, and on the interaction patterns observed in the therapeutic relationship.

Methods Seventeen psychotherapy case studies were selected from the Single Case Archive - the largest database for published case studies. PRISMA guidelines were applied for selection of cases from various psychotherapy orientations and for quality control. Qualitative metasynthesis approach was used to interpret the data and to produce overarching themes. **Results:** The themes "overcontrolling", "pleasing", and "appeasing the others" were reported for interpersonal relationships of patients with FSS. These patterns were partially transmitted into the therapeutic relationship, leading to troubled interactions. Patients were further characterized by emotional avoidance in interpersonal context. **Conclusion:** Interpersonal patterns reported in FSS resemble similarity with those reported for patients with cumulative trauma.

Trajectories of mental well-being and social support among people with HIV: Examining gender paradox Marcin Rzeszutek, University of Warsaw; Ewa Gruszczyńska, SWPS University of Social Sciences and Humanities

Background: Women in Europe have a lower prevalence rate of HIV than men but their HIV-related burden reflected in poorer mental health is higher ("gender paradox"). **Aim:** The study was to examine the trajectories of mental well-being (health-related quality of life; HrQoL) and perceived social support (PSS) among people living with HIV (PLWH) in this context. **Method:** The participants of this longitudinal study were 252 PLWH undergoing antiretroviral therapy, 18% of women. HRQoL and PSS were measured via self-report three times with an interval of six months. **Results:** In univariate latent class growth curve analysis three trajectories of HrQoL and four trajectories of PSS were identified. Gender was a significant covariate only for PSS: there were no women in the increasing support trajectory. Dual trajectory approach revealed that most of PLWH in the decreasing HRQoL trajectory followed the decreasing PSS trajectory. However, for almost half of PLWH representing the increasing HRQoL trajectory, it co-occurred with the decreasing support. There was no significant gender effect in this regard. **Conclusion:** Although clear correspondence for the decreasing trajectories exists, the findings inform that HRQoL may change independently from PSS. No gender paradox was noted. A discrepancy between trajectories (for the same people, one increases while the other decreases) can be a result of different underlying processes, including also a change in self-perception.

Brief Paper Session

Moderator: Kevin John Robert Wright, SPR UK Chapter

Creative techniques

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, SPR UK Chapter

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; Baikie & 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.

How actions in the group can be helpful? Change process through the eyes of the participants of psychodrama based, experiential group training for psychology students Krzysztof Mariusz Ciepliński, The John Paul II Catholic University of Lublin

The author will present and discuss some results of the research project entitled: Effectiveness and personal change processes in the Psychodrama-based group training for psychology students (EPCP-Project) carried out at the John Paul II Catholic University of Lublin (KUL). The research was conducted between November 2016 and April 2018. Participants were a group of fourth year of KUL Psychology of Promoting the Quality of Life students (N=70, aged 22, 59 female and 11 male). They were randomly chosen from a group of voluntaries participating in the EPCP-Project and divided into five equal groups of 14 participants. A 24-hour three-day training was prepared and conducted by a certified psychotherapist and psychodrama trainer. All groups worked according to a very similar content and structure. Participants were anonymously surveyed with the Polish version of Robert Elliott's Helpful Aspects of Therapy Form (HAT) adapted to the training context by K. Ciepliński, they were asked for their feedback at the end of each eight-hour day of training as well as three months after. The trainees from each group reported many significant events, both helpful and hindering. Helpful events were numerous in number. Some of these were still remembered after three months. The results of qualitative content analysis showed many similarities as well as personal differences in the experiencing of the group process by the students. It also proved the utility of the use of the individualized measurement tools in the assessment of this kind of professional training. Keywords: Psychodrama, Action Methods, Experiential learning, Significant events

Patients experience and conceptualisation of their paedophilic disorder: a qualitative study Imke Eliese Ahlers, Tavistock Clinic, London, UK; Felicitas Rost, Tavistock and Portman NHS FT

Background: Current theories hold that paedophilia can be linked to the experience of severe developmental trauma, in particularly to childhood sexual abuse (e.g. Mokros, Osterheider, & Nitschke, 2012). Yet, the dearth of research studies available leave a dark shadow as per its aetiology and treatment. Very little is known about the patients' own experience of their suffering (Richards, 2018). The Portman Clinic is an NHS out-patient Clinic where patients with paraphilic disorders with or without contact offences receive psychoanalytic psychotherapy. Aim: The aim of this study is two-fold: first, to explore patients' who have been given an ICD-10 diagnosis of paedophilia view and conceptualisation of their problems and difficulties, and second to explore their understanding and experience of how it developed and where it might stem from. Of particular interest is thereby to explore whether the patients link their pathology back to their adverse developmental experiences, such as the experience of sexual abuse.

Methods Interpretative Phenomenological Analysis (IPA) based on Smith (2008) was used to analyse the Private Theories Interviews (PTI, Werbart et al., 2006) of six patients who were referred to the Portman Clinic for treatment. Of particular interest was to compare and contrast the emerging themes among patients regarding their problem formulation and pathogenesis of paedophilia. Results are currently being analysed but will be ready to present in September. Findings will be discussed in terms of the importance to gain an understanding of the patients' sense-making of their disorder to guide and inform treatment attempts.

Short-term Psychodynamic Intercultural Therapy with migrants from Eastern Europe: Its potential, advantages and limitations through therapists' perspectives Tatsiana Steven, Manchester University, UK

With migrants experiencing higher risks of mental health issues than the general population,

it is apparent that methods such as CBT or self-help groups are often not as effective when working with people who have gone through the process of migration (Renner & Berry, 2011). Additionally, even less evidence is gathered on what help is available in the UK for migrants who come from continental European countries. This paper focuses on exploring the advantages and limitations of short-term psychodynamic intercultural therapy as a method of working with people who have moved from Eastern Europe to the UK (Kareem, 1988). This study suggests that the origin and underlying values of intercultural therapy such as it being designed for working with cultural minorities and those experiencing 'racialisation' issues allows it to be a useful method for therapy with migrants within Europe as well. The study relies on qualitative methodology with semi-structured interviews to be conducted with qualified practitioners. The outcome of this study might promote further research into, and the wider application of, intercultural therapy as a therapeutic approach and it might also be of particular interest for both qualified practitioners and training programmes for psychologists and therapists. Additionally, a deeper understanding of factors that are instrumental in the process of the successful settlement of Eastern European migrants in the UK might contribute to the wider area of research into regional cooperation, social policy studies, education and inform government policy makers in different European states.

Brief Paper Session

Moderator: Zbynek Vybíral,
Masaryk University, Czech
Republic

Adverse Effects in Psychotherapy

Paradoxical nature of psychological treatment and negative effects Zbynek Vybíral, Masaryk University, Czech Republic; Matthias Ochs, Fulda University of Applied Sciences, Germany

Psychic initial stance of many patients might be seen as a mixture of wishes to change themselves, and at the same time full of fear and concern to change themselves; some therapists call it as an ambivalence (Engle, Arkowitz, 2006). Analogously to Engle and Arkowitz's argument that "ambivalence is an extremely valuable construct (...) that can help us understand why people change and why they don't", we can add that deeper understanding of paradoxical nature of psychological treatment can help us grasp the same. Probably we all know anecdotal statements like "Now, when I decided to solve my problems and help myself to live happier, I feel paradoxically more badly"; or "I experienced a deep relief, but paradoxically my marriage is seriously impaired now". During the last half century and particularly recently, various conceptualizations of negative effects of psychotherapy have occurred. Relatively only a few attention has been turning to what we can call a paradoxical nature of therapeutic process. The paper summarizes ten paradoxes often present in the course of psychological treatment reflected in current literature. Authors offer brief characteristics of them in order to bring deeper understanding of negative (adverse) side effects of bona fide therapies.

Exploring harm in psychotherapy -- perspectives from clinicians' working with children and young people Daniel Hayes, University College, London, UK; Barbara Castro Baltic, University College, London, UK

Background: There is increasing recognition that there may be iatrogenic effects when it comes to psychotherapy, including adverse events such as self-harm and clinical deterioration. However, to date, there is a paucity of research on young people, parents and clinicians' experiences of harm from psychotherapy in child and youth settings. Aims: This research will explore, through interviews and focus groups, what types of harm are reported in relation to psychotherapy from clinicians working with children and young people. Method: Eight clinicians working in child and youth mental health took part in interviews. Responses were analysed using both inductive and deductive thematic analysis. Results: Findings on the different types of harm will be presented, and a preliminary taxonomy of harm will be presented.

Risk to premature termination: Profile and predictors Ângela Ferreira, Universidade

do Minho, Braga, Portugal; Eugénia Ribeiro, Universidade do Minho, Braga, Portugal; Inês Sousa, Universidade do Minho, Braga, Portugal

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 specially interested on testing predictive value of therapeutic alliance quality (time-varying predictor) to the premature termination from psychotherapy.

Methods A dataset of 100 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.

Brief Paper Session

Couples and family work

Moderator: Charlie Emma Duncan, British Association for Counselling and Psychotherapy

Relationship counselling in the UK: who attends and how effective is it? Charlie Emma Duncan, British Association for Counselling and Psychotherapy; Gemma Ryan, British Association for Counselling and Psychotherapy

This study aimed to understand who presents to third sector relationship counselling services in the UK, the issues they bring and the extent to which it is effective in reducing self-reported presenting problems and depressive symptomology, and improving relationship communication. Retrospective data were analysed from 29,452 individual clients (14,726 couples) who received relationship counselling through a national third sector provider between 1st January 2015 and 31st December 2017. Statistical analysis is still on-going and the full results will be available by September. Clients who received relationship counselling were mostly white, heterosexual, non-religious, non-disabled and aged 25-54 years. The most common presenting issues were 'communication', 'rows and arguments' and 'managing conflict'. Preliminary analyses suggest that around 30% of clients presented as clinically depressed and 57.6% of these 'recovered'. Furthermore, relationship counselling was found to be most effective in reducing depressive symptoms when only one partner in a couple was clinically depressed and where relationship communication was good. This study presents detailed demographic and outcomes data for clients entering a UK third-sector relationship counselling service. Results provide understanding of why couples seek relationship counselling and the effectiveness of this treatment for both relationship distress and depression. Implications for counselling practice and routine outcome monitoring are discussed.

Online unguided French-speaking intervention for bereaved or separated people: results from a pilot study. Liliane Efinger, Lausanne University, Switzerland; Anik Debrot, Switzerland; Valentino Pomini, Lausanne University, Switzerland

Aim: Internet psychological interventions are increasingly present. Research shows that they can be as effective as traditional psychotherapies for a wide range of disorders, including complicated grief. They can improve the access to treatment, particularly where availability of therapists is low. People with serious bereavement or separation difficulties, who for various reasons cannot benefit from a mental health professional, may deteriorate. Early access to an online intervention can be a useful and alternative way to diminish the risk of

psychopathological trajectory for them.

Methods A German-speaking online program LIVIA has been developed and tested for people who experienced a significant loss (Brodbeck et al., 2017). It is a guided online intervention, where weekly support is provided by email to participants. We translated this program into French and implemented it in the French-speaking part of Switzerland however without support by e-mail. We tested LIVIA-FR in an uncontrolled trial with a three-month follow-up. Results: Our results confirm the usefulness of LIVIA for the participants who completed the treatment. However, compared to the German-speaking guided version, the drop-out rate is higher and improvement seems less pronounced. Discussion: Our results confirm that unguided internet interventions are useful, however with some limits. Considering their interest in terms of resources for clinical care, this should invite clinicians and researchers to collaborate for the development of more efficient unguided internet intervention methods. We are working on a new version of LIVIA-FR, which includes several modifications to tailor the program to the personal characteristics and needs of participants.

Phases in achieving an empathic stance within one session Soile Satu Sinikka Tikkanen, Clinical psychotherapist and child neuropsychologist; William B. Stiles, Miami University, Oxford, USA; Mikael Leiman, University of Eastern Finland

The paper focuses on the mother's developing reflective stance, observer position, toward herself and her problematic ways of interacting with her four-year old daughter within a Marschak Interaction Method (MIM) feedback session in the context of child neurological assessment process. The case was selected from a research database of seven videotaped child neurological team assessments in the child neurology clinic of a Finnish university hospital. The parent-professional dialogues during the entire 18 session assessment process were videotaped, transcribed and assessed microanalytically by dialogical sequence analysis (DSA) and assimilation model. The initial problematic pattern between the mother and the child was formulated by DSA. Mother's development toward an empathic stance to the child was followed during the entire assessment process by the assimilation model. The within-session process, which is the focus of this study, was analysed with DSA. Phases of the key moments of progress and setbacks of the mother's developing observer position on the problematic interaction between herself and the child are shown through transcript excerpts from the session. The observer position toward the problematic pattern allowed gradual acknowledgement of the child's perspective and her otherness and the flexible exchange between the perspectives of self and other. In the analysis of the within-session process DSA proved a useful tool to illuminate the developing quality of stance to object, mother's position toward the problematic interaction, as it shifted between intrapersonal and interpersonal within the therapeutic dialogue. Keywords: Dialogical sequence analysis, assimilation model, observer position on self and other, setbacks

Brief Paper Session

Eating disorders

Moderator: Susanne Lunn,
Copenhagen University, Denmark

Evaluating empirically valid and clinically meaningful change in integrative inpatient treatment for severe eating disorders Laura Muzi, Sapienza University of Rome, Italy; Laura Tieghi, Eating Disorder Clinic "Residenza Gruber"; Michele Rugo, Eating Disorder Clinic "Residenza Gruber"; Vittorio Lingiardi, Sapienza University of Rome, Italy

Aim: Despite practice guidelines suggest that patients with severe eating disorders (EDs) may show benefit from intensive care settings such as residential, multimodal, and multidisciplinary programs (Thompson-Brenner et al., 2018), empirical evidence are still scarce. Furthermore, most studies measured outcome only in terms of statistical significance, not enabling to determine whether or not the symptomatic change was clinically relevant. The main aim of this study was to evaluate the effectiveness of an inpatient multimodal treatment with a strong psychotherapeutic focus for individuals with

EDs, as well as to determine the clinical significance of symptom changes relying on the Jacobson and Truax's (1991) criteria.

Methods The sample consisted in 120 patients who: (a) met DSM-5 diagnostic criteria for EDs; (b) presented no organic syndrome; (c) completed an integrated therapy in an ED specialized treatment center. All patients were asked to complete the Eating Attitudes Test-40, the Eating Disorder Inventory-3, the Beck Depression Inventory-II, and the Symptom Checklist-90-Revised at admission, at discharge and at 6-month follow-up. **Results:** Statistically significant symptom reduction was found on all outcome measures at both treatment termination and follow-up, with largest effect sizes for overall eating disorder and depressive symptom severity. Between 28 and 45% of patients showed clinically significant improvement at discharge and 6-month follow-up, and more improved patients were suffering from less overall and depressive symptomatology at intake. **Discussion:** This study suggests that considering multiple indices of symptomatic change enables a more clinically-useful perspective of treatment outcomes in this clinical population (Schlegel et al., 2014, 2016).

A discussion of a completed RCT study comparing Cognitive Behavior Therapy and Psychodynamic Psychotherapy for Bulimia nervosa Susanne Lunn, Copenhagen University, Denmark; Stig Poulsen, University of Copenhagen, Denmark

Aim: To discuss the results of a completed RCT study comparing Cognitive Behavior Therapy (CBT) and Psychoanalytic Psychotherapy (PPT) for Bulimia nervosa, published in 2014. The results of this study showed that concerning the bulimic symptoms, CBT had faster and better results. The study appeared to be rather controversial, which was evident as early as in the review process.

Methods The study will be discussed from two different perspectives: 1) A methodological perspective that includes other studies of the effect of psychodynamic therapy for eating disorders (e.g. Zipfel et al., 2014; Stefani et al., 2017) as well as qualitative interviews with the subjects that participated in the RCT, 2) A theoretical perspective that tries to consider whether the specific psychopathology of Bulimia nervosa may contribute to explain the different effect of CBT and PPT. **Results:** The results from the RCT, the preliminary results from the interview study, and the results from the methodological and theoretical analysis will be presented. **Discussion:** Possible methodological shortcomings of the RCT as well as the question of adapting therapy to specific characteristics of disorders will be discussed.

The acquisition of body image - exploring the psychological experience of embodiment in eating disorders Hannah Katznelson, University of Copenhagen, Denmark; Susanne Lunn, Copenhagen University, Denmark; Stig Poulsen, University of Copenhagen, Denmark; Sarah Daniel, University of Copenhagen, Denmark; Jan Magnus Sjøgren, University of Copenhagen, Denmark

Aim: The project investigates embodiment in eating disorders in the context of early caregiving relationships. Previous research has shown that secure attachment is important for psychological development by facilitating the development of the capacity to regulate and modify affects. Similarly, it is proposed that the subjective experience of the body, or embodiment, is understood as an outcome of that attachment relationship too. However, even though disturbances in body image and preoccupation with body and weight are considered diagnostic criteria for eating disorders, very little is actually known about the subjective experience of the body in eating disorders, and how this relates to attachment and mentalization.

Methods Twenty patients (N = 20) with anorexia nervosa are recruited from in-patient and out-patient units at a psychiatric facility. Embodiment is assessed using the Mirror Interview (MI; Kernberg, Buhl-Nielsen & Normandin, 2006). The Adult Attachment Interview (AAI; George, Kaplan & Main, 1996) will also be administered and coded for both attachment status and mentalization (RF). The following questionnaires are included: The Objectified Body Consciousness Scale (OBCS; MCKinley & Hyde, 1996), Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) and The Multidimensional Body-Self Relations Questionnaire (MBSRQ; Brown, Cash & Mikulka, 1990). **Results:** Data analysis

will be based on a mixed method design, combining quantitative and qualitative methods, and SPSS and NVivo will be used in the subsequent analysis. Results will be available during the summer of 2019. Discussion: Results will be discussed in relation to previous research on eating disorders, body image and attachment.

Brief Paper Session

Anxiety disorders

Moderator: Kevin John Robert Wright, SPR UK Chapter

Experiences of Cognitive Group Therapy for Anxiety and Depression in Danish Mental Health Services: a qualitative study. Anne Bryde Christensen, University of Copenhagen, Denmark

The current study investigated patient and therapist experiences of cognitive group psychotherapy delivered in Danish Mental Health Services. To our knowledge, no researchers have interviewed patients about their experiences with the standard treatment courses delivered to patients' with emotional disorders in the outpatient clinics. Due to the highly standardised treatment model in Denmark, it is considered highly important to explore patients' attitudes, outcomes and processes of change in a qualitative manner. 35 semi-structured interviews were carried out in 3 clinics across the country. Interviews were conducted post-treatment. The data analysis is currently in progress, results are expected throughout the spring of 2019. The results will emphasize specific and non-specific factors pointed out as important by patients and therapists.

The effectiveness of brief therapy provided through an Employee Assistance Programme (EAP) in the UK: gender differences in changing coping strategies for managing stress. Kevin John Robert Wright, SPR UK Chapter

The aim of this study was to examine the change in coping strategies for managing stress as a result of brief therapy with particular reference to gender differences in responses. The study was in two stages. The first stage was to find the baseline scores for the measures going to be used for the counselling sample. The second stage gained the pre-treatment, post-treatment and 6 month follow-up scores for subjects coming for counselling in coping strategies for managing stress. The mean scores at the pre-treatment stage were matched against responses at the post-treatment stage and again at a six month follow-up stage, and these were compared with the baseline normative means obtained in the first stage of the study. The study looked at whether the change produced means that were still significantly different from the baseline norm and whether the change was clinically significant and reliable. It was seen that the counselling process was effective in producing change in some of the coping strategies examined. However, the male and female clients responded differently. The findings were that there were significant differences in the pattern of responses between the genders and this may have relevance or implications with respect to research and practice. The results suggest that it may be important to consider examining the therapeutic methods as used in brief therapy in order to adapt them so that they may be more gender specific/sensitive.

Obsessive-compulsive symptoms and personality traits in patients with diagnosis of Obsessive-Compulsive Disorder (OCD) and Generalized Anxiety Disorder (GAD). Anna Citkowska-Kisielewska, Department of Psychotherapy Jagiellonian University Medical College, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Jerzy A. Sobanski, Jagiellonian University, Kraków, Poland; Edyta Dembinska, Jagiellonian University, Kraków, Poland

Introduction: Obsessive-compulsive symptoms are predominant symptoms in OCD, but often coexist in other mental disorders, such as anxiety disorders. Clinical practice and research data indicate that similar symptoms occurring in different mental disorders may have different quality and etiology. Objective: A study was conducted in two groups of patients: 76 with diagnosis of OCD and 186 with diagnosis of GAD, aged 18-58, who reported for treatment at the Day Ward. The aim of the study was to assess

obsessive-compulsive symptoms and their relation to personality dimensions in OCD and GAD. In the study were included additional variables: sex and occurrence of some cognitive dysfunctions described by Bender and Benton tests.

Methods Symptoms were measured by the "O" Symptom Questionnaire "O" (derived from SCL-90-R questionnaire) and personality traits were described by 16 PF Cattell Inventory. In the study the variance analysis, multiple regression analysis and correlation analysis were applied. Results: The analysis of variance didn't revealed any significant differences in intensity of personality dimensions (described by the 16 PF Cattell Inventory) in patients with OCD and GAD. Some of the measured personality dimensions were associated with sex, occurrence of cognitive dysfunctions and interaction of variables: clinical diagnosis, sex, cognitive dysfunctions. The study revealed some significant differences in relationships between obsessions, compulsions and personality traits in OCD and GAD.

Conclusions The study supports the thesis that obsessions and compulsions observed in OCD and GAD may be associated with different personality traits.

Do they really protect our psychological comfort? Defense mechanisms as predictors of self-esteem and anxiety. Marta Mrozowicz-Wrońska, Jagiellonian University, Kraków, Poland

Defense mechanisms are widely recognized automatic processes which through self-deception protect us from anxiety and maintain our self-esteem. However the data which allow us to examine their real, statistical influence on those two variables are minimal. The aim of the study was to examine the predictive power of different defense mechanisms in explaining variability in anxiety and self-esteem. The Polish version of DSQ-40, SES and STAI-x1 and x2 were used in a study among young adults (N=341). The DSQ-40 factors (mature, neurotic and immature) explained a considerable amount of variance in trait and state anxiety and self-esteem (36%, 26%, 21%, 34% respectively). Unfortunately the reliability of some of the DSQ-40 subscales was unacceptably low. The 7 subscales with the highest α coefficient - Humor, Undoing, Projection, Isolation, Autistic Fantasy and Somatization - were entered in the model and Standardized Beta, structure coefficients and Johnson's relative weights were calculated. The model explained 55% of the variance in trait anxiety, 32% in state anxiety and 45% and 47% in trait and state self-esteem, respectively. Autistic fantasy and projection were found to be the best predictors negatively related with self-esteem and positively with anxiety. They were responsible for approximately from one-third to half of the explained variance. The obtained data demonstrate how important defense mechanisms are, however the discussion considering the role of particular defense mechanisms in our psychological well-being is still open. Key word: defense mechanisms, self-esteem, anxiety

Brief Paper Session

Moderator: Yona Teichman,
Tel-Aviv University

Therapy outcomes and Training

Positive Psychotherapy compared to Cognitive Behavioral Therapy in groups in the treatment of depression - a randomized controlled study Anton-Rupert Laireiter, University of Salzburg, Austria; Raphael Schuster, University of Salzburg, Austria; Linda Maria Furchtlehner, Kepler University Hospital Linz

Background: In 2006 Seligman und Rashid introduced Positive Psychotherapy as an alternative approach to the treatment of depression by basing solely upon conceptions and interventions from Positive Psychology. The present study is one of the first European studies on the efficacy of this approach by contrasting it with the well-established Cognitive Behavioral Therapy (CBT) for depression.

Methods A total of 92 individuals with ICD-10 criteria for mild to moderate and chronic depressive disorder were randomly assigned to 14 sessions of manualized PPT or CBT in groups. The primary outcome measures were posttreatment and 6- and 20-months follow-up remission rates in self-reported and observer-rated depressiveness. Secondary

outcomes included measures of well-being, happiness, satisfaction with life and general psychological distress. Results: Based on intention-to-treat (ITT)-analyses using linear mixed models (LMM), PPT showed consistently moderate to high within- and between group effect sizes compared to CBT. Additionally, PPT resulted in higher effects than CBT with respect to the remission rate of depression and the reduction of general distress. Satisfaction with therapy, however, did not differ significantly. These results remained stable for the 6- and 20-months follow-ups. Discussion: These findings provide support for group PPT as a highly effective and promising systematic new approach to the treatment of depression without any disorder specific interventions. Long-term follow-up proves its ability to reduce depressive and general distress symptoms for nearly two years.

The influence of mental health of the psychotherapists on their effectiveness, psychotherapeutic competencies and their clients satisfaction.

Milena Karlinska-Nehrebecka, Sigmund Freud University, Vienna, Austria; Chris Evans, University of Sheffield, UK

Aim: According to Bruce Wampold, psychotherapist himself is one of the most influential factors of a psychotherapy effectiveness. Actual wellbeing, functioning but also psychological symptoms can impact different aspects of his or her practice. The aim of this preliminary study was to investigate the relation between above aspects of psychotherapist's mental health and different aspects of his or her performance during the session.

Methods Observational, non-controlled study was conducted on sample N=136, age ranging 25-59 years, being psychotherapy curriculum trainees. The length of their training varied from 1 to 12 years. Polish version of CORE-OM and SCL-90 were used as the measures of the therapists mental health. They conducted 1 session assessed both by competent judges using "Psychotherapy competence scale" and their clients using questionnaire referring to different aspects of the session. Results: Symptoms, psychological problems, lowered level of functioning and well-being of the therapist negatively correlated with the satisfaction of the clients and therapist observed competence. The length of the training was correlated with better functioning, well-being and lower symptomatology. Discussion: Better level of actual mental health of psychotherapist can contribute to the higher clients satisfaction and presenting more professional competencies. Professional training containing personal psychotherapy and supervision may contribute to mental health of the trainees. Keywords: psychotherapy effectiveness, CORE-OM, integrative psychotherapy

Supervisees' evaluation of the contribution of supervision to psychotherapy

outcome Yona Teichman, Tel-Aviv University; Ety Bernt, IDC-Herzeliya; Geva Shenkman, IDC-Herzeliya; Guy Ramot, IDC-Herzeliya; Meir Teichman, Tel Aviv University

From its early days training of psychotherapists is accompanied and based on supervision. Indeed, many of the mental health professionals (60%) devote about 25-50% of their time to supervision (Knapp & VandeCreek, 1997). Though subjects dedicated to psychotherapy (therapist and patient variable, alliance) were investigated extensively and a lot has been written on general topics related to supervision (Flander & Shafranske, 2004; Watkins 1995; 1998), research on supervision is rare (Schacht, et al., 1988; Smith, et al., 2002; Palomo et al., 2010). The focus in this study is on supervisees' experiences in supervision. The study was conducted at the Psychology Clinic at the Interdisciplinary Center. The sample included 103 supervisees (80 were first year MA students, and 23 were post MA trainees). All completed anonymously, a questionnaire relating to supervision that was constructed by Teichman, Berant, Shenkman and Ramot (2018). I shall present the Questionnaire as well as initial results regarding supervisees evaluation of supervision contribution to psychotherapy outcome. Finally, I shall present content analysis of responses to open questions regarding contribution and meaningful experiences in supervision and discuss issues related to studying supervisions. Keywords: supervision, psychotherapy outcome

Affective micro - expressions as an indicator for a successful therapeutic process - differences in nonverbal communication in initial and further training of starting trainees and advanced therapists Henriette Löffler-Stastka, Medical University of

Vienna, Austria

Psychotherapy research is shifting from demonstrating the efficacy of psychotherapy to investigating the processes granting a successful treatment. Therefore, process orientated research is especially interested in different therapeutic variables and methods. Regardless of the therapeutic method the clinician- patient relationship was proven to be one of the most important factors when it comes to satisfying outcome measures. Although, a lot of different aspects of the therapeutic relationship were already surveyed, social interaction between patient and therapist and particularly the synergy of verbal and nonverbal elements within the relationship has not been investigated satisfyingly. This research paper discusses the importance of examining affects - more specifically facial micro - expressions - in the context of micro- processes, like transference, countertransference, therapist activity, relationship quality, psychic structure or successful therapeutic interaction. We argue that investigating micro-processes facilitates the understanding of complex aspects of nurturing psychotherapeutic relationships. Furthermore, micro-expression research can serve as a tool to detect unconscious events or processes. In addition, this paper debates the appearance of micro - expressions as an indicator for a successful therapeutic process therefore states the importance of implementing nonverbal communication in initial and further training of clinicians. Data from clinically experienced therapist and trainees will be compared and discussed.

Case Studies in Psychotherapy -- their significance and their application during Psychotherapy Training using the example of Austria Ela Neidhart, Medical University of Vienna, Austria

Objective: What significance do case studies (CS) have in Austrian Therapeutic Training Institutes? The explorative investigation shall give information about the form and methodology of CS, about the object of CS used in training institutions and if the CS are preparing for scientific research.

Methods A focus group builds the base for a qualitative content analyses which generates the categories of questions that form a questionnaire with qualitative and quantitative queries sent out to all 39 Austrian Training Institutes that provide professional qualification to practice as a psychotherapist. Results: 94% of the institutes use case studies as part of their psychotherapeutic training. The concept of the term (gt)case study(It) is used incoherently and it is broadly interpreted. CS serve - among other objectives - mainly for proof of therapeutic practice and proof of knowledge about the theory of each specific Psychotherapeutic School, to improve the art of (self-)reflection and to gain further knowledge. Most of the CS written are not accessible neither for students nor for the research community and most of the CS are not published (84%). More than two thirds of the CS take only the position of the author into account. 25% of the training institutes do not consider researcher allegiance or therapist allegiance at all. Discussion: In the discussion a closer look is taken at how the training institutes deal with the allegiance bias and at the benefit of CS in psychotherapy training and their gain for psychotherapy research. Keywords: Case study, psychotherapy training, case study research, therapist allegiance, researcher bias

Brief Paper Session

Moderator: Ulrike Dinger,
Heidelberg University, Germany

Routine outcome monitoring

The effect of using the Partners for Change Outcome Management System in psychotherapy - a systematic review and meta-analysis Ole Karkov Østergård, Aalborg University, Denmark

The study aimed to evaluate the effects of using the Partners for Change Outcome Management System (PCOMS) in psychotherapy and to explore potential moderators of the effect. Method: A comprehensive literature search including grey literature was conducted to identify controlled outcome studies on the PCOMS, randomized (RCTs), or non-randomized trials (N-RCT). Results: The literature search identified 18 studies, 14

RCTs, and four N-RCTs, including altogether 2,910 participants. The meta-analysis of all studies found a small overall effect of using the PCOMS on general symptoms ($g = 0.27$, $p = .001$). The heterogeneity of the results was substantial. Moderation analyses revealed no effect of the PCOMS in psychiatric settings ($g = 0.10$, $p = .144$), whereas a positive effect was found in counseling settings ($g = 0.45$, p (It) $.001$), although almost all of these studies were characterized by a positive researcher allegiance and using the PCOMS Outcome Rating Scale (ORS) as the only outcome measure. We found no PCOMS effect in studies using outcome measures that were independent of the PCOMS intervention. Conclusion: The meta-analysis revealed a small overall effect of using the PCOMS, but no effect in psychiatric settings and in studies with independent outcome measures. The positive results in counseling settings may be biased due to researcher allegiance and the use of the ORS as the only outcome measure. Discussion: This meta-analysis may question the conclusion by the interdisciplinary task force (Norcross & Lambert, 2018) that the PCOMS is "demonstrably effective" and can be recommended for use in clinical practice. Accordingly, three recent PCOMS studies from Denmark found no incremental effect of using the PCOMS.

Waiting for inpatient psychotherapy for depression: Effects on symptom change

Ulrike Dinger, Heidelberg University, Germany; Simone Jennissen, Heidelberg University, Germany

Objective: 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 psychotherapy and the prediction of treatment outcome from the effect of waiting.

Methods A total of $N=519$ depressed patients were assessed for depressive symptoms before their initial intake interview, at the time of their hospital admission (on average six 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 and moderate predictor of treatment outcome at discharge. 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.

Routine change measurement in a complex multicentre service: first year's findings

Chris Evans, University of Sheffield, UK; Antoni Grau, ITA, Barcelona, Catalonia, Spain; Joan Carles Medina, University of Barcelona, Spain; Guillem Feixas, Universitat de Barcelona, Spain

Aim: 1) Describe the challenges and success implementing comprehensive data in a complex multicentre psychotherapy centered service. 2) From the Y1 baseline data to present a comprehensive picture of the state of clients entering integrated treatments mainly for Eating Disorders (ED). 3) Analyse the psychometrics of the self-report measures noting any implications severe ED may have for self-report.

Methods Data is from all new episodes of therapy including 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; 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 392 episodes for 321 individuals across six services, refusing data collection was rare. Questionnaire internal reliability was high and omitted items only problematical with the BITE. Discussion: Most, though not quite all, psychotherapy research is on 1:1 therapy with outpatients and patients not at the most severe end of the problem range. 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.

Brief Paper Session

Process and outcome

Moderator: Stig Poulsen, University of Copenhagen, Denmark

Echoing the Potential Space: Exploring the Content of Successful Psychodynamic Psychotherapies using the MATRIX Mor Bar, Tel Aviv University; Shlomo Mendlovic, Shalvata Mental Health Center; Amit Saad, Shalvata Mental Health Center; Noga Baron, Bar Ilan University; Dana Atzil-Slonim, Bar-Ilan University

Background: One of the most important yet elusive ideas in psychoanalytic theory is the concept of the potential space, in which the infant learns to differentiate between fantasy and reality generating meaning and subjectivity. It is consensual that analytic technique should be largely directed toward this specific dimension of the patient's experience. However, as this assumption has never been empirically tested, the relationship between such interventions and treatment outcome is yet to be determined. The aim of the current study is to explore the relationship between interventions that focus on the potential space and the outcome of psychodynamic treatments.

Methods Transcripts of 90 sessions from good and poor outcome psychodynamic treatments (segregated by comparing pre- and post-treatment BDI-II score) were encoded using the MATRIX (Mendlovic, 2017), a novel content analysis tool of psychodynamic sessions, which can identify interventions that focus on the potential space. We defined 'potential-congruent segments' as segments in which the patient and the therapist made two consecutive statements on the potential space. The frequency of potential-congruent segments of good and poor outcome treatments was compared. Results: The frequency of potential-congruent segments was significantly higher in good-outcome treatments compared to poor ones ($p = 0.034$). It was shown that in good treatments the therapist echoed more the patient's statements on the potential space, and vice versa. Discussion: Maintaining the continuity of potential-space related content within the therapeutic session appears to be clinically effective. The current study provides an empirical verification to the utility of this psychoanalytic theoretical concept.

Intersession experiences and its association with in-session processes and outcome Thorsten-Christian Gablonski, University of Klagenfurt, Austria; Jennifer Kadur, University of Klagenfurt, Austria; Jonas Lüdemann, University of Klagenfurt, Austria; Luisa Wirth, University of Klagenfurt, Austria; Gabriele Lutz, Hospital Witten/Herdecke; Sylke Andreas, Alpen-Adria-Universität Klagenfurt

Background: Intersession 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 intersession experiences. Aims: Therefore, the aim of this study was to examine the relationship between intersession 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 intersession 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 intersession 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 intersession experiences of patients.

Using machine learning analysis to clarify the relationship between the content of psychodynamic psychotherapies and their outcome Amit Saad, Shalvata Mental Health Center; Uri Roll, Ben Gurion University, Beer Sheva, Israel; Shlomo Mendlovic, Shalvata Mental Health Center

Background: Psychodynamic psychotherapy is a lengthy and costly treatment, and as much

as half of all psychotherapies result in poor outcomes. Unsuccessful psychotherapies impose a substantial burden on the mental health system and can be harmful to patients. Therefore, early and accurate predictions of eventual treatment outcomes are in dire need. Current prediction methods are both inaccurate and prone to biases. We hereby suggest applying machine learning models on MATRIX (Mendlovic et al., *Psychotherapy Research*, 14:1-12, 2018) codes of sessions in order to differentiate successfully versus unsuccessful therapies.

Methods The current research is a retrospective case-control study. Transcripts of 90 sessions from nine good and nine poor outcome psychodynamic treatments (segregated by comparing pre- and post-treatment Beck Depression Inventory-II score (11) were encoded using the MATRIX. Gentle adaptive stochastic boosting classification model was applied to classify whether a session belongs to treatment with good or poor outcome based on the MATRIX output. Naïve error rates of the various models were tested using cross-validation. MATRIX parameters were added to the models according to a predetermined algorithm based on their effect on the error rates. **Results:** Our algorithmic choice of parameters yielded 55 models with up to five parameters. 51 models yielded accurate rates that were higher than 50% (better than random guessing), and six models yielded accuracy rates of 73.3%. **Discussion:** The results of this work may lead to the prediction of eventual outcomes early in therapy and illuminate key features of the therapeutic mechanisms underlying psychotherapy.

The CROP study: designing an observational, internet-based study of psychotherapy in private practice Stig Poulsen, University of Copenhagen, Denmark; Line Rettig Lauritzen, University of Copenhagen, Denmark; Birgit Bork Mathiesen, University of Copenhagen, Denmark; Jan Nielsen, University of Copenhagen, Denmark; Jan Nielsen, University of Copenhagen, Denmark; Susanne Lunn, Copenhagen University, Denmark

Aim: CROP is a large-scale study of psychotherapies conducted by psychologists in the Danish practice sector. The overall aims are to study a) the effectiveness of the psychological treatment, b) client characteristics that predict or moderate outcome, and c) the impact of therapist responsiveness on treatment process and outcome. The study will provide data, which are relevant for the scientific study of the match between client and therapist characteristics and of therapists' adaptation of treatment to the characteristics and present state of clients.

Methods The CROP study is an observational study of therapy processes carried out in the naturalistic setting of the Danish practice sector. Self-report data from the participating psychologists and their clients are collected through an automated and secure online database before, during and after therapy. 100 psychologists and 1,000 clients will provide data at baseline, after each session, at end-of-treatment and at 3 months follow-up. Baseline therapist measures will provide information about training and psychotherapeutic experience as well as measures of personality and interpersonal functioning. Baseline client measures focus on motivation, symptoms and personality and interpersonal functioning. Both clients and therapists fill in alliance measures after each session. At regular intervals, therapists fill in measures of specific interventions, deliberate practice and countertransference, while clients fill in measures of symptoms, therapist intervention and attachment to therapist. At end-of-treatment and follow up, therapists evaluate the therapies and clients fill in outcome measures. **Results and discussion:** Preliminary data concerning the feasibility of the study will be presented and discussed.

Brief Paper Session

Moderator: Krzysztof Rutkowski,
Jagiellonian University, Kraków,
Poland

Bio-physiological processes II

Intra-nasal Oxytocin (IN-OT) to facilitate psychotherapy processes among hospitalized psychiatric patients: A case report Ariella Katie Grossman Giron, Ariel University, Israel; Dana Tzur Bitan, Shalvata Mental Health Center; Sigal Zilcha-Mano, Haifa University, Israel; Hagai Maoz, Shalvata Mental Health Center

Aim: Studies indicate that the provision of Intranasal OT (IN-OT) can potentially enhance trust and improve the benefits of social support. These studies point to the potential beneficial effects of OT as a facilitator of relationship-focused processes such as psychotherapy. In this study we aim to assess whether administration of IN-OT can facilitate the outcomes of intensive psychotherapy, delivered to hospitalized inpatients.

Methods Preliminary results derived from a randomized, double-blind, placebo-controlled study, to evaluate the impact of IN-OT on psychotherapy outcomes, will be presented. In the initial study, patients in acute stages of anxiety and depression, undergoing intensive, relationship-focused psychotherapy during psychiatric hospitalization will be recruited (n=120), randomized and double-blindly allocated to either receive psychotherapy and OT, or psychotherapy and placebo. To illustrate the effect of IN-OT, we present the clinical course of psychotherapy of two patients allocated to each study condition, as well as their weekly reports, to evaluate the effect of IN-OT, compared to placebo. **Results:** While the patient in the placebo condition showed no changes in therapy outcomes, the patient in IN-OT condition exhibited reductions in anxiety symptoms, as well improvements in interpersonal distress. The effect of IN-OT on the working alliance was more pronounced in the therapist reports compared to the patient's assessments. **Discussion:** IN-OT administration has the potential to facilitate the response of inpatients to psychotherapy. Implications of these preliminary results on the mediating role of OT in psychotherapy process and outcome, and the potential hormonal influences on the working alliance, will be discussed.

The cortisol awakening response in patients with anxiety and personality disorders starting psychodynamic combined group and individual psychotherapy

Edyta Dembinska, Jagiellonian University, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Jerzy A. Sobanski, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Anna Citkowska-Kisielewska, Department of Psychotherapy Jagiellonian University Medical College, Kraków, Poland; Katarzyna Klasa, Jagiellonian University, Kraków, Poland

Aim: Dysregulation of the hypothalamus--pituitary--adrenal axis (HPA axis) have been associated with various psychiatric conditions. The most interesting parameter of the HPA axis function is cortisol awakening response (CAR). Surprisingly few data exist about the CAR in anxiety disorders or personality disorders and existing findings are often contradictory showing flattened or increased CAR compared with control groups. The goal of this study was to determine whether patients with anxiety and personality disorders show a specific pattern of cortisol reaction to awakening.

Methods The studied population comprised 130 patients, mainly females (71.5%), with primary diagnosis of anxiety disorder or personality disorder. Patients with endocrine disorders, other somatic disorders and pharmacotherapy were excluded from the study group. The Symptom Checklist „0" and MMPI-2 were used to assess the pre-treatment levels of patients' symptoms and personality traits. Pre-treatment cortisol levels were measured in three saliva samples collected during one day. **Results:** Study revealed abnormal cortisol reactions to awakening, especially in females. 49% of them were non-responders compared with 25% in the general population. Four different CAR patterns were found: decreased, flat, normal and elevated. In females, decreased and flat responses were the most common. CAR patterns were not associated with the level of psychiatric symptoms. **Discussion:** Anxiety and personality disorders were characterized by more than two CAR patterns. Attenuated CAR profiles found to be more prevalent in female patients. CAR patterns were independent of patient's symptoms. The question arises, which factors determine particular CAR pattern.

Physiological synchrony in psychotherapy sessions Deborah Meier, University Hospital of Psychiatry and Psychotherapy, University of Bern; Wolfgang Tschacher, University of Bern

Aim: Evidence suggests new approaches to cognitive science understanding the mind as embodied, embedded, extended and enactive (4E cognition). Thus, the dynamic regulation between interacting people -- for example in psychotherapy -- is expressed through coordination of mental and bodily processes. Respiration activity in psychotherapeutic

sessions represents a promising physiological parameter to study this bi-directional link between therapists and clients. The present study aimed at investigating a) physiological synchrony in respiration cycles between therapist and client during psychotherapy sessions, and b) its association with therapists' and clients' session report questionnaires.

Methods The sample consisted of 55 dyadic psychotherapy sessions (duration $M = 51$ min, $SD = 8.6$ min) of one therapist and four clients. Two approaches based on cross-correlations (SUSY -- Surrogate Synchrony) resp. correlations of window-wise slopes (SUCCO -- Surrogate Concordance) were used to analyze temporal alignment of breathing activity. In addition, multivariate regression models were computed to investigate the relationship between physiological synchrony and self-report session outcomes. **Results:** We found significant effect sizes of physiological synchrony (in-phase) between therapist's and client's respiratory activities. Furthermore, respiration synchrony was associated with self-report questionnaires in terms of clients' alliance ratings and therapist's progress ratings. **Discussion:** The present findings are in line with previous studies demonstrating nonverbal synchrony within psychotherapeutic settings. Furthermore, this proof of principle study suggests a close relationship between respiration synchrony and subjective therapy evaluation supporting the concept of embodiment.

Hyperprolactinemia phenomenon among patients with neurotic and personality disorders and prolactin level changes after psychotherapy -- long-term observations

Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Edyta Dembinska, Jagiellonian University, Kraków, Poland; Jerzy A. Sobanski, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Anna Citkowska-Kisielewska, Department of Psychotherapy Jagiellonian University Medical College, Kraków, Poland; Katarzyna Klasa, Jagiellonian University, Kraków, Poland

Aim: Hyperprolactinemia is a common endocrine disorder. Among the general population ranges between 0.7 % in men and 2.5 % in women. Some data suggest that psychological factors (e.g. personality traits) may play a role in hyperprolactinemia genesis. In the international literature there is lack of broader understanding of this phenomenon. The aim of the study is to evaluate the prevalence of hyperprolactinemia in patients with diagnoses F40-F69 according to ICD-10 and the changes in prolactin levels after psychotherapy.

Methods The study population comprised 149 patients, mainly females (66.4 %), with primary diagnosis of neurotic or personality disorder. Prolactin level was measured during the first and last week of the psychotherapy. Patients with endocrine disorders, other somatic disorders and any pharmacotherapy were excluded from the study group. Between the measurements patients underwent intensive short-term (12 weeks) psychodynamic group psychotherapy in a day hospital for neurotic and behavioral disorders. **Results:** Before psychotherapy hyperprolactinemia was found in 34 % of males and 39 % of females in the study group. Long-term observations revealed stable initial hyperprolactinemia percentage, remaining on the level between 30 to 40 % in group under study. After psychotherapy reduction in prolactin level was observed in 90.4 % of woman with hyperprolactinemia and in 42.8 % it returned to the normal range. **Discussion:** Hyperprolactinemia is observed in almost 40 % of patients with neurotic and personality disorders. Psychodynamic psychotherapy can be a significant factor improving PRL level in patients with neurotic and personality disorders.

Brief Paper Session

Personality disorders II

Moderator: Henning Schauenburg,
University Hospital, Heidelberg,
Germany

Patterns of Countertransference in Psychotherapy with Persons with Borderline Personality Disorder POORNIMA BHOLA, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India; Kanika Mehrotra, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India

This exploratory mixed-method study locates countertransference (Ct) as a pan-theoretical

concept, comprising of thoughts, feelings, and behaviours expressed by therapists toward their patients. It aims to understand the patterns of countertransference experienced in the context of psychotherapy with patients diagnosed with borderline personality disorder. It will also examine the relationship between Ct reactions and therapist-reported mentalization ability and empathy. 112 psychotherapists at different experience levels, completed The Therapist Response Questionnaire (Zittel Conklin & Westen, 2005), to assess patterns of countertransference reported with a representative patient diagnosed with borderline personality disorder. They also completed measures of mentalization ability and empathy. Patterns of countertransference are discussed along with associations with therapist variables of experience level, empathy and mentalization. The implications for therapist training and professional development are highlighted.

Fractionated psychotherapy: symptom-assessed effectiveness Jerzy A. Sobanski, Jagiellonian University, Kraków, Poland; Katarzyna Klasa, Jagiellonian University, Kraków, Poland; Edyta Dembinska, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Anna Citkowska-Kisielewska, Department of Psychotherapy Jagiellonian University Medical College, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland

Aim: Psychotherapy Department day hospital stay is scheduled for 60 days, and some patients are referred for more than one "portion". They constitute a subgroup of "fractionated psychotherapies" continued after waiting in a queue. The proportion of fractionated versus single-dose stay is assessed, and symptom outcomes are compared.

Methods A sub-group of 103 readmitted patients was drawn from 368 neurotic or personality disordered patients (years 2013-2016, age 32 ± 7), with symptom levels above cut-off point. Symptom improvement was assessed with Polish KO'0' checklist (Aleksandrowicz, 1978-2018). ESs estimation included waiting list data from 2583 patients (Sobański and Klasa, 2005) (Morris' procedure, 2008). Results: Majority of treatments (72%) were nonfractionated ($n=265$). Symptom scores at pretreatment were 381 ± 135 ; at posttreatment 202 ± 136 . ES of 265 nonfractionated therapies compared to waiting list was large: 1,15. Nonfractionated therapies brought a large improvement (84%, including 53% cured), no-change (10%) and deterioration (6%). We found 103 (28%) readmissions (mostly one or two, 88%). For these fractionated therapies, symptom scores also decreased (pretreatment 381 ± 114 ; FIRST posttreatment 253 ± 137 ; LAST posttreatment 230 ± 124). ESs of fractionated therapies were: 0,79 (first stay), 0,95 (final). Analysis of single-cases revealed that 76% brought a large improvement (46% cured, some improvements followed a sawtooth pattern), no-changes and deteriorations: 12% each. Discussion: Findings suggest that both single admissions and fractionated therapies brought symptom improvement in majority of cases, but fractionated therapies outcomes were less favourable. However, the pattern of improvement for fractionated treatments allows suggestion that it is worth to add more therapy for some patients.

Anxiety and personality disorder - a randomized controlled comparison between behavioral therapy and psychoanalytic therapy Henning Schauenburg, University Hospital, Heidelberg, Germany; Dorothea Huber, Internatiopnal Psychoanalytic University, Berlin; Miriam Henkel, University of Kassel, germany; Hermann Staats, University of Potsdam, Germany; Heinrich Deserno, International Psychoanalytic University, Berlin; Silke Wiegand-Grefe, University of Hamburg, Germany; Cord Benecke, University of Kassel, Germany

Background: The APS study is a large randomized-controlled comparative study between behavioral therapy and psychoanalytic therapy. It is based on a long term follow up and recruitment started in 2012. It compares the therapy of patients diagnosed with panic disorder and accompanying personality disorders. Experience shows that therapy with this group is complex and protracted. In addition, the indication for a psychoanalytic therapy. Evidence for the effectiveness of psychoanalysis in anxiety disorders is limited. Among other things, the study aims to remedy this deficiency.

Methods Multi-centre randomised controlled longitudinal study, five centres. Therapies are carried out within the framework of the medical care system of the Federal Republic of

Germany. Sample: 248 randomised patients, 168 started therapies. Last recruitment autumn 2017. Expected end of the last 6-year follow up is 2023. 100 therapies completed so far. Average session duration 38.8 sessions VT, 158 sessions PA. Result: At a drop-out rate of approximately 20%, so far about two thirds of the therapies could be completed. For the first cases, 6-year catamnese are available. Preliminary results are reported which indicate comparable efficacy in the first year of treatment. In the further course, the behavioural therapies are terminated after an average of 16 months, the PA after 26 months. The overall curve clearly shows that the shorter behavioural therapy achieves a primarily good recovery, but that the patients remain within the range of a still burdened population with regard to various symptom areas and personality traits. Patients in the significantly longer psychoanalytic therapy approach a healthy population. Discussion: This is a randomized comparative study of a difficult clinical population. The comparable efficacy of CBT and PA on acute symptoms was again demonstrated. Initial, but not yet really robust, indications of the benefit of long-term continuation of the therapy were found. The study will provide many opportunities to test long-term psychotherapeutic change processes and their stability.

Coping styles, strategies and self-efficacy of patients treated with psychotherapy for neurotic and personality disorders. Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Edyta Dembinska, Jagiellonian University, Kraków, Poland; Jerzy A. Sobanski, Jagiellonian University, Kraków, Poland; Anna Citkowska-Kisielewska, Department of Psychotherapy Jagiellonian University Medical College, Kraków, Poland; Katarzyna Klasa, Jagiellonian University, Kraków, Poland; Joanna Mostowik, Jagiellonian University, Kraków, Poland

Aim: To determine coping styles, strategies and self-efficacy of patients diagnosed with neurotic and selected personality disorders (ICD-10: F4X.X, F60.X, F61), and evaluate possible changes in coping responses in the course of psychotherapy. **Method:** Coping styles and strategies were assessed in 70 patients treated with intensive, short-term, predominantly psychodynamic psychotherapy (complex treatment program including group and individual psychotherapy). The measurements were performed at the beginning and at the end of treatment with the use of following measures: Brief-COPE, Coping Inventory for Stressful Situations (CISS) and General Self Efficacy Scale (GSES). The obtained data was statistically analyzed to identify coping styles and strategies characteristic for neurotic and personality disorders and to evaluate changes in coping responses in the course of the treatment. **Results:** Significant differences in coping strategies and styles, as well as general self-efficacy, were observed in the comparison of patients and the general population. Patients more frequently utilised emotion-oriented coping style and the following coping strategies: self-blame, denial, venting. Moreover, task-oriented coping style and coping strategies including humour, active coping, planning, positive reframing were identified as less frequently applied. Additionally, the general self-efficacy of patients was significantly lower in comparison to the general population. Complex changes in coping styles and strategies were observed in the course of psychotherapy. **Discussion/**

Conclusions When confronted with challenging life tasks/situations patients with neurotic and personality disorders more frequently utilise coping styles and strategies that lead to a decreased chance of favourable outcome and increased anxiety. **Keywords:** group psychotherapy, coping, personality disorders, neurotic disorders

Brief Paper Session

Moderator: Marija Farrugia,
Cambridgeshire and Peterborough
NHS Foundation Trust

Measure development

The structure of common factors across different therapies for different disorders Ingild Finsrud, University of Oslo, Norway; Helene Nissen-Lie, University of Oslo; Paal Ulvenes, Modum Bad Research Institute, Vikersund, Norway; KariAnne Vrabel, Modum Bad Research Institute, Vikersund, Norway; Bruce E. Wampold, Modum Bad Research Institute, Vikersund, Norway

Objective: Common factors (such as expectations and the working alliance) have demonstrated a relatively strong association to therapy outcomes across a variety of settings, patients, therapists and treatment methods. To further understand the impact of common factors, we need solid measurement and conceptual clarity. Hence, we developed a scale measuring various common factors in one single scale to later use as predictor of outcome. In this paper, we evaluated the factor structure of such a scale. Method: A newly developed questionnaire was used to gather data from patients undergoing intensive psychotherapy in different units of an inpatient psychiatric hospital. The sample consisted of patients suffering from depressive disorders, anxiety disorders, eating disorders, and childhood trauma. Patients were treated with different psychotherapeutic methods according to the policy at four treatment units at the hospital, among them CBT, compassion-focused therapy, short-term psychodynamic therapy and metacognitive therapy. Along with conventional procedures, we used half the sample (N=164) to conduct an exploratory factor analysis (EFA), before we tested the solution in a confirmatory factor analysis (CFA) on the second half of the sample (N=170). Results: The EFA resulted in a 4 factor solution, which was confirmed in the CFA. Discussion: When investigating what the common factors are from a patient perspective, there seems to be a distinction between the therapist's contribution to therapeutic work (factor 1), the patients' own engagement (factor 2), as well as various aspects of the treatment itself (factor 3 & 4). Implications are discussed.

The concepts of mental health and illness from the point of view of MetaSystemic Psychotherapy. In memory of Dan Pokorny. Andrzej Nehrebecki, Instytut Psychoterapii MetaSystemowej

Aim: The way in which health and illness are defined has consequences for the methodology and effectiveness of treatment. Psychotherapy tends to concentrate on symptoms or problems and most of its instruments are used to measure those. Yet focusing solely on these negative aspects comes at a price. It is easy to lose sight of what is most important to patients, i.e. a happy life consisting in a loving relationship, family, professional fulfillment or simply the joy of life. This is why measuring the effects of psychotherapy with symptomatic tools only is inadequate. What seems desirable is a situation in which health and illness are perceived as a continuum, described by one measurable variable, and such attempt has been made. The aim of the WisdOM test is to overcome the limitations of traditional outcome measures. The Development of the instrument began with over 1000 formulated items. Then its three successive versions were tested in consecutive pilot studies (N=100, N=450, N=780), leading to the final version. The WisdOM (Nehrebecki) was developed in the Polish language, and it consists of 70 items grouped into 7 domains. Results: the validation of the instrument was performed on a sample (N=2675), and the test showed good psychometric properties. The Wisdom factor, in particular, showed a strong correlation with the symptoms. Application: the instrument can be applied in potentially broad settings. The test can be used in the psychotherapy of patients with serious deficits and in work with clients who seek further personal growth.

Translation of the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) into Maltese Marija Farrugia, Cambridgeshire and Peterborough NHS Foundation Trust; Chris Evans, University of Sheffield, UK; Ivan Zammit, East London NHS Foundation Trust

Aim: A description of the process of the translation of the CORE-OM into the Maltese language, following good practice guidelines on translation.

Methods A discussion of the methodology outlines the principles followed in the recruitment of independent forward translators, followed by the review of these translations in the 'focus group' held in Malta in June 2018, producing the initial draft translation. This was followed by field-testing and back-translation and the agreement on the final translation. Results: Although the main result is undoubtedly the presentation of the final version of the Maltese translation of the CORE-OM, the translation process itself presented challenges and yielded unexpected insights. Discussion: The Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM) is a 34-item self-report questionnaire measuring the client's status in

the four domains of Wellbeing, Problems or Symptoms, Functioning and Risk. It has been translated into 25 different languages and features in over two-hundred publications in various fields of mental health including psychiatry, counselling, clinical psychology and psychotherapy, learning disability, forensic services, and health and social care. The availability of the completed Maltese translation invites further psychometric exploration of the translated instrument to improve its reliability and validity. The observations made during the process evoke questions for further research and shed light on how culture-specific factors, including inter-generational, geographical and socioeconomic factors impact understanding of the items in the measure and the final scores.

Reliability and validity of the PCEPS-YP: An adapted measure for counselling adherence with young people. Gemma Ryan, British Association for Counselling and Psychotherapy; Mick Cooper, University of Roehampton

Aim/Purpose: This study aims to assess the reliability and validity of the Person-Centred Experiential Psychotherapy Scale-Young Person version (PCEPS-YP); a newly developed and adapted 9-item scale which aims to measure counsellor adherence to person-centred practise, within a young person setting. **Design/Methodology:** Counselling practice was assessed for 19 counsellors by randomly selecting 20-minute audio segments from 142 recorded counselling sessions. Audio material was then independently rated by 8 auditors using the PCEPS-YP to produce an average adherence rating per counsellor. We assess inter-rater reliability and inter-item reliability across the total scale alongside convergent and construct validity using ratings taken from the Barrett-Leonard Relationship Inventory and the Working Alliance Inventory (short form). Exploratory factor analysis is used to further assess levels of both reliability and validity. **Results/Findings:** Analysis is currently under way and results will be available for presenting at the conference in September. **Conclusions/Implications:** This study will allow researchers to determine whether adherence results from the PCEPS-YP can be reliably interpreted and whether the scale can be reliably used in further research studies as well as counselling training and practise.

Brief Paper Session

Change processes 1

Moderator: Timo Storck,
Psychologische Hochschule Berlin

How does psychotherapy evolve over time? An approach based on network

analysis Giulio de Felice, Sapienza University of Rome & NC IUL University, London.; Franco F. Orsucci, University College of London & NC IUL University, London.; Silvia Andreassi, Sapienza University of Rome, Italy; Omar Gelo, Sigmund Freud University, Vienna & University of Salento, Lecce.

Four good-outcome and four poor-outcome psychotherapies were recorded, and their transcripts coded in terms of abstract language, positive emotional language, and negative emotional language (TCM, Mergenthaler). The relative frequencies of the three vocabularies per each word-block of 150 words were investigated and compared in order to understand similarities and peculiarities between poor-outcome and good-outcome cases. The network analyses, revealed that the eight therapeutic relations organise their linguistic patterns with a dynamic substantially dependent on the relative frequency of the states in which the transition starts and ends ("random-walk-like behaviour", average p (It) 0.001, average adjusted $R^2 = 0.729$). Finally, they revealed some statistically significant changes in the occurrence of some states between the beginning and the end of therapy so pointing to non-stationarity of the analysed processes. Network analyses show how it is possible to transform the therapeutic relationship in terms of a complex system and to visualise it as a network. The analysis of the transitions between one state and another reveals their dependence on the relative frequency of the state in which each transition starts and ends. Therefore, the transition dynamics tend to recur between adjacent and much frequent states, more rarely promoting transitions to the more distant and less frequent ones. The most evident difference between poor and good outcome relations lies in the therapists' behaviour. In poor outcome cases they show more linguistic variability in comparison to good outcome. We propose that this may derive from a greater struggle to be in relation with their patients.

Comparative Conceptual Psychotherapy Research Timo Storck, Psychologische Hochschule Berlin; Christian Sell, Universität Kassel, Germany; Jana Volkert, University Hospital, Heidelberg, Germany; Felix Brauner, Psychologische Hochschule Berlin

Psychotherapy research continues to be in a pressing need for conceptual clarification as there is an ongoing confusion of tongues. On the one hand, at times the same clinical phenomenon (or underlying structure or process) is conceptualized using different terms (e.g. representations, plans, schemas etc.), while on the other hand the same theoretical term is used in a different way to describe different things (e.g. transference). We propose that the concept of Working Models of Psychotherapy can serve as a missing link between therapist factors, psychotherapeutic technique and mechanisms of change (and thereby outcome). Working Models of Psychotherapy consist of three sub-levels: a therapist's general working model, his or her case-specific working model, and his or her in-session-working model. Exploring working models can help to elucidate therapists' ways of thinking about their work and their patients and thus make a statement about which (number of) concepts are sufficient for psychotherapeutic work across different theoretical orientations. In an explorative and practice-orientated research design we collect audiotaped treatments from five large psychotherapeutic schools (psychodynamic - low-dose and high-dose -, systemic, client-centered, cognitive-behavioral) and conduct semi-structured research interviews with the respective therapists (6 treatments per school, 6 sessions per treatment, 3 research interviews per treatment). Data will then be discussed by members of a scientific network (two scientist-practitioner experts per therapeutic school as well as renowned supervisors) in seven research workshops. These discussions follow the Nominal Group Technique as well as Consensual Qualitative Research. Thus, we will - compare and clarify concepts across different theoretical and clinical orientations- develop a manual to assess individual therapist's Working Models of Psychotherapy- make suggestions on how conceptual research can contribute to component trials and/or trials on moderated mediation, among others.

When does the time slow down for the therapist? Mehpare Selcan Kaynak, Bilgi University; Alev Cavdar, Istanbul Bilgi University

Objective: The concept of time in clinical psychology mostly received attention as to its relation to mental disorders, especially trauma and dissociation. The other approach in literature is a psychoanalytic one, conceptualizing time multi-dimensionally (e.g. Joannidis, 2002; Marion, 2012). These accounts of subjective experience of time, usually focus on case studies. This study examines the perception of time by psychotherapists on the aspect of its speed with a large sample of clients. Aim: To identify the experience that makes the time feel like slowing down or speeding up. Method: Data was collected from 76 adult clients and 10 psychotherapists as part of a longitudinal psychotherapy process-outcome research project. After each session, the client and therapist separately rated a list of adjectives that defined the session, and a list of affective experiences. One of these ratings was on how slow vs. fast the session passed. Additionally, a fresh method of assessing time perspective with a single item pictorial measure was also used for this study. Results: Overall, therapists rated how fast the session passed with a mean rating of 4.6 over 7 (SD = 1.746). When compared to their paired clients (M = 5.94, SD = 1.449), therapists rated the session as significantly slower. Although their baseline rating is around 4, therapists' perception significantly varied as to the specific client ranging from a process mean of 1 to 6.51. What slowed time down for the therapists were specifically Anger, Shame and Contempt. On the other hand, all positive experiences speeded it up. Further analyses will be done to identify trajectories of processes where therapist's perception of session speed demonstrates a significant trend. Any departure from the usual randomly fluctuating perspective towards rigidity will be examined. Conclusion: The results will be discussed within the context of linear versus circular perceptions of time, and how the inner pace of the therapist is influenced by the process-specific as well as personal factors. Keywords: psychodynamic psychotherapy, time perception, affect, trauma

Moderator: Marit Råbu, University of Oslo, Norway

"Where did we arrive in the end?" Conjoint explorations of improvements in the last phase of psychotherapy Marit Råbu, University of Oslo, Norway; Hanne Haavind, University of Oslo, Norway

Most studies of psychotherapy will assess the outcome according to independent standards. In naturalistic therapies the termination has to be a matter of negotiations. Thereby outcomes will be an integral part of the process of ending. We have explored how clients and therapists reach shared notions about what they have accomplished through psychotherapy. A reanalysis of twelve good outcome cases (drawn from a larger study) included post-therapy interviews, and audio recording of sessions (ten to 67 in each case). A procedure for selection and condensation of text relevant to the theme termination was carried out on a case-by-case basis. There were some rather specific connections between recognizing improvements and coming to an end. Firstly, therapists and clients carefully negotiated improvements for the client as something they had attained jointly in the therapeutic relationship. By ironing out discrepancies in their views on improvements, they were able to co-create "good-enough" endings and maintain the spirit of mutual recognition. Secondly, looking ahead and looking back, they pointed out the client's improved capacity to come to terms with their past and to face their future. Thirdly, each dyad established their own mode of development: Some clients had reached a new level in life, others regained capacities that had been lost, and others became better adapted to realities in their lives. Rather than counting for a specific outcome, the clients pointed out how they were able to deal with emotions and to face challenges in future relationships.

Efficient, Safe or Smooth: Affective Correlates of Clients' Session Experiences and the Mediating Role of Therapeutic Alliance Alev Cavdar, Istanbul Bilgi University; Mehmet Emin Demir, Istanbul Bilgi University; Oyku Turker, Istanbul Bilgi University

Objective. The aim of this study is to systematically study the pre-therapy measures and within-session affective factors that predict the experience of a session as Efficient, Safe or Smooth. It's expected that the experience of the initial sessions will be predicted by symptom level and reflective functioning that in turn will predict the later sessions; and alliance will mediate this association. **Method.** Data was collected from 76 clients and 10 psychotherapists. Both the client and the therapist filled out a survey package to assess symptom levels (BSI; Derogatis, 1992), reflective functioning (RFQ; Fonagy et al., 2016), interpersonal closeness (IOS; Aron, A., Aron, E. N., & Smollan, 1992), and expectations. Checklists of adjectives and affective experience are completed after each session, and alliance is assessed by the first month (WAI; Horvath & Greenberg, 1989). **Results.** Affect profiles that define Efficient, Safe and Smooth sessions will be identified via cluster analysis. Preliminary work revealed that Shame and Guilt define Harshness, whereas affective positivity is more descriptive of Safety. Three time points (2nd, 10th and 18th sessions) will be analyzed with SEM. Preliminary analyses revealed that initial negative affect has a strong influence on Safety, but not of Effectiveness; whereas positive enhances both. Shame and Guilt has an influence only via their negative impact on alliance. **Conclusion.** The inclusion of mentalization and interpersonal closeness dimensions will be discussed in the context of the changing needs and expectations in defining a good session from a social constructivist perspective (Hoffmann, 1991; D.N. Stern, 1985, 1995).

What fits whom? Patients' psychological resources and vulnerabilities as predictors of working alliance in three models and durations of therapy Erkki Heinonen, University of Helsinki, Finland; Erkki Heinonen, University of Helsinki, Finland; Erkki Heinonen, University of Helsinki, Finland

Aim: Little knowledge exists on patients' psychological characteristics that predict a good "fit" with a particular therapeutic approach or treatment duration. To shed light on this question, we investigated how patients' various psychological resources and vulnerabilities predict the working alliance in three different types and durations of therapy.

Methods In the Helsinki Psychotherapy Study, 326 adult outpatients suffering from

depressive and anxiety disorders were randomized into short-term (solution-focused or psychodynamic) or long-term psychodynamic therapy, lasting approximately 7 or 36 months respectively. Patients' resources and vulnerabilities -- suitability for psychotherapy, dispositional optimism, sense of coherence, and childhood adversities -- were assessed pre-treatment by both questionnaires and clinician interviews. The Working Alliance Inventory (WAI) was rated by patients after the 3rd therapy session and at the end of treatment. Linear regression analyses were conducted. Results: Patients' characteristics did not predict differentially the initial alliance in the three different treatment models. However, patients' pre-treatment capacities for psychotherapy (e.g., self-reflective ability) predicted a better alliance at the end of long-term as opposed to the end of short-term psychodynamic therapy. Also, patients with vulnerabilities such as low dispositional optimism and greater childhood family unhappiness had achieved a significantly better alliance at the end of long-term therapy as opposed to the end of both models of short-term therapy. Discussion: Findings may help match patients with therapy models and/or durations in which they most likely achieve a good working relationship and therefore recovery. The findings may also shed light on the potential mechanisms of effective therapy relationships.

Brief Paper Session

Personality disorders I

Moderator: Felicitas Rost,
Tavistock and Portman NHS FT

Change process through dynamic patterns in personal positions of a patient diagnosed with Borderline Personality Disorder (BPD) and her therapist in a long-term psychotherapy

Augusto Pedro Mellado, Pontificia Universidad Católica de Chile, Santiago; Fernanda Abarca, Universidad Diego Portales, Santiago, Chile; Marena Soto, Universidad Diego Portales, Santiago, Chile; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Mariane Krause, Pontificia Universidad Católica de Chile, Santiago

Aim: To identify change process through shaping of dynamic patterns in personal positions of a patient diagnosed with Borderline Personality Disorder (BPD) and her therapist during relevant episodes in a long-term psychotherapy.

Methods A case study will be presented considering 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 as an interactive scenario of therapeutic construction, in each of change episodes of the patient. In the second stage of quantitative analysis, dynamic patterns in personal positions will be established, giving an account of attractors (using Space State Grid technique) in each of the three different levels of subjective elaboration that constitute such 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 episodes and this is manifested in the different personal positions that emerge as the episodes evolve. Salient attractors could indicate a manifestation in the subjectivity construction process of the patient during psychotherapy.

Paraphilias, Violence and Personality Disorder: Changes in personality functioning as a result of long-term psychoanalytic psychotherapy Nikolas Heim, Tavistock Clinic, London, UK; Imke Eliese Ahlers, Tavistock Clinic, London, UK; Alexandra Busse, Tavistock and Portman NHS Foundation Trust; Felicitas Rost, Tavistock and Portman NHS FT

Background: Within a psychiatric classification, patients with problematic sexual behaviors are diagnosed as suffering from 'paraphilias' with a focus on overt sexual symptomatology whilst neglecting personality pathology. Patients with a history of violence, on the other hand, have often been recognised as having personality disorder (PD). The aim of this

presentation is to highlight that like violent behavior, abnormal sexual behaviors, may also be conceptualised as underlying personality difficulties, and that it is these which become the focus of treatment for both groups of patients, rather than the behaviours themselves. Method: 168 patients with a DSM-5 diagnosis of a paraphilic disorder and 85 patients with a history of violent offences were referred to the Portman Clinic for long-term, open-ended psychoanalytic psychotherapy. Patients were assessed at intake and at yearly intervals during treatment with the Shedler-Westen Assessment Procedure (SWAP-200), a clinician-rated measure of PD and personality functioning. The two groups of patients were compared in terms of their initial PD diagnoses. Furthermore, multi-level modeling was carried out to investigate and compare changes in trajectories of personality difficulties over a four year treatment period. Results are currently analysed but will be ready to present at the conference. They will be discussed in light of the important implications for future assessment and treatment of both patient groups. The importance to implement clinical meaningful outcome measures that move beyond measuring overt changes in behaviours and symptoms to measuring intrapsychic changes will be highlighted.

Fractionated psychotherapy effectiveness assessed with multiple administrations of MMPI-2 personality inventory. 50 cases aggregation study Katarzyna Klasa, Jagiellonian University, Kraków, Poland; Jerzy A. Sobanski, Jagiellonian University, Kraków, Poland; Edyta Dembinska, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Anna Citkowska-Kisielewska, Department of Psychotherapy Jagiellonian University Medical College, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland

Aim: Patients with high rates of personality dysfunctions need longer treatment. Then, the current study explores sequences of personality outcomes after two or more day hospital admissions for 12 weeks. A taxonomy of changes during this 'fractionated psychotherapy' is presented. We hypothesized that many MMPI-2 scales scores decrease step-by-step in most patients but some are more resistant.

Methods We selected 50 neurotic or personality disordered day hospital patients (40 women and 10 men, age 32±8 yrs) treated in years 2014-2019 with fractionated psychotherapy, and by teams where first authors work in person. Changes were extracted from MMPI-2 inventories administered at pretreatment and post treatments, so set of 50 series of scores was analysed. We analysed material in context of clinical case records, and our recollections.

Results: We identified some patterns of MMPI-2 scores changes, as follows: decrease in Hysteria (Hy) (38%), Depressiveness (D) (62%), Hypochondria (Hs) (42%), Psychopathic Deviation (PD) (42%), Social introversion (SI) (62%), increase in Ego strength (ES) (64%). However, increase of Psychopathic Deviation (PD) after some successful therapies requires further investigation. When all six changes were taken together, the most prevalent pattern were 'improvements' (36%), and 'mixed improvements and deteriorations' (26%), 'deteriorations' (20%), 'no-changes and improvements' (16%), and 'no-changes and deteriorations' (2%). **Discussion:** Results support hypothesis of partially favourable MMPI-2 assessed effectiveness of fractionated psychotherapy in a day hospital with conjoint group and individual sessions. Readmission practices, future investigations, and clinical consequences are discussed.

Brief Paper Session

Moderator: Markus Hayden,
Alpen-Adria-Universität Klagenfurt

Change Process 2

Ego strength and defence mechanisms as indicators of change in individual and group psychotherapy Katarzyna Cyranka, Clinic of Adult Psychiatry, Department of Psychiatry Jagiellonian University Medical College

Aim: Ego strength is of key importance for the experience of self-identity, self-agency, self-cohesion and self-understanding. Definitions of ego strength include an ability to maintain self-identity irrespective of mental distress, suffering, and conflicts between

internal needs and external demands. Defence mechanisms are associated with and connected to ego strength. The study aimed to assess changes in ego strength and defence mechanisms in patients participating in long-term individual psychotherapy. This study builds on and confirms previous results carried out with patients undergoing short-term group psychodynamic psychotherapy (Cyranka et al, 2018). Method: 5 patients in long-term psychotherapy (2 psychoanalytic; 3 psychodynamic) had their ego strength and defence mechanisms measured using the Ego Strength MMPI2 scale and the Polish version of Defence Style Questionnaire (DSQ-40) at the beginning and end of treatment. An individual case analysis of the results was completed.

Results: The results indicate significant growth in ego strength and rebuilding of defence mechanisms in the course of the psychotherapy provided. This brings interesting observations concerning the modification of the personality structure reflected by the use of these mechanisms. Discussion: The process of psychoanalytic and psychodynamic psychotherapy can be monitored in terms of change in ego strength and defence mechanisms, which may be a good indicator of psychotherapy outcome. Change in defence mechanisms is correlated with growth in ego strength, which can be related to general shifts in personality functioning. A similar study involving a larger group of patients is warranted: presented results are currently analysed only as case observations.

Mentalization as predictor of defense mechanisms Markus Hayden, Alpen-Adria-Universität Klagenfurt; Klea Beyer, Alpen-Adria-Universität Klagenfurt; Maria Dehoust, University Medical Center Hamburg-Eppendorf, Germany; Sylke Andreas, Alpen-Adria-Universität Klagenfurt

Aim: There are several indications of associations between the ability to mentalize and psychological defense mechanisms. However, only few studies have examined these associations in more detail. In the present study we aimed at filling the research gap by identifying and analyzing patterns of mentalization and defense in inpatients with mental disorders.

Methods A clinical sample of patients with various kinds of mental disorders was studied during and after inpatient psychiatric rehabilitation. Linear regression analyses were used to analyze the role of mentalization in the change of defense patterns over the course of treatment. Results and discussion: Results of the analyses indicate that mentalization plays an important part in the changing of defense mechanisms during and after inpatient rehabilitation for mental disorders (stand. $\beta = -.369$, $p = .001$ for the beginning of treatment and stand. $\beta = -.507$, $p (It) .001$ for the follow-up assessment), whereas other factors, such as symptom severity or interpersonal distress, were only weakly associated. This supports the idea that mentalization enables humans to adopt healthier ways to cope with stressful situations in life.

Differences in therapist and lay expectations of the active mechanisms of change in psychotherapy Dana Tzur Bitan, Shalvata Mental Health Center; Shiran Abayed, Ariel University

Aim: Although outcome expectations have been extensively studied, less is known about process expectations and the degree to which lay individuals have predispositions regarding potential mechanisms of change. In this study, we aimed to assess differences in process expectations in lay individuals, compared to therapists' perceptions.

Methods Therapists ($n = 107$), former patients ($n = 97$), and lay individuals with no prior experience in psychotherapy ($n = 160$) were recruited to participate in the study. Process expectations were assessed using the Expectations of Active Processes in Psychotherapy scale (EAPPS). Participants were also requested to verbally indicate what they viewed to be the active mechanism producing change in psychotherapy.

Results: Significant differences were observed between therapists, former patients, and lay individuals. Although therapists reported having high knowledge regarding the active mechanisms of change, they attributed less significance to all possible mechanisms of change compared to former patients and lay individuals. Thematic analyses indicated that therapists have complex, multifaceted, and often alternating views of what works in

psychotherapy. Discussion: Therapists tend to hold a complex view regarding the active mechanisms of change in psychotherapy. Research focusing on process expectations, as well as the level of correspondence between patients and therapists, should account for this complexity. Limitations and directions for future research will be discussed.

Poster Session

Poster Session

Experimental Study of Effects of Therapist's Affirmation on the Therapeutic Relationship in Early Session: Used the Video of Simulated Psychotherapy YUUKI YOKOTA, National Center of Neurology and Psychiatry, Tokyo, Japan; Sampei Mariko, ALspective Co. Ltd. EASE Mental Management, Japan; Yoshida Sumiko, National Center of Neurology and Psychiatry, Tokyo, Japan; Takahashi Yuta, Yamaki Counseling office, Tokyo, Japan; Kimizuka Chie, National Center of Neurology and Psychiatry, Tokyo, Japan; Iwakabe Shigeru, Ochanomizu University, Tokyo, Japan

Background: Building a good therapeutic relationship in early sessions is essential. Previous studies suggested that the therapist's affirmation affects to the relationship in early sessions. However, that psychotherapy variables have not controlled in previous studies. Aim: This study aimed to verify the effects of therapists' affirmation on clients' views of the therapeutic relationship by using a video of stimulated psychotherapy.

Methods The participants were 16 persons with major depressive disorder and 16 persons without mental disorders. We created two scripts; one therapist used mainly affirmation (Affirmation group). The other therapist used mainly reflection (Reflection). Common to both scripts were the techniques of asking questions, offering supportive responses, and restatement and summarization. The participants evaluated therapist by using Counselor rating form short version (CRF-S), Session evaluation questionnaire (SEQ) immediately after watching each session. Next, both therapist's statements were evaluated by the following question: 'If you were the client undergoing this therapy, how useful would you consider the therapist's statement? The evaluation was on a scale of 1 (totally useless) to 7 (very useful).

Results: As per the ANOVA, they were evaluated Affirmation group as significantly more attractive and trustworthy than Reflection groups. When the evaluations of affirmation and reflection groups were compared using the t-test, there was a significant difference and large effect size (Cohen's $d = 1.33$).

Conclusions The effects of affirmation were verified. Particularly, the use of affirmation affected evaluations of attractiveness and trustworthiness. However, this study did not fully control for therapists' gender.

Changes in displays of agency during the early phase of psychotherapy: A case study Minna-Leena Seilonen, Private practice; Jarl Wahlström, University of Jyväskylä

Aim: We look at the concept of agency as an integrative theoretical construct of core processes in psychotherapy, and have introduced a model of five aspects of agentic vs. nonagentic presentation (The Five Aspect Model). Earlier we have shown how those aspects -- relationality, causal attribution, intentionality, historicity, and reflexivity -- were present in, or lacking from, accounts given at the outset of therapy by clients in semi-mandatory counselling and by one client entering voluntary psychotherapy. In the present study we examine how, in the latter case, displays of agency changed from the first session to sessions 6 and 10. Method: Using theory-guided content analysis, we show how the client's discursive constructions of agentic or nonagentic positions evolved, how the therapist contributed to this development, and how changes in the client's positions with respect to her presenting problems, her significant others and her conception of self occurred in these progressing narrations.

Results: Moving from nonagentic to agentic self-positioning took first place in the aspects of relationality and historicity, then in causal attribution. In intentionality only budding agency

was observed. Increasing agentic positioning was in all aspects connected to increasing reflexivity. The therapist's contribution to the client's moves towards agentic display increased remarkably from session to session. Discussion: The Five Aspect Model of agency construction afforded a detailed description of how the client discursively displayed her lost sense of agency at the outset of therapy and how she gradually moved to more agentic formulations.

Potential effect of repetitive hypnotic procedures on hypnotizability Anna Dominika Kaczmarek, Jagiellonian University, Kraków, Poland; Patrycja Jęda, Jagiellonian University, Kraków, Poland; Ewa Guśtak, Jagiellonian University, Kraków, Poland; Michał Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland

Aims: Hypnosis is a state of consciousness involving focused attention, reduced peripheral awareness and enhanced capacity for response to suggestions. The study was aimed at the description of potential individual differences in hypnotizability, evaluation of the influence of repetitive hypnotic procedures on hypnotizability, presentation of change dynamics and comparison of subjective and objective assessment.

Methods: Six participants (medical students) underwent five subsequent hypnotic procedures performed by a senior psychiatrist. The procedures were based on the protocol designed and accepted by the Commission of Clinical Hypnosis of the Polish Psychiatric Association. The research data was acquired using two self-designed questionnaires: one filled out by the participants (subjective assessment), the second one by observers (objective assessment). The suggestion effects were evaluated using a 0-3 rating scale. Statistical analysis of the data was accomplished.

Results: The initial dominant suggestions effect differed significantly between participants ranging from 0 to 3. Five out of six participants were susceptible to suggestions, one was not responsive. Generally, hypnotizability changed significantly in the subjective assessment (28.8% 0; 27.3% 1; 21.1% 2; 22.7% 3 vs 13.6% 0; 16.7% 1; 31.8% 2; 37.9% 3; $p(t) < 0.05$), although there was only slight difference in the objective assessment. Discussion: The study shows that hypnotizability may be modified by different factors including repetitive hypnotic procedures. Well-performed procedures may foster an increase in subjectively rated hypnotizability and generate better clinical outcome, crucial for psychiatric and somatic patients treated with hypnosis. However, further research involving larger clinical groups is required. **Keywords:** hypnosis, hypnotizability, suggestions

Psychometric Evaluation of the Czech version of CORE-GP in Three Independent Samples Adam Klocek, Masaryk university, Faculty of social studies; Tomáš Řiháček, Masaryk university, Faculty of social studies

The CORE-GP is a short version of the Clinical Outcomes in Routine Evaluation -- Outcome Measure (CORE-OM) self-report questionnaire. CORE-OM represents a tool usable for repeated measurement of the therapeutic effect or well-being in routine clinical settings. On the contrary, CORE-GP is focused primarily on relatively healthy populations by not incorporating the items regarding severe clinical problems. The present study aims to examine the reliability, convergent validity, and construct validity of the Czech version of the CORE-GP. Further psychometric features of the questionnaire will be evaluated to establish the cut-off scores together with preliminary norms and factor structure using confirmatory and exploratory factor analyses. The data were acquired from three distinct samples (one clinical and two general population samples). Potential differences or invariance between samples will be discussed.

How do therapists deal with sexual preferences considering attachment styles and sociosexual orientation? Bettina Kumpan, Alpen-Adria-Universität Klagenfurt

Background: Attachment theory is often used to explain interindividual differences in sexual behavior. Especially in psychotherapy openness and the attitude of the psychotherapist toward sexual issues are important factors to make patients feel comfortable to talk about personal topics. **Purpose:** The focus of the study was to show whether attachment styles are associated with sociosexual orientation or sexual practices which are listed in diagnostic

manuals and which are not. In addition, this study focuses on how psychotherapists deal with their sexuality and how they think others do. Method: The sample consisted of 229 prospective psychotherapists. Attachment style was assessed with Experience in Close Relationships - Revised and sociosexuality with the Revised Sociosexual Orientation Inventory. To assess the participants attitude toward sexual practices, ten practices were listed with different categories including the quality of pleasure and the estimate of the society/community of the therapists.

Results: The study showed moderate correlations between attachment style, sexual practices and sociosexuality. Gender differences were found in sexual fantasies and their realization. Women rejected sexual practices more than men, whereas men felt more comfortable in practicing them. Attachment avoidance was positively associated with sociosexual desire and negatively correlated with all sexual practices whereas attachment anxiety suggested the opposite regarding sexual practices. Furthermore, relationship status and satisfaction were two main influencing factors for sociosexuality. Discussion: These findings suggest that attachment style and sexual preferences are not necessarily associated. High scores of sociosexuality support the changes in relationships and conclude that prospective therapists show great openness toward sexuality.

The role of patient agency in the psychotherapeutic process: a mixed methods study Emma Acke, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium

Although the patient is considered the most important determinant of psychotherapy outcome, research mostly focuses on the contribution of the therapist, assigning the patient a passive role in receiving the interventions. Yet patients are not passive recipients, but rather active agents that deal with what psychotherapists do in their own way. The concept of patient agency is used to refer to this characteristic to actively generate change and not merely absorb what the therapist does. Existing research concerning patient agency indicates that it is associated with psychological well-being. It remains, however, unclear how the patient plays an active role in therapy and how the therapist can help patients in taking up an active position. Therefore, we want to investigate whether agency predicts therapy outcome and explore how patient agency comes about in the interaction between patient and therapist. We expect a higher sense of agency to predict better outcome. Furthermore, we expect that patients not only differ with respect to the amount of agency, but also with respect to the nature of their agency. Therefore, we will investigate both the quantity (amount) as well as the qualities (nature) of patient agency. In order to investigate how agency comes about in therapy and how both patient and therapist contribute to this process, we will map the fluctuation of agency throughout therapy and how it can be understood in the therapist-patient interaction.

Psychotherapists' Understanding of Obesity: A Qualitative Study Karolina Maria Laniusz, Jagiellonian University, Kraków, Poland

Obesity can be understood as a psychosomatic illness which should be treated by a team of professionals including a psychotherapist. This study aimed to investigate therapists' views on obstacles to losing weight in obese patients. Ten expert interviews with therapists experienced in obesity treatment were conducted and analysed using interpretative phenomenological analysis (IPA). Key themes identified were mind-body relationship, body abuse, emotions deposited in the body fat, disorders, treatment expectations, „body-language“, biological limitations, motivation for change and turning points. The therapists emphasised that in many cases a deep psychological change is essential for effective obesity treatment.

Personal Therapeutic Approach of Gestalt Therapists: Working with Clients Suffering from Medically Unexplained Symptoms Roman Hytych, Masaryk University, Brno, Czech Republic; Jan Roubal, Masaryk University, Brno; Tomas Rihacek, ; Michal Cevelic, Masaryk University, Brno

Eight Gestalt therapists have chosen one successful and one unsuccessful case of his/her work with clients with medically unexplained symptoms for detailed interview with

researchers. The data were analysed using principles of Grounded theory and consensual research. A poster presents each therapist's personal therapeutic approach. The personal therapeutic approach is explored in two steps. First, how it is expressed in specific strategies (conceptualisation and interventions). Second, what more general patterns of working with this particular kind of clients can be conceived.

Psychotherapy in treatment of headaches attributed to anxiety, somatoform and personality disorders Patrycja Dagmara Jęda, Jagiellonian University, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland

Aim:The aim of the presented study was to examine the occurrence and course of headache in the group of patients undergoing psychotherapeutic treatment due to psychiatric disorders.**Method:**The frequency and intensity of symptoms is measured in patients in day hospital with Symptom Checklist "O" each week during the hospitalization. The data from the beginning, the middle and the end of the proceeded treatment was analyzed.

Results: There are presumptions of more frequent occurrence of headache due to psychiatric disorders, also as part of the symptomatic presentation of a somatization disorder. The pilot phase study provides the evidence for statistically significant correlation between headache and the other symptoms during treatment. Preliminary results from this phase will be presented.**Discussion:**The occurrence of headache in context of psychotherapeutic treatment. Analysis of criteria for headache attributed to psychiatric disorder.

The associations between subjective perception of mental health, the quality of intimate relationship and resiliency in people suffering from schizophrenia: A pilot study. Benita Wielgus, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland

Aim: Many people with schizophrenia believe that being in a relationship determines positive effects of the treatment and promotes recovery. The aim of the pilot study was to assess how the quality of intimate relationship influences the connections between resiliency and the subjective perception of mental health.**Method:** Sixty-one patients diagnosed with schizophrenia completed questionnaires, as follows: the Resiliency Assessment Scale, the Partner Relations Questionnaire and the General Health Questionnaire. The data was analyzed by regression and mediation.

Results: Mediation analysis revealed a significant indirect effect of spouse's perception of communication, mediating through two components of resiliency (openness to new experiences and sense of humour, as well as tolerance of failures and treating life as a challenge), on the subjective perception of mental health. Moreover, some components of resiliency (openness to new experiences and sense of humour, and optimistic life attitude, and ability to mobilize in difficult situation) predicted the perception of quarrel behaviours in a partner.**Discussion:** Deducting from results, spouse's perception of communication appears to be a significant determinant of resiliency which plays a key role in the state of mental health. Conversely, resiliency influences spouse's perception of inappropriate behaviors, but it appears not to be connected with mental health. Understanding the reasons behind this perception might facilitate the appropriate treatment for patients by changing their perception of a partner, and improve their personal abilities. Summarizing, this study suggests the important value of partners' psychoeducation and couples therapy, and the need for resilience training in people with schizophrenia.

Adolescents' perspectives on change: Exploring Innovative Moments with young patients treated for depression Fritz Mende, Faculty of Psychology and Education Science of the University of Porto; João Batista, Universidade do Minho, Braga, Portugal; Sally O'Keeffe, Anna Freud Center, London, UK; Nick Midgley, Anna Freud Center, London, UK; Margarida Rangel Henriques, Faculty of Psychological and Sciences of Education of the University of Porto; Miguel M. Gonçalves, Universidade do Minho, Braga, Portugal

Introduction: Innovative moments (IMs) pinpoint new and more adjusted ways of thinking, acting, feeling, and relating that emerge in clients' discourse during psychotherapy. By

contrast, ambivalence markers (AMs) are indicators of resistance to change. Previous studies with adults found high proportions of IMs and a progressive decrease of ambivalence in recovered but not in unchanged cases. Studies with adolescents are absent. Aims: To study the associations between IMs, AMs and symptomatic improvement, and contrast the production of IMs and AMs in good vs. poor outcome cases and in cases treated with Cognitive-behavioural Therapy (CBT) vs. Short-term Psychoanalytic Psychotherapy (STPP), in a sample of depressed adolescents. Method: Semi-structured posttreatment interviews conducted with 24 adolescent (12-18 years) participants of IMPACT-ME (a longitudinal, qualitative study of the experience of adolescents involved in a clinical trial on youth depression), were coded using the Innovative Moments Coding System. Level 2 IMs (meanings centred on changes), level 3 IMs (meta-reflections that articulate contrast between past and present with change processes), and AMs were identified.

Results: IMs and AMs were found throughout the interviews. The proportions of IMs were significantly correlated to symptomatic improvement and significantly higher in good than in poor outcome cases. In the CBT group the proportions of level 3 IMs were significantly higher than in the STPP group. Conclusion: This first study exploring IMs with an adolescent sample suggests that future research targeting at the articulation of empirical findings within this model may foster a deeper understanding of change in psychotherapy with youth.

Systematic review of patients' and therapists' intersession experiences Pauline Leonie Herrmann, University of Klagenfurt, Austria; Sylke Andreas, Alpen-Adria-Universität Klagenfurt; Thorsten-Christian Gablonski, University of Klagenfurt, Austria

The term intersession processes (ISP) comprises several occurrences happening in the interval between psychotherapy sessions. They usually refer to the therapeutic relationship or the experiences during therapy and can occur in the patient but also in the therapist himself. As an emerging field in psychotherapy research intersession processes have been looked at in consideration of various aspects. Researchers referred to different psychotherapy approaches, using inpatient and outpatient settings, looking at different groups of mental disorders, and assessing the influences, intersession processes may have on the therapy outcome. Up to now no work has been published that can provide a comprehensive overview of intersession related studies, including not only the patient's perspective and influence on the therapy process, but also the perspective of the therapist. With the aim to include all relevant work from the field in this review, a systematic literature research approach was used. On the databases PsychInfo and MedLine we searched for scientific articles that have been published since 1980 and that focused on Intersession processes and related phenomena, as the term itself did not exist until 1993. The exact strategy we have chosen for our searching procedure, the number of included articles and the results will be presented in Krakow at the SPR conference in September 2019. Besides outlining an overview of existing research in this field, the further aim is to establish the base level for a subsequent individual patient analysis, using original data and creating a high standard meta-analysis.

The relation between affective tone in play and mental state talk Merve Açıl, Istanbul Bilgi University, Turkey; Istinye University, Turkey; Burcu Besiroglu, Istanbul Bilgi University; Sibel Halfon, Istanbul Bilgi University

Aim: Children use various emotional expressions in play including important components of the ways to regulate own negative emotions, switch between different affects, and using adaptive strategies. Children with behavioral problems generally have troubles with some of these areas of affective tones in play. Also, they experience problems in mentalizing own and others' mind. The aim of the study was (1) to see if different affective tones in the play and mental state talk (MST) of children who applies for therapeutic support associate. Method: The mental state talk (categories of emotions, cognition, perception and pseudo-mentalization with the orientation of self and other) are acquired from Coding System for MST in Narratives. Children's affective tones during play (categories of child's ability to regulate and modulate emotions, transitions between affective states and using

adaptive strategies) are generated from the affective components of Children's Play Therapy Instrument (CPTI) coded for initial sessions of play therapy. We conducted correlational analyses between different MST and CPTI affective categories by controlling for child's age, receptive and expressive language abilities.

Results: Other-oriented mental state word use was positively and inappropriate mental state word use was negatively associated with child's ability to regulate and modulate emotions and transitions between affective states. In addition, inappropriate mental state word use was negatively related with using adaptive strategies. Discussion: Focusing on other people's mental states can be useful for affect regulation and transition while inappropriate attributions of mental states negatively influence affect regulation and transition and using adaptive strategies during play.

The relation between children's mentalization and behavioral problems: The mediating role of children's emotion regulation Burcu Besiroglu, Istanbul Bilgi University; Merve Açıl, Istanbul Bilgi University, Turkey; Istinye University, Turkey; Sibel Halfon, Istanbul Bilgi University

Emotion regulation is crucial for effective social functioning via allowing to reflect on conflicts, analyze others' perspective, and manage emotions. Literature has shown children with behavioral problems are having trouble of regulating their emotions. Children's emotion regulation is also associated with their mental state talk (MST) because mentalizing about own mind and others are known as key factors for emotion regulation. There is a link between children's MST and behavioral problems. We hypothesized children's MST may have an indirect effect on their behavioral problems through their emotion regulation skills. Children's different kinds of mental state words (emotion, cognition, perception, physiological, and action-based) were acquired by the Coding System for MST in Narratives. Emotion regulation was acquired from mother-report Emotion Regulation Checklist, two categories as Emotion Regulation (reflecting expression of emotions and empathy) and Emotional Lability/Negativity (EN; reflecting lack of flexibility and anger dysregulation). Behavior problems were generated from mother-report Child Behavior Checklist. Running correlation analysis, we found relations among all categories of MST, EN, and externalizing problems. Mother's age and children's ability to establish causal connection (CC) were associated with EN and externalizing problems. Then, we conducted separate path analyses to investigate the link between each category of MST and externalizing problems through EN via controlling mother's age and CC. Results showed an indirect positive association for all categories of MST on externalizing problems through the effect of EN. This model provides evidence that emotion regulation is the key factor for mental state talk to be effective on behavioral problems.

Client Attachment to Therapist: Review and Meta-Analysis Slimane Djillali, University of Lausanne, Switzerland; Yves de Roten, University of Lausanne, Switzerland; Jean-Nicolas Despland, University of Lausanne, Switzerland

Attachment theory describes characteristic patterns of relating to close others and has important implications for psychotherapy. Consistent with Bowlby's (1988) secure base conception of attachment in psychotherapy, several instruments have been developed to measure client attachment to therapist. A systematic review was conducted of 25 studies published from 1995 to 2019 with help-seeking clients. Of these, meta-analyses were conducted for studies that examined client attachment to therapist subscales (Secure, Avoidant-Fearful, Preoccupied-Merger) as correlates of client-rated working alliance ($k = 11$, 892 clients), and general adult attachment ($k = 11$, 752 clients). The results show that the client's secure attachment to therapist is strongly correlated with the therapeutic alliance (mean weighted $r = 0,71$ [95% CI = 0,62 -- 0,79]), moderately correlated with the results, and weakly negatively correlated with the avoidance (mean weighted $r = -0,12$ [IC 95% = -0,06 -- -0,21]) and anxiety dimensions (mean weighted $r = -0,11$ [IC 95% = -0,03 -- -0,17]) of adult attachment. With the Avoidant-Fearful style, results go in the opposite direction, whereas the Preoccupied-Merger style shows weak (positive or negative) to zero correlations. In addition, nine studies looked at some dimensions of the psychotherapy process (e.g., resistance, transference, emotions, self-disclosure, attitude toward

psychotherapy). Results are in line with what was expected. Overall, these findings are consistent with Bowlby's conception and confirm the relevance of the client's attachment to therapist as a specific variable different from general adult attachment, related to the process of change in psychotherapy. Clinical implications will be discussed.

Psychotherapy: from an empty speech to a full speech. Liza Notaerts, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium; Reitske Meganck, 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.

Assessing Change in Mentalization in Psychodynamic Child

Psychotherapy Ayşenur Coşkun, Istanbul Bilgi University; Sibel Halfon, Istanbul Bilgi University

Clinical theory suggests that mentalization deficits are associated with child psychopathology. One of the aims of psychodynamic therapy with children with behavioral problems is enhancing their mentalizing capacities in play. However, there have been very few studies that empirically investigated gains in mentalization capacity at the end of psychodynamic child psychotherapy. This study aimed to investigate whether there is an improvement on appropriateness and causal connections in children's mental state talk after treatment. The sample included 60 children (M Age= 6.7 (SD = 2.03), 58 % boys) with behavioral problems, who underwent long-term psychodynamic treatment. Children were administered an attachment based story stem task in order to collect verbal data in both pre- and post-treatment. Independent raters used the Coding System for Mental State Talk (CS-MST) to code different dimensions of mental state talk (i.e., appropriateness, causality). Parents filled out the Children's Behavior Checklist (CBCL) in order to assess internalizing and externalizing problems. Repeated measures ANOVA indicated that children demonstrated significant reduction in using impaired mental state talk (i.e., shutting down genuine thought about mental states despite using mental state words and/or making inappropriately hostile and negative attributions to mental states), while their ability to establish causal connections did not significantly change from pre-to-post treatment. These findings provided preliminary support that children with mentalization deficits may benefit from psychodynamic psychotherapy with respect to making more appropriate attributions to themselves and others.

Facilitators and Barriers of the Therapeutic Alliance in Videoconferencing Therapy: A qualitative inquiry of the therapist's perspective Alexandros Kapatais, University College, London, UK

Background: Internet-based therapies include videoconferencing and are on the rise due to technological advancements. They can offer numerous potential benefits such as broader and easier access to empirically supported treatments as well as a convenient way of treatment delivery. Although many clinicians already use video communication systems, empirical research on this format is still scarce (Berger, 2017). The centrality of the therapeutic alliance in face-to-face therapy highlights the importance of identifying facilitative and inhibitory variables thereof within the less researched context of videoconferencing. Aims: The present study aims to inductively explore the facilitators and barriers of the therapeutic alliance in videoconferencing therapy, from the perspective of the therapist. Method: The current study is part of a larger neuroimaging study that investigated the effects of mindfulness training on therapist-client brain and body synchrony. Following a one-off, 25-minute videoconferencing therapy session, brief semi-structured interviews of therapists with mindfulness training were conducted and subsequently analysed using Interpretative Phenomenological Analysis. Implications: The findings of the present exploratory study can offer preliminary theoretical and clinical implications. Theoretical implications include the processes around the formation of the therapeutic alliance in videoconferencing therapy, as compared to face-to-face treatments. Clinical implications will emerge from an understanding of the participants' experiences during their videoconferencing session with their clients. These can be used to inform the planning and delivery of videoconferencing therapy sessions, including implications for dealing with technological issues.

The influence of metacognitive training on the reduction of depressive and anxiety symptoms in children with ADHD Natalia Kajka, The John Paul II Catholic University of Lublin

Aim: The presentation of research results concerns the influence of 3-month metacognitive training on reducing depressive and anxiety symptoms in children with ADHD. Materials and

Methods The study involved 45 children aged 9-12 years ($M = 10.45$) with a diagnosis of attention deficit hyperactivity disorder. Children were randomly selected for three research groups: group with stimulation (1) Mind Maps, (2) Visual Thinking and group (3) without cognitive stimulation. The procedure was to supplement the Conners Questionnaire 3 (Wujcik, Wroclawska - Warchala, 2018) before the training and after 25 training sessions by the parents of the children.

Results: Analysis of the Wilcoxon test showed that there are statistically significant differences between the variables between the first and second measurement for depressive symptoms, but no statistically significant differences for anxiety symptoms. Discussion: The severity of depressive symptoms in children with ADHD is significantly higher in the first measurement for two experimental groups. However, in the group without stimulation, the symptoms of depression are intensifying. Cohen's d value pointed to the moderate strength of the effect of the impact of metacognitive training on the reduction of depressive symptoms.

Short therapeutic intervention for mentally disordered offenders with schizophrenia or schizoaffective disorder Kirstine Højgaard Dichmann, Psychiatric Hospital, Region Zealand; Sidse Arnfred, Psychiatric Hospital, Region Zealand; Mette Brandt-Christensen, Psychiatric Center Glostrup, The capital Region of Denmark; Jette Møllerhøj, Center of Competence, department of Forensic Psychiatry, The Capital Region of Denmark; Liv Os Stølan, Center of Competence, Department of Forensic Psychiatry, The Capital region of Denmark

This project investigates Therapeutic Assessment (TA) as a short therapeutic intervention for mentally disordered offenders diagnosed with schizophrenia or schizoaffective disorder (MDO SZ). The main objective of forensic psychiatric care is assessment and management of risk. Intense aftercare for patients with violent or criminal behavior is needed to prevent reoffending. Thorough assessment and therapeutic interventions are acknowledged as important for this process, as they provide an understanding of the internal world of the MDO SZ. However, the therapeutic alliance poses a core dilemma of therapeutic interventions for this patient population. This case-study series investigates 10 MDO SZ

receiving TA. TA utilizes the assessment phase as therapeutic for the patient and is known to increase the patients' willingness to cooperate, and to reduce feelings of isolation as well as increase feelings of hope, self-worth and generate a sense of personality organization. Data collection and analysis is covered through quantitative and qualitative measures. A single-case multiple-baseline design will examine the effectiveness of TA through repeated daily measures of symptomatic distress and weekly measures of therapeutic alliance. All quantitative data will be subjected to hierarchical linear modelling to analyze if TA is related to change in self-reported outcome measures. Moreover, a hermeneutic analysis of case-records will uncover the complex process of TA as therapeutic for MDO SZ. With this project we seek to find a new way of engaging MDO SZ in their own treatment and try out a new approach for the forensic patient population.

The influence of psychotherapy on the cognitive functioning of patients with anxiety disorders - research plan Magdalena Anna Konop, Jagiellonian University, Kraków, Poland

Introduction: Properly conducted psychotherapy relieves psychopathological symptoms in patients, often as effectively as pharmacotherapy. The literature contains many studies using brain imaging methods that confirm the positive impact of psychotherapy on the metabolic and synaptic functioning of the central nervous system (CNS). The planned study assumes that the effects of psychotherapy along with bringing symptomatic improvement, may also positively impact cognitive functioning. Cognitive impairments are often observed in patients. Aim: The aim of the planned work is to examine the influence of 12-week psychotherapy on the psychopathological symptoms and the cognitive functioning of patients. Treatment will take place as a part of the stay at the daily psychiatric ward where both intensive group and individual psychotherapy will be conducted.

Methods Patients will be examined before and after the cycle of the psychotherapy (pre-test and post-test). The following methods will be used: The Symptom Questionnaire, KON-2006 - Neurotic Personality Questionnaire, MMPI-2 Questionnaire and the battery of neuropsychological tests - The Ruff Figural Fluency Test (RFFT), The Trail Making Test (TMT A and TMT B), The Auditory-Verbal Learning Test (AVLT), Verbal Fluency Test, Rey-Osterreith Complex Figure Test (ROCFT). Expected

Results: The number of publications on the impact of psychotherapy on the cognitive functioning of psychiatric patients is limited, but most of the research indicates improvement of cognitive functions after treatment. The planned study also assumes higher results in neuropsychological tests taken after the end of the psychotherapy process.

Conclusions psychotherapy has the potential to introduce modifications in the central nervous system, bring symptomatic improvement, and probably to improve cognitive functioning. This study could shed new light on the possibilities and applications of psychotherapy. Keywords: neuropsychology

Suicide attempts and prehospital emergency services in Portugal: Practices and conceptions of health professionals Margarida Rangel Henriques, Faculty of Psychological and Sciences of Education of the University of Porto; Isabel Nogueira, FPCE of University of Porto; Ana Paula Coutinho, FPCE of University of Porto; Inês Rothes, FPCE of University of Porto

Suicidal behaviors are a serious health problem. Ambulance emergency services are the first professionals in contact with people who self-harm or attempt suicide. These professionals may play an important role in relapse prevention. The objectives were: (1) To describe the practices of prehospital emergency professionals, (2) to understand the representations of prehospital emergency professionals about suicidal attempts, (3) to explore the impact of these attempts, considering their own experience. Data was collected by semistructured interviews, constructed for this purpose, aimed at professionals of the National Institute of Medical Emergency, including physicians, nurses, psychologists and technicians. The participants were 20 professionals, 7 male and 13 females, with ages between 29 and 49 years old ($M= 39$, $SD= 7$). The interviews were audio recorded, fully transcribed and analyzed by thematic analysis. The main results showed that among the

emerging perspectives were (1) lack of evidence about national specific directions for suicide behaviors, (2) professionals believe that moment of crisis and emergent care can be an opportunity for intervention, (3) the lack of specific training to communicate with patients and their families in the emergency scenario, (4) a dichotomized representation of suicidal behavior between a "cry for attention" and the "serious ones", described as distinct and unrelated behaviors. Regarding the impact, we can highlight the frustration felt towards these emergencies, related to the paradox between a professional trying to save a life from a person who tried to end it. The results suggest the pertinence of developing specialized training aimed at these professionals. Keywords: suicide, suicide attempt, emergency, prehospital health professionals

Linear time series analysis

Methods Lack of convergent validity and evidence of different facets of movement synchrony

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Aim: Investigating nonverbal synchrony is a growing field in psychotherapy and social and behavioral sciences. The coordination of two interacting persons is captured by a nonverbal and thereby implicit measure. However, no gold standard exists with respect to the assessment of movement synchrony. Differences of the linear time series analysis methods are for example the usage of overlapping vs. non-overlapping windows or different bandwidths of these windows. It is unclear if different synchrony scores applied to the same dataset lead to comparable results showing their convergent validity. **Method:** In this study, we used N = 84 time series of psychotherapy sessions as stimulus material. We applied seven different linear time series methods (e.g., cross-lagged correlation and windowed cross-lagged correlation) with 16 different global synchrony scores (e.g., average correlation, maximum correlation, frequency of synchrony). Convergent validity was tested using correlations and exploratory factor analysis. Additionally, we compared the synchrony scores with two external criterions. We examined the predictive validity by predicting the improvement of interpersonal problems assessed with the inventory of interpersonal problems at the beginning and end of therapy and the concurrent validity by contrasting the scores with a non-linear method (cross recurrence quantification analysis).

Results: We found that all synchrony scores only partly correlate with each other. A one-factor model did not fit the data. However, for eight of the scores a three-factor model with a second-order synchrony variable was found. Only some scores correlated with the non-linear score and some predicted improvement of interpersonal problems. **Discussion:** To conclude, the considered synchrony scores did not measure the same construct, rather different facets of synchrony: the strength of synchrony of a total interaction, the strength of synchrony during synchronization intervals, and the frequency of synchrony.

Therapeutic collaboration and assimilation of problematic experiences: a case study

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The therapeutic alliance has been considered a consistent predictor of therapeutic outcomes, independently of the therapeutic approach and diagnosis. However, the processes by which the alliance contributes to the effectiveness of psychotherapy are still poorly understood. Collaboration is the core of alliance. Relationships are dynamics; therefore, therapeutic collaboration varies within a session and along the treatment. These oscillations can contribute to the process of change. Micro-analytical studies focused on the micro-processes involved in therapeutic collaboration and change's relationship have been encouraged. With the present case study, we aim to understand the association between therapeutic collaboration and patient's assimilation of problematic experiences throughout the cognitive behavioral therapy process with a patient diagnosed with depression. The

early, intermediate and final phases of the therapy process will be analyzed. We will use the Therapeutic Collaboration Coding System to analyze the therapeutic collaboration and we will use the Assimilation of Problematic Experiences Scale to analyze the patient change along the therapeutic process. The results will be discussed with regard to the research and clinical implications.

Short version of the Bielefeld Partnership Expectations Questionnaire (BFPE-12): Evaluation of factor structure and psychometric properties Uwe Altmann, University Hospital, Jena, Germany; Elmar Brähler, Universität Leipzig, Germany; Markus Zenger, Hochschule Magdeburg-Stendal, Germany; Ana Nanette Tibubos, Universitätsmedizin der Johannes Gutenberg-Universität Mainz, Germany; Katja Brenk-Franz, University Hospital, Jena, Germany; Bernhard Strauss, University Hospital, Jena, Germany

The short version of the Bielefeld Partnership Expectations Questionnaire (BFPE-12) is assess partner-related attachment. This study evaluates the factor structure and psychometric properties of the instrument on the basis of a German representative sample. The sample includes N = 1574 individuals. Sociodemographic variables, the BFPE-12, the short form of the Depressive Experiences Questionnaire Self-Criticism and the Patient Health Questionnaire-4 were collected. An exploratory and confirmative factor analysis were performed. Furthermore, internal consistency, item statistics and correlations with external criterion variables in terms of validation were determined. Explorative and confirmatory factor analysis confirmed the three factor structure (RMSEA .7). Fear of rejection and readiness for self-disclosure correlated with self-criticism, anxiety and depression according our hypotheses. Conscious need for care correlated weakly with external criteria. Overall, the BFPE-12 can be considered as an instrument for the assessment of attachment indicating a repeatedly replicated factor structure and acceptable psychometric properties.

Emotional intelligence in patients with anxiety disorders and personality disorders and its impact on the outcome of treatment in psychotherapeutic group Paweł Zakrzewski, University Hospital of Kraków; Magdalena Zalewska, Jagiellonian University, Kraków, Poland

Aim: So far, little research has been carried out on the importance of emotional intelligence (EI) in the psychotherapy process, the vast majority of them refer to the assessment of EI in therapists. Therefore, we sought to investigate: i) the impact of EI in patients with anxiety disorders and personality disorders on the outcome of treatment in the psychotherapeutic group (complex group psychotherapy mainly in a psychodynamic approach), ii) the influence of psychotherapy on the level of EI tested by test (implementation) and questionnaire (self-report) methods, iii) EI in patients with particular anxiety and/or personality disorder, iv) the correlation of EI with individual patient personality profiles, and v) the concordance of EI assessment with test versus questionnaire tools.

Methods We plan to examine 35 patients of the Day Centre of the Psychotherapy Department of the University Hospital in Krakow. Research tools will be as follows: MMPI -- 2, Emotional Intelligence Scale - Faces - SIE -T, Emotions Understanding Test - TRE, Popular Questionnaire of Emotional Intelligence - PKIE, Two-dimensional Emotional Intelligence Inventory - DINEMO, The KO"O"Symptoms Checklist, KON-2006 - Neurotic Personality Inventory, Word Comprehension Test- advanced version.Expected

Results: The planned study is to answer the question whether well-developed EI favors greater improvement under the influence of psychotherapy. It seems that the relationship between EI and the influence of psychotherapy is not straightforward. Also interesting is the potential divergence in the EI assessed by test versus questionnaire.

Short-Term Focused Group Analytic Psychotherapy (SFGAP) Steinar Lorentzen, University of Oslo, Norway

Aim: Group-Analytic Psychotherapy (GAP) is probably the most commonly used psychodynamic group therapy in Europe. Our research group has done research on different aspects of GAP. I want to present a time-limited, focused Group Analytic Psychotherapy (SFGAP) which I have developed, based on our own clinical research,

results from other time-limited psychodynamic group research, and clinical experience. Method: In 2005 I wrote a manual for use in a randomized, clinical trial (RCT), comparing short-term and long-term group analytic psychotherapy, consisting of 20 and 80 sessions of 90 minutes each, respectively. Three sites, 9 therapists and 18 groups were involved. The patients were followed up 3 and 7 years from baseline. Results from this research was then integrated in the original manual.

Results: The new therapy puts more emphasis on a thorough evaluation, a circumscribed treatment focus for each patient, and assessment of level of personality organization (PO), than the original, manualized short-term therapy. It also pays more attention to the individual, and is more structured, as the group process consists of four phases, the therapist is more active and work in the here and now, keeps patients on their foci, and remind the members of the group of the impending termination. Discussion: SFGAP is built on research evidence and clinical experience and is suited for selected patients with a treatment focus and PO from a normal to a high level borderline organization. Central elements of the therapy and the evaluation methods will be discussed, and clinical vignettes of suitable patients are presented. References: Lorentzen, S. (2014). Group Analytic Psychotherapy. Working with affective, anxiety, and personality disorders. London and New York: Routledge. Fjeldstad, A., Høglend, P., & Lorentzen, S. (2018). Presence of personality disorder moderates the long-term effects of short-term and long-term psychodynamic group therapy: a 7-year follow-up. *Group Dynamics: Theory, Research, & Practice*, 22(2), 93-107.

Development of a New Scale for Immigrant Children: The Children's Life Changes Scale (CLCS). The Preliminary Findings of Migrant Syrian vs. Non-migrant Turkish Children's emotions. Elif Gocek, Istanbul Bilgi University; Serra Muradoglu, Istanbul Bilgi University; Ece Gunduz, Istanbul Bilgi University; Gozde Aybeniz, Istanbul Bilgi University; Canan Tugberk, Istanbul Bilgi University; Ece Soysal, Istanbul Bilgi University; Gulbahar Eda Erbas, Istanbul Bilgi University; Ezgi Emiroglu, Istanbul Bilgi University

Moving away from 'home', has many negative effects on children's mental health. Research have found that immigrant children showed various psychological problems like depression, anxiety and Post-Traumatic Stress Disorder (Ellis, MacDonald, Lincoln, & Cabral, 2008; Bronstein & Montgomery, 2011; Pumariega, Rothe, & Pumariega, 2005). The mental health screening tools for immigrant children, however, are not sufficient for clinicians. In the present study, the preliminary findings of a new scale that is aimed to investigate the psychology of immigrant children will be presented. The Children's Life Changes Scale (CLCS) is designed for mental health workers who would like to understand the psychological effect of migration on children. The CLCS has 11 pictures that include different scenarios of children doing various things. Every picture has multiple-choice questions for emotions. Children are also asked to write stories for 6 pictures. The preliminary findings of this scale were collected from 223 Turkish and 113 Syrian children (n=336; age range 11-18) living in Turkey. The study found significant differences between Syrian and Turkish children in the use of emotions words for the CLCS pictures. For example, the 'suitcase', 'fence' and 'tent' cards triggered contrasting emotions between groups. The CLCS holds exciting promise for enhancing our understanding immigrant children's internal world and for clinicians who are interested to design individualized intervention programs. References: Bronstein, I., Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clinical Child and Family Psychology Review*, 14(1), 44-56. Ellis, H., MacDonald, H. Z., Lincoln, A. K., & Cabral, H. J. (2008). Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination. *Journal of Consulting and Clinical Psychology*, 76(2), 184--193. Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41(5), 581-597.

Negative experiences and outcomes in psychotherapy Anton-Rupert Laireiter, University of Salzburg, Austria; Isabella Christina Gruber,

Background: Negative experiences and outcomes in psychotherapy didn't get much attention in the past decades. Nowadays, the number of studies on this topic is increasing since it has been shown that these phenomena can lead to severe consequences.

Methods 197 former and current psychotherapy patients (169 females =86%) completed an online questionnaire on negative/undesirable experiences and negative outcomes of psychotherapy.

Results: About one third of the patients reported at least one negative experience (e.g. abusive behavior, aggressive behavior, feeling manipulated, therapist's incompetence). In addition, a similar number of patients reported negative therapy outcomes continuing for some months till today on average (e.g. deterioration of problems, reduction of self-esteem, loss of well-being, family relationship problems). Negative experiences were found to be just related to the number of diagnoses. No other variable (age, personality disorder, female sex, male therapist etc.) was related to it. Negative therapy outcomes were related to the amount of negative experiences, older age, suffering from a personality disorder and completing a psychoanalytic or a cognitive behavioral therapy. Negative experiences and outcomes were negatively related to the satisfaction with therapy and with premature drop-out from therapy. Discussion: Negative experiences and outcomes are highly prevalent and impactful in psychotherapy. It is not justified to ignore them any longer but it is highly necessary to take action against them e.g. by informing patients about their possible occurrence. In addition, more intensive research is necessary.

Determinants of the therapeutic alliance among patients with neurotic and personality disorders -- presentation of the research project Joanna Mostowik, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Tadeusz Ostrowski, Jagiellonian University, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland

Background: A subject of the research is the analysis of (1) determinants of patients' perception on the therapeutic alliance and (2) the effectiveness of psychotherapy among patients with neurotic and personality disorders. The therapeutic alliance is one of the fundamental and most often examined aspects of the relation in a psychotherapy process. A current state of knowledge clearly indicates that alliance is a significant factor influencing the results of psychotherapy, however no detailed explanation is known. Consequently, there is a valid question whether the therapeutic alliance has a direct impact on the therapy outcome, or just moderates the outcome through e.g. techniques used in psychotherapy, transference phenomenon, therapeutic skills or patient features. The study refers to the characteristics of patients, such as one's structure of personality organization, attachment style and mentalization ability. Aim: The study is aimed to determine the role of the structure of personality organization, the attachment style and the mentalization in (1) the patient's perception of the therapeutic alliance and, as a consequence, in (2) obtaining results in an intensive short-term group psychotherapy. The project determines the relationship among the abovementioned variables as well. Procedure and

Methods The study group includes patients in age from 18 to 45 diagnosed with neurotic or personality disorders according to ICD-10 who participate in an intensive short-term group psychotherapy conducted in a day hospital. All variables are measured at the beginning and at the end of the treatment, while therapeutic alliance and intensity of symptoms are measured in between as well.

Results: The study is still pending.

Neurotic and personality disorders -- a relationship between time perspective and intensity of neurotic symptoms, anxiety and defense mechanisms Joanna Mostowik, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Jagiellonian University Medical College, Kraków, Poland; Katarzyna Cyranka, Clinic of Adult Psychiatry, Department of Psychiatry Jagiellonian University Medical College; Tadeusz Ostrowski, Jagiellonian University, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland

Aim: According to P. Zimbardo and J. Boyd, time perspective means a subjective, psychological sense of time and represents the way in which an individual organizes one's life experiences into time category to give coherence, sense of meaning and order to those experiences. The theory underlines the relation between the time perspective and the mental health. The study aimed to determine the relationship between neurotic symptoms,

anxiety, defense mechanisms and time perspective among patients with neurotic and personality disorders.

Methods Responses from 49 patients (32 females and 17 males) from the Day Centre for Treatment of Neurotic Disorders and Behavioural Syndrome (University Hospital in Krakow) were included into the study. The following tools were used: the Symptom Checklist KO "O", the Neurotic Personality Questionnaire KON-2006, the Polish adaptation of the State-Trait Anxiety Inventory STAI, the Polish adaptation of the DSQ-40, the Polish adaptation of the Zimbardo Time Perspective Inventory.

Results: The structure of the time perspective among patients differs significantly from population's average results. The study revealed relations between the time perspective and the intensity of neurotic symptoms, trait anxiety and applied defense mechanisms. An increase in neurotic symptoms' intensity correlates with a higher concentration on negatively experienced past and present as well as lower ability to think of the future. The past negative and present fatalistic coexist with a higher intensity of anxiety-state and neurotic personality dysfunction.

Conclusions Results underline the importance of reinterpretation of the way in which patients perceive reality, drawing attention to equalizing emotional balance and particular perspectives towards balanced time perspective. **Keywords:** time perspective, defense mechanisms, neurotic disorders, personality disorders

Psychotherapy trainees healing and stressful work involvement and childhood trauma Marie-Kristin Apel, Universität Witten Herdecke; David E. Orlinsky, University of Chicago, USA; Ulrike Willutzki, Witten/Herdecke University

Therapists as persons have high impact on psychotherapy process and outcome. About 5--12% of the total explained variance of therapy outcome can be attributed to them (Wampold, Imel, & Flückiger, 2017). Previous studies have shown that stressful childhood experiences (e.g. childhood trauma) can have a substantial influence on professional development and therapeutic practice (Cvetovac & Adame, 2017; Little & Hamby, 1996). Such difficult biographical experiences have been reported by many psychotherapists (Elliot & Guy, 1993; Black, Fussell, & Bonney 1990; Burton & Topham, 1994). For example, in a qualitative study, psychotherapists report that they have been adversely affected by trauma in childhood, both in their professional and in their personal development (Rønnestad & Skovholt, 2001). While there are strong hints that such experiences may impair psychotherapists, little is known about the ways they influence therapists' working experience. The poster draws on data from SPRISTAD (Orlinsky et al., 2015). Psychotherapy trainees are asked about difficult biographical experiences in childhood and adolescence. At the same time, they describe their working experience. Appraisal and dealing with patients was conceptualized into healing and stressful involvement (Orlinsky & Ronnestadt, 2005). Healing involvement describes using relational skills, feeling invested, efficiently, affirming, experiencing flow and using constructive coping skills. On the other hand, therapists who experience stressful involvement with their patients often report difficulties, boredom, anxiety, and avoidant coping strategies. Healing and stressful work involvement of psychotherapy trainees with and without reporting childhood trauma will be compared. **Methods, concepts and preliminary results will be discussed.** **keywords:** childhood trauma, SPRISTAD, healing involvement, stressful involvement.

A systematic review of EMA design for studying mood and anxiety disorders: Preliminary results Mila Hall, Justus-Liebig University of Giessen; Katharina Michael, Justus-Liebig University of Giessen; Paloma Scherner, Justus-Liebig University of Giessen; Evelina Demtschenko, Justus-Liebig University of Giessen; Julian A Rubel, Justus-Liebig-University Gießen

This poster will present the findings of an ongoing systematic review of ecological momentary assessment (EMA) designs used to idiographically measure the daily lives of adults with mood and anxiety symptomatology. It is common practice to slightly alter components of EMA measures, to tailor them to suit the purposes of individual studies, but this measurement heterogeneity has not been studied directly. The present study will fill this

gap by examining the design of EMA for mood and anxiety symptomatology, both diagnosable and subthreshold. MEDLINE, PubMed, APA PsycNET, OpenGrey, and OSF will be searched to identify relevant work. The review will focus on the items administered, response scales (i.e., Likert, sliding scale), non-symptom specific questions, data collection platforms (i.e., apps, email), and psychometric properties (i.e., reliability, variability) reported. When available, the reasoning for design choices will also be analyzed. This review will constitute a milestone in examining replicability and measurement challenges in EMA research with mood and anxiety disorders in adults.

A systematic review and meta-analysis of guided self-help interventions in patients suffering from anorexia nervosa and their carers Gaia Albano, University of Palermo, Italy

Aims: The aims of this systematic review were to describe the content, context and form of task-sharing interventions for patients with Anorexia Nervosa and/or their carers, using the Template for Interventions Description and Replication framework (TIDieR) and to conduct a meta-analysis of studies using randomised controlled designs for the evaluation of the following outcomes: 1) drop-out from end-of-treatment assessment, 2) body mass index, 3) Anxiety, 4) Depression, 5) Quality of life. **Method:** A systematic search was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines and using the consecutive electronic database: PubMed, Web of Knowledge and AGRIS, Embase, Medline, PsychINFO, PsychARTICLES through Ovid database. We decided to conduct two parallel searches: the first was directed to patients and it identified 592 papers and the second one, directed to carers, identified 1538 articles.

Results: Guided self-help was directed to patients in 15 studies and to carers in 7 studies. Guided self-help was associated with significantly lower drop-out from the completion of end-of-treatment assessments compared to a control condition. There was an improvement in carers' wellbeing from skill-sharing interventions. We found a not significant greater increase in BMI for guided self-help and a not significant greater reduction in the control condition, compared with guided self-help, for the secondary outcomes. **Discussion:** Task-sharing interventions have the potential to increase patients' treatment engagement and carer's skills.

The professional and experiencing self of the family therapist Antonina Bryniarska, Jagiellonian University, Kraków, Poland; Aleksandra Katarzyna Tomaszewicz, Jagiellonian University, Kraków, Poland; Bernadetta Janusz, Jagiellonian University, Kraków, Poland

Implying the dialogical analysis into family and couple therapy process (Shotter 2006, Rober 2005) has given some new insights into the complex dynamics between the therapists' internal conversation and external dialog during the session. The aim of presented research was to look carefully at the therapists' own experience (his or her emotions and reflections) to identify all categories of therapist's inner voices. Such internal self-talk appears during the sessions and is possible to be disclosed later thanks to the Interpersonal Process Recall (IPR), which is a reliable method of capturing internal participants' experiences of the psychotherapy process. The data were collected in The Department of Adult, Child and Adolescent Psychiatry of Krakow University Hospital. The interview transcripts were subjected to the dialogical analysis (Bachtin 1981, Hermans 2004, Rober et al. 2008).

Anorexia Readiness Syndrome, the Perception of Parental Bonding, and Body Image Attitudes in Adolescent Girls Aleksandra Ściegienny,

Anorexia Readiness Syndrome (SGA) is an area insufficiently documented in Polish scientific and research literature. There is no comparison with psychological and socio-cultural factors, among girls diagnosed with eating disorders: restrictive anorexia (F50.01) and bulimic (F50.02), atypical anorexia (F50.1), undetermined eating disorders (F50.9) and psychogenic eating disorders (F50.8). The study involved the examination of girls during adolescence in the context of the syndrome of anorexia readiness and the perception of the parental relationship to the attitude towards their own body. A special emphasis was placed on the prognostic value of the results. A total of 165 girls participated

in the study during the adolescence period, 31 of whom were diagnosed with eating disorders. The first aim of the study was to identify the features indicating the existence of the so-called syndrome of anorexic readiness among girls without the aforementioned diagnosis. Secondly, the study investigates the perception of the parental bond by the participants and how their attitudes towards their own bodies are. Thirdly, the search for mutual dependencies between the characteristics of the so-called syndrome of anorexic readiness and perception of the parental bond, and attitude towards one's own body. The research was carried out on the basis of the following research tools: Parental Evaluation Questionnaire (PEQ), Eating Disorders Questionnaire (EDI-3), Socio-Cultural Attitudes on Physical Appearance and Body Image (SATAQ-3), Multidimensional Body Image Questionnaire (MBSRQ)). Analysis of the research results showed that excessive control of the father perceived by their adolescent daughters is not specific only for girls predisposed to eating disorders. In contrast, the mother seen as controlling can play a significant role in the development of the anorexic readiness syndrome. Moreover, it has been shown that the attitude towards one's body changes under the influence of psychological and socio-cultural factors characterizing eating disorders, such as dissatisfaction with one's body or the internalization of socio-cultural norms. It has been proven that a particular way of perceiving the parental bond significantly influences the attitude of the girls examined towards their body, predisposing those characterized by specific features to eating disorders.

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