

— ABSTRACTS —

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# CONFERENCE ABSTRACTS

## Brief Paper Session      **Adolescents**

### **The scientific status of psychodynamic therapy for children and adolescents.** *Sven Rabung, University of Klagenfurt, Austria*

In Germany, cognitive-behavioral therapy, psychodynamic therapy and systemic therapy are scientifically and legally approved as suitable procedures for the treatment of adults, children and adolescents with mental disorders. While all methods have provided empirical evidence of their effectiveness in adults according to defined criteria of the "Scientific Advisory Board for Psychotherapy" (in German: "Wissenschaftlicher Beirat Psychotherapie"), i.e. the official board which decides upon the formal scientific approval of psychotherapeutic approaches in Germany, this evidence is pending for the psychodynamic methods in children and adolescents. Against this background, the scientific status of psychodynamic therapy in children and adolescents was evaluated using the methods paper of the "Scientific Advisory Board for Psychotherapy" (version 2.9, 2019). Published reviews were used as the basis for identifying relevant studies, which was supplemented by a systematic literature search. A total of 93 potentially relevant studies were examined, but the majority of these could not be considered due to formal exclusion criteria (mainly not disorder-specific, no control group). Of the remaining studies, about two-thirds could be classified as evidence of efficacy as defined by the "Scientific Advisory Board for Psychotherapy". These are distributed over 10 of the 18 areas of application defined by the "Scientific Advisory Board for Psychotherapy". Since the reviewed studies allow the scientific approval of psychodynamic therapy in children and adolescents especially for the three most relevant areas of application (i.e. affective disorders; anxiety disorders and obsessive-compulsive disorders; hyperkinetic disorders and disorders of social behavior and emotions), the empirical basis for the approval of psychodynamic therapy as a method for the training of child and adolescent psychotherapists is also fulfilled.

### **Epigenetic Changes in Psychotherapy of Adolescents Diagnosed with Borderline Personality Disorder.** *Yamil Quevedo, Pontificia Universidad Católica de Chile, Santiago; Juan Pablo Jimenez, Universidad de Chile, Santiago; Marcia Olhaberry, Pontificia Universidad Católica de Chile, Santiago; Luisa Herrera, Universidad de Chile, Santiago; Linda Booij, Concordia University*

Epigenetic processes are sensitive to environmental conditions and can operate as mechanisms that allow early environmental experiences to trigger phenotypic modifications without modifying the genotype. A limited number of studies have shown relationships between epigenetic methylations patterns with the presence of childhood stress in Borderline Personality Disorder phenotype. Psychotherapy could be also considered as an environmental stimulus that could modify the epigenetic profile. In order to evaluate the relationship between epigenetic changes and response to psychotherapy, 11 adolescents diagnosed with BPD were evaluated three times during 6 months of treatment. Measures of response to psychotherapy, symptomatic change and level of DNA methylation were performed in three specific regions of FKBP5, a gene related to the regulation of the stress response. A significant decrease in average DNA FKBP5 methylation was observed in subjects who responded to psychotherapy, but only in those who reported the presence of trauma. The results of this exploratory study suggests that psychotherapy may contribute to a remodeling of the molecular mechanisms associated with the stress response in subjects with BPD with a history of childhood trauma.

### **The Impact of Two Interventions on Trauma Symptoms and Mental Representations of Self, Parents, and Therapist in Economically Disadvantaged Minority Young Adolescents in Urban Middle School.** *Bryan*

*Blum, Long Island University Post; Geoff Goodman, Long Island University Post*

Trauma symptoms in childhood can have a negative impact on young adolescents' school performance. Symptoms resulting from trauma during childhood and beyond can negatively impact psychosocial adjustment and school performance during young adolescence if not mitigated by positive mental representations of important relationships. Because of this, the affective valence of mental representations was a target of treatment through group intervention. Two group therapies, Storytelling/Story-Acting for Adolescents (STSA-A) and Mentalization-Based Treatment Group Intervention (MBT-G), were used to treat mental health issues in young adolescents. The purpose of this study was to examine the effectiveness of STSA-A and MBT-G for young adolescents to improve trauma symptoms and affective valence of mental representations and to determine if one treatment is more affective than another for certain issues. In a sample of 109 eighth grade urban students, the Child PTSD Stress Scale (CPSS) was administered, and responses to the Object Representation Inventory (ORI) were coded for affective valence. Over the course of nine months of weekly treatment, affective valence of paternal mental representations decreased for boys and for those in the STSA-A condition, while affective valence of therapist mental representations decreased in the MBT-G condition. Overall, STSA-A and MBT-G are effective methods of reducing trauma symptoms in young adolescents. Participants in both the STSA-A and MBT-G conditions experienced equivalent decreases in trauma symptoms over the course of treatment. In addition, the results suggest that the change processes of mental representations of important relationships are different than originally hypothesized.

**Depressive Symptoms And Negative Experiences in School: A Network Analysis.** *Yi HUANG, Masaryk University, Czech Republic; Jinjin Lu, China University of Geosciences Wuhan, China; Petr Macek, Petr Macek, Masaryk University, Czech*

**Aims** There were ample studies that suggested negative experiences in school are the predictor of children's depression. However, the dynamic interactions of depressive symptoms and children's negative experiences in school remain unclear. This study aimed to find out the core symptoms of adolescents' depression and the core negative experiences in the school. In addition, it was supposed to explore which negative experiences are the bridge-nodes linked to depression. **Methods** We adopted the data from a Chinese national survey conducted in 2018 named the Chinese Family Panel Survey (CFPS). 897 adolescents who were in the educational stage during the survey time (from 10 to 15 years old) were included. The measurements were the 8-item depression screener scale and 14-item scale about negative experiences in school. **Results** The centrality analysis suggested that Chinese adolescents' core depressive symptoms were subjective negative affections and negative cognition. Within the cluster of "negative experiences in the school", the most central nodes were poor academic performances and difficulties in peer relationships. The bridge-centrality results pointed out that negative emotional experiences in school and difficulties in peer relationships were the most significant bridge nodes linked to depression. **Discussion** For educators in school, this study suggests two possible behavioral aspects of children in school linked to depression, which helps teachers to identify children's mental health state roughly: negative emotion and difficulties in peer relationships.

## **Brief Paper Session**

### **Alliance I**

**The initial phase in outpatient group psychotherapy - a pilot study.** *Hannah Bischof, ÖAGG-psychotherapeutische Ambulanz; Aglaja Przyborski, Bertha von Suttner Privatuniversität St. Pölten GmbH*

From a clinical perspective, the initial phase of group psychotherapy is of the

utmost importance for therapeutic effectiveness. This phase is essential for fostering group cohesion and establishing a successful therapeutic relationship. On an empirical level, this phase is still rarely explored. Through a pilot study using multiple paradigms and research methods, we analyzed the initial phase of group psychotherapy on multiple levels. Firstly, we retrospectively analyzed quantitative clinical data from approximately 2500 patients from a psychotherapeutic outpatient clinic specialized in group psychotherapy, the ÖAGG Psychotherapeutische Ambulanz. In this analysis, we focused on the differentiating factors between patients, therapists, and treatments, and their effect on continuing engagement in group psychotherapy. Secondly, through documentary and depth-hermeneutics methods, we analyzed narrative interviews with patients, as well as group discussions among psychotherapists working at the clinic. The results of the quantitative analyses indicate that, in order to enable successful therapy (as defined by therapists), a certain number of group therapy sessions is necessary. Cases of drop-outs (also defined by therapists) generally occur very early in the course of treatment. We found that the therapist's and patient's gender effects the probability of early drop-outs. Furthermore, we found that young patients were more likely to terminate therapy prematurely, and that specific diagnoses, as well as the disorder specificity of the group influences the probability of early termination. Furthermore, variations in the effect of gender on drop-out rate were found among different psychotherapeutic method used by the group therapist. Analysis of group discussions among the therapists illustrate the importance of group composition in integrating new patients in the group successfully and they confirm the effect of gender distribution in group psychotherapy. The results of the interviews with patients can contribute towards creating a typology of patients who drop out of group therapy in the initial phase. Consequences for clinical practice and suggestions for further research will be presented. Keywords: Group psychotherapy, initial phase, drop-out, group cohesion

**Modelling the Emotional Exchange in the Therapeutic Relationship.** *Paul Peluso, Florida Atlantic University*

The therapeutic relationship is the cornerstone of any effective therapeutic encounter. However, little is known about the effects of specific emotional behaviors of therapists and clients on this important therapeutic factor, or how they can be modified to improve the quality of the relationship. The investigators will discuss several affective coding systems including the Specific Affect Coding System (SPAFF-Gottman et al, 1996), amount of time therapists speak and clients speak, which are used to deconstruct the therapeutic relationship into its basic emotional elements. In particular, the detection of very subtle emotional displays, often called "micro-expressions" (displays of emotion that are approximately 1/5 of a second in length), could provide critical feedback for clinicians on patients who are experiencing serious distress that they are unwilling to disclose, or who are in a state of unrelenting despair from depression that they do not believe that counselors can help. Mathematical modeling will also employed to create "phase space portraits" depicting the relational dynamics between the master therapist and his client over six sessions. Results showed key differences in both model parameters and SPAFF codes. In addition, phase space portraits depicted the evolution of the affective dynamics between the master therapist and his client as the relationship matured. These results provide a valuable foundation for future research on emotional expression as a key component of the therapeutic relationship in psychotherapy. This brief paper will present the results of a study that observed the development of the therapeutic relationship using APA's Three Approaches to Psychotherapy with a Female Client: The Next Generation (Brown & Tullos, 2012a) and Three Approaches to Psychotherapy with a Male Client: The Next Generation (Brown & Tullos, 2012b ) videos with expert clinicians (Judith Beck, Leslie Greenberg and Nancy McWilliams) from the three theoretical approaches. Using a moment-by-moment observational affect coding system, as well as dynamical systems mathematical models, side-by-side comparisons between the three approaches were conducted. The researchers found no systematic

differences in the affective behaviors between the clinicians when comparing their therapeutic relationships. However, differences did exist between clients, meaning that the individual client presentations and predispositions prompted therapists to respond to the relational demands of each client differently, rather than across approaches. Although theoretical approaches may appear very different, from an affective or relational perspective, there were no statistically significant differences. In addition, parameters derived from the math models for therapists were consistent, with no significant differences across the different approaches. The current study highlighted how three highly competent therapists using different theoretical approaches had few significant differences in affective behaviors, supporting a common factors approach.

**Process and outcome of psychotherapeutic therapies under practical conditions in Austria.** *Elke Humer, Danube University Krems; Yvonne Schaffler, Danube University Krems; Brigitte Schigl, Karl Landsteiner University of Health Sciences; Thomas Probst, Danube University Krems*

**Aim:** Most studies measuring psychotherapy effectiveness are carried out as randomized-controlled trials, whereas the knowledge base on psychotherapy effectiveness under clinically representative conditions is relatively small. So far, no representative data on the effectiveness of psychotherapy under practical conditions are available for Austria. In the presented study, individual psychotherapies are being researched under practical conditions in outpatient psychotherapeutic practices. In addition to the effectiveness (outcome), also the process of psychotherapy is examined focusing on the therapeutic relationship as process variable. A further focus is the association of the gender combination in the therapeutic dyad with process and outcome variables. **Sample and Duration:** Eligible for this study are all psychotherapists who are listed in the Austrian list of licensed psychotherapists of the Federal Ministry for Social Affairs, Health Care and Consumer Protection who are providing individual outpatient psychotherapy in private practices. Recruitment started in autumn 2020. Each of the participating psychotherapists is asked to include 2-3 patients in the study. The consecutive next patients with whom psychotherapy is started are invited by the psychotherapists to participate in the study without selection based on symptoms, symptom severity, etc. It is aimed to include at least 300 patients from therapists of all four therapeutic orientations. The end of the survey period is planned for the end of December 2023. **Methods:** The presented project relies on an integration of quantitative and qualitative research methods. The quantitative part of the study entails filling in online surveys for both patients and therapists at the beginning and end of psychotherapy. To examine the outcome, patients are additionally asked to fill in several validated online questionnaires to investigate symptom change between start of treatment and end of treatment. To monitor the process, patients and therapists are asked to rate the therapeutic alliance on the patients' and therapists' versions of the helping alliance questionnaire (HAQ) after each session. Qualitative data is collected by interviewing a subsample of patients as well as their therapists at different phases of the therapeutic process (at the beginning, in the middle, in the end, post treatment), using a semi-structured guideline with open questions, to assess personal experiences of patients. At the end of the study, focus groups with the interviewers are planned. The two types of data, quantitative and qualitative, will provide validation for each other. Moreover, the qualitative data will supply information on the fine nuances of the elements and dynamics of the therapeutic process and alliance that are difficult to understand when relying on quantitative data alone. Data analysis will focus on the association between the therapeutic alliance and therapy outcome, considering also rupture and repair patterns of the alliances, and taking the therapists' as well as the patients' perspective into account.

**Predicting Psychotherapy Outcome Using Client Characteristics and the Working Alliance.** *Kevin David, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA*

Introduction: The working alliance is the most consistent predictor of outcome in psychotherapy. Pretreatment client characteristics, such as attachment style, interpersonal problems, and expectations about counseling have likewise been shown to predict outcome in psychotherapy. These three client variables have been shown to be predictive of the working alliance, which may act as a mechanism/mediator for their prediction of outcome. Further, these three client characteristics contain theoretical overlap which has not been combined in a single empirical examination of predicting alliance and outcome. Method: Participants were 226 clients at an outpatient psychotherapy training clinic housed within a medium-sized university in the Midwestern United States. Clients completed the Revised Adult Attachment Scale, Inventory of Interpersonal Problems (64-item version), and Expectations About Counseling scale prior to beginning therapy. Clients were administered the Outcome Questionnaire-45 at intake and session 3 and administered the Working Alliance Inventory (Short, Revised) at session 2. Results: Using structural equation modeling, it was found that both more secure adult attachment and higher treatment expectations were predictive of a stronger working alliance, though neither were predictive of outcome. Results were consistent across models whether measuring outcome at session 3 or termination (median treatment length = 8 sessions). However, interpersonal problems were not found to be predictive of either working alliance or outcome in therapy. Conclusions: These findings indicate that both the client's' attachment security and attitudes regarding treatment both play a role in predicting the working alliance. Implications and ways of utilizing these findings to better affect the course of psychotherapy will be discussed.

## **Brief Paper Session Alliance II**

**Language in the Therapeutic Alliance: A Computational Text Analysis Study of Rupture and Non-Rupture Therapy Sessions.** *Kendra Terry, Adelphi University, New York, USA; Chris Muran, Adelphi University, New York, USA*

Aims: The aim of this study is to explore types of language use in rupture and non-rupture therapy sessions and to understand what constitutes linguistic differentiation across several dimensions in the therapeutic alliance. Methods: The current study will perform a text analysis of 20 psychotherapy sessions from 10 cases in the Brief Psychotherapy Program at Beth Israel Mount Sinai. Half of the sessions have been tagged as rupture sessions (n=10), each with a non-rupture counterpart of the same dyad (n=10). Sessions were tagged as rupture sessions in which the post-session patient-rated Working Alliance Inventory score fell beneath two standard deviations of the running mean across a 30-session protocol. The non-rupture sessions 1) were within three sessions of the identified rupture sessions; 2) met or exceeded the running mean across the 40-session protocol; and 3) did not exceed the upper control limit. Results: This exploratory study will use a computational text analysis software called Linguistic Inquiry and Word Count (LIWC) to text analyze the output of transcripts from patients and therapists in both rupture and non-rupture conditions. Preliminary findings show significant differences of words tagged as indicating positive and negative emotion when comparing rupture to non-rupture therapy sessions. In contrast, words associated with cognitive processes showed no significant difference. Discussion: Understanding the nuance of language in both patient and therapist participants both introduces cutting edge technology to the field of psychotherapy and helps to push the field toward tailored treatment. Key Words: Computational text analysis, language, therapeutic alliance, rupture

**Changes in Clients and Therapists Experiences of Therapeutic Distance during Psychodynamic Therapy.** *Sharon Egozi, Haifa University, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel; Hadas Wiseman, University of Haifa, Israel*

Attachment theory provides a framework for examining closeness-distance experiences in the development of the therapeutic relationship. Objective: To examine changes in clients' and therapists' experiences of therapeutic distance along psychodynamic therapy. Hypotheses: Clients' and therapists' comfort with closeness and distance will increase, and client's autonomy and engagement will increase with time. Method: 67 clients and their 27 therapists underwent Relationship Paradigm interviews in which they told narratives about their experience with each other, 3 times during therapy. The narratives were rated on the Therapeutic Distance Scale-Observer Version (TDS-O). Results: Growth Curve analysis of the TDS-O ratings showed that clients decrease in perceiving therapist as too distant and increase in engagement. Therapists showed decrease in perceiving client as too close and increase in granting autonomy and engagement. A clinical illustration depicts these experiences in a client-therapist dyad. Conclusions: Therapists' awareness of clients' changing needs of closeness and autonomy may enhance attunement.

## Brief Paper Session

### Alliance III

**Clients' Perceptions of the Working Alliance as a Predictor of Increases in Positive Affect.** *Ted Bartholomew, Scripps College; Ellice Kang, Purdue University; Eileen Joy, Purdue University; Krista Robbins, Purdue University; Sergio Maldonado Aguiñiga, Purdue University*

The working alliance is routinely touted, and empirically supported, as a common factor and robust predictor of decreases in psychological distress. However, advances in more balanced, positively-oriented perspectives in psychotherapy have led to calls to conceptualize therapeutic success as both the decrease of distress and the increase of positive factors. One such positive characteristic that may be enhanced during psychotherapy is positive affect. Engender positive affect has been considered as a common process to psychotherapy but remains underexplored in relation to additional integrative processes. If the alliance is a robust predictor of decreases in distress, it may also predict increases in positive affect. To explore this hypothesis, we collected data for this naturalistic psychotherapy study from a doctoral training clinic. Participants (N = 102; 1,118 sessions) completed measures of positive affect, distress, and the alliance at every session. Using multilevel modeling, we disaggregated distress and alliance coefficients into within-participant and between-participant effects. Accounting for session number as a linear growth covariate, we found that increases in participants' perceptions of their alliance with their therapists significantly predicted increases in positive affect over the course of treatment. The alliance, though a meaningful predictor of distress reduction, is a common factor useful in predicting more than distress reduction alone. Implications for a more balanced conceptualization of outcome and applying positive psychology to psychotherapy are discussed.

**Client and therapist match on gender, age, and income: Does match within the therapeutic dyad predict early growth in the therapeutic alliance?.** *Antonella Davanzo, Pontificia Universidad Católica de Chile, Santiago; Alex Behn, Pontificia Universidad Católica de Chile, Santiago; Paula Errázuriz, Pontificia Universidad Católica de Chile, Santiago*

Objective: Because of the importance of the therapeutic alliance across psychotherapeutic treatments, it is important to study variables that predict the development of a positive therapeutic alliance. This study investigates if different levels of gender, age, and income match between therapists and clients predict early development of the therapeutic alliance. Method: The sample consisted of 28 therapists and 547 adult clients receiving individual psychotherapy for depressive symptoms. There were no exclusion criteria and no control over treatment delivery. Session-to-session assessments of the therapeutic alliance were collected and a growth mixture modeling framework with a priori identified

classes corresponding to different levels of therapist-client match was utilized to examine differential alliance growth trajectories. Results: No differential effect of match on any level was found on initial ratings of the alliance. Across levels of attribute match, clients tend to rate the alliance positively. Regarding growth, a “youth effect” and an “affluence effect” was noted. Dyads where the therapist is younger than the client, and dyads where the therapist is from a higher income status than the client, show additional growth in the alliance beyond positive initial ratings. This effect is not constant across sessions. Conclusions: Matching on gender, income, and age can be used for case assignment heuristic, in particular to produce additional growth in the alliance beyond initial positive ratings. Clinical and scientific consequences of the study are discussed.

**The Influence of Synchronized Joint Painting Activity on Therapeutic-like Interaction as Perceived by Children.** *Rotem Abraham, Haifa University, Israel; Tal-Chen Rabinowitch, Haifa University, Israel*

Recent research on interpersonal synchrony during psychotherapy interaction, has uncovered an important role for both verbal and non-verbal synchrony in the establishment and maintenance of therapeutic alliance and emotional bonding between therapist and client. The extent to which these findings, observed in adult interactions, apply also to children, remains unclear. To address this question we sought to examine how elementary school children perceive a therapeutic-like interaction between an adult and child. We presented child participants with short video excerpts portraying a joint adult-child painting activity performed either in synchrony or asynchrony. We chose painting as it is a fun, non-intimidating and natural activity for children, and because it is often used in art therapy practices. Results comparing the synchrony condition to asynchrony showed that in the former children perceived the experimenter to be more empathic, the interacting experimenter and child to be more affiliated and similar to each other, and the interaction to be better and more enjoyable. These results denote an important role of interpersonal synchrony in children’s perceptions of a therapeutic setting such as joint painting, which could extend to other forms of clinical and therapeutic interactions. Keywords: interpersonal synchrony, children, emotional interaction, client-therapist bond.

**The Influence of Therapist Paraphrases on Perceptions of the Therapeutic Alliance and Therapist Empathy, Congruence, and Credibility.** *Andrew Snell, University of Memphis; Jeffrey Berman, University of Memphis; Rivian Lewin, University of Memphis*

Therapist paraphrases, consisting of reflections and restatements, are integral to clinical interviewing, and they are believed to promote common-factor variables such as empathy, congruence, and the working alliance, which correlate with psychotherapy outcomes. Although psychotherapy treatments that include paraphrases have received considerable attention, few studies have used an experimental design to examine therapist paraphrases independent of other treatment components, which leaves open the possibility that only these other components are efficacious. The purpose of this study was to examine the degree to which therapist paraphrases influence five common factors: outcome expectancy, treatment credibility, therapist empathy, therapist congruence, and the working alliance. Paraphrases were compared to minimal encouragers—short phrases that encourage psychotherapy clients to continue talking but lack substantive information (e.g., yeah, uh-huh, okay). Participants from an undergraduate subject pool listened to therapy interactions that had different levels of paraphrases and minimal encouragers (assigned at random) and completed observer-report measures of expectancy, credibility, empathy, congruence, and alliance. The manipulation was administered through Qualtrics because of public health guidelines related to the COVID-19 pandemic. A multivariate analysis of variance was calculated, which revealed that paraphrases generally resulted in more favorable perceptions of the common factors than minimal encouragers. Follow-up analyses revealed that paraphrases had better scores on each dependent-variable measure, but was

the difference was statistically significant only for the empathy and congruence measures. These results provide evidence that paraphrases make therapists appear more empathetic and congruent, at least compared to using minimal encouragers alone.

## Brief Paper Session

### Alliance in Teletherapy

#### **Transitioning to Teletherapy and its Impact on the Therapeutic**

**Alliance.** *Andrew Lokai, Adelphi University, New York, USA; Liqiaonan Chen, Adelphi University, New York, USA; Kendra Terry, Adelphi University, New York, USA; Chris Muran, Adelphi University, New York, USA*

**Aims:** Due to the COVID-19 pandemic, the mental health services at an urban hospital in New York City was forced to only be delivered via teletherapy. Significantly, there were therapist-patient dyads that started working together in an on-site setting which then had to transition to using teletherapy. The aim of this study was: 1) gain the perspective of patients and therapists who transitioned to teletherapy 2) determine whether teletherapy affected the therapeutic alliance in terms of the tasks and goals of treatment as well as the bond between therapist and patient. **Methods:** Using an interpretive phenomenological analysis (IPA), the research team interviewed 5 therapists and 5 patients about their experience transitioning from in-person therapy to teletherapy. Participants underwent a semi-structured interview that ranged from 15 to 30 minutes in length. Interview questions focused on changes in the goals, tasks and bonds of therapy due to the switch. The analytic process for each interview included the following steps: 1) interview transcripts were read on several occasions to improve the understanding of the participant's account and potential themes were noted by the research team 2) the interview transcript was then re-read and emerging themes were documented and possible theoretical connections between the them were discerned 3) direct quotes from each participant that supported the emerged theme were also documented. For all participants, research team members independently analyzed each transcript then held consensus meetings to discuss themes that were found amongst them. Themes that had high inter-rater reliability, which were themes that at least two of the research members agreed upon, were included in the results. Also included in the results were themes that were identified by a single research team member that was later successfully defended during a consensus meeting which resulted in an agreement with at least one other research team member. **Results:** Thematic analysis was conducted to extract overall themes on both therapists' and patients' views on the change of the therapeutic alliance as well as its relation to the COVID-19 pandemic. Themes were classified in the following way: highly common (found in 4-5 participants), moderately common (found in 2-3 participants) and unique (found in only 1 participant). **Discussion:** Findings were discussed with respect to their thematic and clinical implications including its effect on the therapeutic alliance. **Keywords:** Teletherapy, Therapeutic Alliance, Psychotherapy, COVID-19

#### **Building and Maintaining Therapeutic Alliance in Telepsychotherapy:**

**Reflections from an Indian Perspective.** *Mehak Sikand, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India; Poornima Bhola, National Institute of Mental Health and Neuro Sciences, Bangalore, India*

**Aim:** There was a rapid transition to online mental health services, following the abrupt nationwide lockdown in response to COVID-19 pandemic. This was unfamiliar territory for most therapists and clients, and this was compounded by resource constraints and absence of established professional guidelines contextualized for telepsychotherapy in India. In this paper, we reflect on the loss of the shared physical space and map the relational challenges and opportunities in audio and video modes of therapeutic interaction. **Method/ Results:** Illustrative telepsychotherapy case scenarios from India's largest

tertiary care center for mental health demonstrate challenges associated with sustaining the therapeutic frame, therapist presence and attunement during online sessions, and identifying and responding to ruptures. We share observations about the emergence of more egalitarian power dynamic in the 'tele'-therapeutic alliance. Conclusion: Recommendations for training in telepsychotherapy in India, with an intentional focus on relational aspects and the need for adaptations to contextual constraints will be discussed. Keywords: Therapeutic Alliance, Telepsychotherapy, Indian context

**Patients, therapists and supervisors' experiences in the shift from face to face to online psychotherapy during the COVID 19 pandemic: a research protocol.** *Claudia Carvalho, Universidad Federal do Rio Grande do Sul, Brasil; Marta Haas Costa, Universidad Federal do Rio Grande do Sul, Brasil; Igor Londero, universidade federal do rio grande do sul; Josiane Maliuk, universidade federal do rio grande do sul; Neusa Rocha, UFRGS-Universidade Federal do Rio Grande do Sul*

Introduction: Social distancing was required in order to mitigate COVID 19 dissemination. As well as other professionals, psychotherapists were forced to shift their practices from face to face to online treatment overnight, in order to maintain emotional support to patients in this extraordinary stressful situation when mental health treatments were even more necessary. Fear of infection to oneself or loved ones, financial strain, isolation, lack of routine are some of the many reasons accounted for the increase of depressive and anxiety states, which could be even characterized as post-traumatic stress symptoms. Online psychotherapy has been especially convenient at the moment in order to enable treatment, but there are concerns about the technique adaptation, confidentiality and privacy, as issues about the setting preservation and others are discussed among psychoanalytic therapists. The approach was not allowed for medical professionals before the onset of the pandemic in Brazil. Objective: The aim of this study is to identify patients, therapists and supervisors feelings regarding online psychotherapy and evaluate its correlation to clinical outcomes, such as treatment adherence, quality of life, working alliance, resilience, social support and depressive symptoms. Methods: Patients, therapists and supervisors from 5 reference institutions in the south of Brazil will be invited to participate in this online longitudinal naturalistic study. The population at scope consists of 90 therapists, 76 supervisors and 445 patients and data will be collected during the first year of implementation of online psychotherapy (at baseline, 6 and 12 months later), through an online platform called SurveyMonkey. Standardized and validated instruments, such as EUROHIS-QOL-8-item, Social Support Scale (MOS-SSS), Connor-Davidson Resilience Scale (CD-RISC), Revised Adult Attachment Scale (RAAS), Patient Health Questionnaire-9 (PHQ-9), Assessment of Countertransference Scale (ACS), Eysenck Personality Questionnaire (EPQR-A), Working Alliance Inventory (WAI), will be used. Discussion: Knowledge regarding online psychotherapy is crucial in order to verify the effectiveness of the techniques (psychoanalytic psychotherapy, interpersonal therapy, cognitive behavioral therapy) in the online version. Our study will bring information and will enable evaluation of this first year of online psychotherapy approach in the most important centers in our region, bringing data on depressive symptoms, quality of life, therapeutic alliance, resilience, social support, attachment, countertransference, self-efficacy through the use of standardized and validated scales, which is critical for research in this area. As online psychotherapy may last even after the pandemic, we plan to maintain research in this field in order to better understand its functioning and hopefully be able to determine its best indications.

**Working Alliance in Virtual Reality Treatments: A systematic review and meta-analysis.** *Juan Cruz Curatti, Universidad Nacional de Mar del Plata, Buenos Aires, Argentina; Joaquín Asiain, Universidad de Belgrano, Buenos Aires, Argentina; Agustina Farah, Universidad de Belgrano, Buenos Aires, Argentina; Andrés Roussos, Universidad de Buenos Aires, Argentina*

Little is known about the working principles behind the favorable outcomes obtained through virtual reality (VR) mediated treatments. Thus, this systematic review and meta-analyses explores both the quantitative and qualitative aspects of the working alliance (WA) in treatments implementing VR for different disorders. A literature search yielded 18 studies that evaluated WA when implementing VR treatments, 6 of which are included in the meta-analyses. The differences in conceptualizing and assessing WA throughout the studies is taken into account for further interpretation of results and pondering the possibility of implementing said construct as is in VR treatments. This meta-analysis compares WA values in VR treatment and control groups using standardized mean differences (Hedge's  $g$ ). Separate analyses were done for each of the WA components: Task, Bond, Goal, and Total. Comparisons between treatment outcomes were also correlated with WA values. Preliminary results show non-significant effect sizes in favor of traditional approaches for Bond, Goal, and Global subscales. The subscale Task showed a small, but yet significant effect size in favor of VR treatments. Although the relatively small number of studies precluded arriving to more definitive conclusions, the preliminary observations of this study set a promising framework for future research.

## **Brief Paper Session    Anxiety**

**Changes in depression, anxiety, and quality of life during and after inpatient pulmonary rehabilitation following COVID-19.** *Markus Hayden, Klinik Bad Reichenhall, Germany; Matthias Limbach, Klinik Bad Reichenhall, Germany; Steffen Merkl, Klinik Bad Reichenhall, Germany; Gabriele Schwarzl, Klinik Bad Reichenhall, Germany; Karsten Botosch, University of Salzburg, Austria; Michael Schuler, Hochschule für Gesundheit Bochum, Germany; Dennis Nowak, Ludwig-Maximilians-Universität, Munich, Germany; Konrad Schultz, Klinik Bad Reichenhall, Germany*

Aim COVID-19 is associated with various mental disorders, particularly depression and anxiety. Although the need for pulmonary rehabilitation programs has been promoted, little is known about the impact of rehabilitation on mental health. Therefore, the current study analyzes changes in depression, anxiety, and quality of life in patients recovering from COVID-19. Methods We surveyed patients at the beginning (T1) and the end (T2) of inpatient pulmonary rehabilitation after COVID-19, as well as three months afterwards (T3). We assessed quality of life with the EuroQol-Questionnaire (EQ-5D-5L), and symptoms of depression and anxiety with the Patient Health Questionnaire (PHQ-D). Furthermore, physical parameters were assessed with symptom rating scales. Results Until December 2020, N=91 patients completed the rehabilitation program, of which N=72 (44% female) completed all T2-assessments. Mean age was 55 years (SD=9.2). On average, patients had been hospitalized for 26 days (SD=17.9). N=42 patients had been in intensive care, 30 of whom had been invasively ventilated. Repeated measures ANOVAs indicate that all psychological parameters improved significantly over the course of treatment ( $d=0.80$  to  $d=1.62$ ). Until follow-up, however, only scores for depression and self-perceived impairments remained significantly reduced as compared to the beginning of treatment, whereas measures for anxiety and the own overall current health situation did not reach statistical significance. Discussion Out data indicates that patients' mental health may profit from pulmonary rehabilitation. However, it appears that some of the effects may not be stable until follow-up. Comprehensive analyses will be presented at the conference.

**Panic and personality disorder - an RCT on longterm cognitive behavioral therapy vs. psychodynamic/psychoanalytic therapy (APS study).** *Henning Schauenburg, University Hospital, Heidelberg, Germany; Miriam Henkel, Aalborg University, Denmark; Dorothea Huber, International Psychoanalytic University, Berlin, Germany; Hermann Staats, Fachhochschule Potsdam; Silke Wiegand-Grefe, University of >Hamburg, Germany; Cord Benecke, University of Kassel, Germany*

Background: The APS study started 2012 and is a large randomized-controlled comparative study between behavioral therapy (CBT) and psychoanalytic therapy (PA). It compares the therapy of patients diagnosed with panic disorder and accompanying personality disorders and is accompanied by a long term follow up. Experience shows that therapy with this group is complex and lengthy. In the German mental health system often long-term (sometimes psychoanalytic) therapy is indicated. Evidence for the effectiveness of psychoanalytic therapy (i.e. high frequency, sometimes couch setting) in anxiety disorders however is limited. The study aims to fill this gap. Methods: Multi-centre randomised controlled longitudinal study, five centres. Therapies are carried out within the framework of the statutory insurance system of the Federal Republic of Germany. Sample: 248 randomized patients, 168 started therapies. Last recruitment was in autumn 2017. Expected end of the last 6-year follow up is 2023. 140 therapies completed so far. Average session duration 38.8 sessions CBT, 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 follow-ups 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, signs for benefits of long-term continuation of therapy in severe personality disorders were found. The study provides many opportunities to test long-term psychotherapeutic change processes and their stability.

**Including Significant Others: A systematic review comparing dyadic and multi-person interventions.** *Nina Immel, Pontificia Universidad Católica de Chile, Santiago; Rebecca von Oepen, Universität Witten/Herdecke; Hannes Opfermann, Witten/ Herdecke University; Niels Braus, Witten/ Herdecke University; Christina Hunger-Schoppe, Witten/Herdecke University*

Objective: The aim of this systematic review is to synthesize existing studies that compare multi- person with individual therapy with respect to the changes in patient symptomatology – in particular anxiety-, functioning, and significant other's mental and physical health. Methods: Trials were identified through database searches and cross-references in relevant reviews, meta-analyses, and selected studies. To be included, studies had to fulfill the following criteria: (1) index patients are over 18, (2) the intervention includes at least one significant other, (3) Studies compare individual and conjoint interventions, (4) anxiety measures are provided, (5) studies describe controlled trials. For comparability, the search was limited to studies including some measure of anxiety (without anxiety having to be the principal motive for treatment). Results: The database search resulted in a total of 3,614 reports, which were screened based on the inclusion criteria. Finally, 22 original studies were selected for the systematic review. Data will be extracted for principal treatment motive and outcome, symptomatology assessed, patient functioning, therapy approach, significant other(s) included, and variables on significant other physical and/or mental health. Discussion: This systematic review will provide a first approach to answer the question: Which changes emerge in therapies with significant others of the patient, with respect to patient symptomatology and functioning, while also considering effects of treatment on the significant other's physical and mental health?

**Mentalization, A Protective Factor Against the Feelings of Loneliness and Internalizing Problems During the Quarantine Decried By COVID-19?** *Andrea Rodriguez Quiroga, Instituto Universitario de Salud Mental*

(IUSAM), Buenos Aires, Argentina; Saskia Ivana Aufenacker, Instituto Universitario de Salud Mental (IUSAM), Buenos Aires, Argentina; Laura Borensztein, INSTITUTO UNIVERSITARIO DE SALUD MENTAL (IUSAM), BUENOS AIRES, ARGENTINA; Maria Camila Botero, Consejo Nacional de Investigaciones Científicas y Técnicas de Argentina (CONICET); Alan Crawley, Universidad del Salvador, Buenos Aires, Argentina; Kevin Scavone, Pontificia Universidad Católica Argentina (UCA), Argentina; Laura Bongiardino, Instituto Universitario de Salud Mental (IUSAM), Buenos Aires, Argentina

The quarantine decreed to prevent COVID-19 infections can produce feelings of loneliness and disrupt mental health during the pandemic. The ability to mentalize could be a protective factor from this psychological impact. Objective: to explore the relationship between levels of mentalization, feelings of loneliness and internalizing problems during quarantine. Methodology: a cross-sectional descriptive-correlational mixed design. The analyzed sample was made up of 982 subjects of varied demographics (mostly Argentine and Spanish), during the quarantine. Scales used: MentS Mentalization Scale (Dimitrijevic, Hanak, Dimitrijevic & Marjonavic, 2018), Three-Item Loneliness Scale (Hughes, Waite, Hawkey, & Cacioppo, 2004) and the Adult Self Report (Achenbach, Dumenci, & Rescorla, 2003). As a first step, correlation analyses were carried out, and moderation analyses will be carried out taking into consideration mentalization as a protective factor against the effects of loneliness on internalizing symptoms. The results of the latter will be presented at the congress. Results and conclusions: individuals with higher levels of internalizing problems also perceive themselves as more lonely (loneliness and anxiety-depression  $r = .636$ ;  $p < .001$ ); loneliness and somatic complaints  $r = .422$ ;  $p < .001$ ) and have lower levels of self-mentalization (self-mentalization and anxiety-depression  $r = -.474$ ;  $p < .001$ ); self-mentalization and somatic complaints  $r = -.346$ ;  $p < .001$ ). Young people who still live with their parents and adults who live alone are those who suffer the greatest risk of loneliness and internalizing symptoms at this time of the COVID-19 pandemic. The clinical implications of these results for psychotherapeutic approaches will be discussed.

## Brief Paper Session

### Assessment

**Examining response shifts in clinical outcome routine evaluation (CORE-OM) within a psychotherapy quality register.** Tom Rosenström, University of Helsinki, Finland; Suoma Saarni, HUS Helsinki University Hospital

Aim: Quality-control registers for psychotherapy need established self-report inventories to measure treatment response, but respondents' representations of the inquired symptoms may change during therapy independently of their overall treatment response. We investigated whether such response shifts undermined routine outcome assessments in our registry. Methods: We investigated longitudinal measurement invariance (response shifts) in patient reports on Clinical Outcomes in Routine Evaluation -Outcome Measure (CORE-OM) from 899 patients undergoing outsourced psychotherapy in the HUS Helsinki University Hospital catchment area. We tested a data-driven 4-factor model and a pragmatic 1-factor model of the full 34-item inventory, plus 1-factor model of the abbreviated 10-item "CORE-10" inventory. Multiple Indicators/Multiple Causes (MIMIC) models were used to study correlates of the possible response shifts. Results: According to both model-fit criteria and formal statistical testing, response shifts did not undermine simple unidimensional or data-driven (4-dimensional) measurement with the full 34-item CORE-OM. However, we detected response shifts in the CORE-10 inventory (e.g., change in comparative fit index = -0.02, chi-square statistic = 221.4,  $df = 29$ ,  $p < 0.001$  when testing threshold invariance). Importantly, recovery in "despairing or hopelessness" item was 0.52 (95% CI = 0.32–0.73) standard deviations lower than predicted by a measurement-invariant factor model. Discussion: The full CORE-OM showed good measurement properties for routine outcome evaluation in a quality-control register involving heterogeneous patients and psychotherapy types. In short

CORE-10, hopelessness recovered less than expected from the simple measurement model, which could link e.g. to its known association with difficulties identifying feelings that imply special needs for psychotherapy.

**Personality subtypes of Pedophilia: A Q-methodological study..** *Nikolas Heim, Tavistock Clinic, London, UK; Felicitas Rost, Tavistock Clinic, London, UK*

Background: Pedophilia is a heterogeneous condition, which is undoubtedly under-researched as well as undertreated. Existing classifications of subtypes mainly revolve around how the pedophilic individual relates to its victims (e.g., online/offline, phantasy only/contact-offense, intra-/extrafamilial, situational/preferential, etc.). However, descriptions of personality subtypes in pedophilia are scarce. As compulsive and addictive use of internet pornography, as well as the sharing of sexual fantasies with others online, becomes more and more prevalent, personality classifications and diagnostics need further development. Taking individual differences into consideration, as shown for other mental disorders, could make significant contributions not only in the tailoring of treatments but also in the prevention of harm to victims. Aim: This study aims to investigate whether there are defining personality differences or sub-types within a patient population diagnosed with a DSM Pedophilic Disorder seen at an outpatient psychotherapy clinic in the UK. Methods: 84 Patients were assessed at intake with the Shedler-Westen Assessment Procedure (SWAP-200), a 200-item clinician-rated Q-sort measure of personality disorder and personality (dys)functioning. In order to detect naturally occurring clusters of pedophilic patients, the Q-sorts were analysed using Q-analysis also known as by-person Factor Analysis. Results/Discussion: Q-analysis revealed a five-factor solution, explaining 43% of the total variance. Data analysis and sense-making is, however, currently still ongoing but will be completed by the time of the conference. Findings will have important implications for the conceptualization, diagnosis, and treatment of pedophilic patients. They point to the need for tailoring treatments according to pre-treatment features of individual personality configurations. Keywords: Pedophilia, Personality, Q-sort, Assessment

## Brief Paper Session

### Attachment & development I

#### **The therapeutic alliance among patients diagnosed with anxiety and personality disorders – a clinical study report.**

*Joanna Mostowik, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Dpt. of Psychotherapy, Jagiellonian University Medical College; Krzysztof Rutkowski, Dpt. of Psychotherapy, Jagiellonian University Medical College; Tadeusz Ostrowski, Andrzej Frycz-Modrzewski Cracow University*

Background: There is still a valid question whether the therapeutic alliance has a direct impact on therapy outcome or just moderates outcomes through e.g., techniques used in psychotherapy, transference phenomenon, therapeutic skills, or patient features. The research concern 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 intensive short-term group psychotherapy. The aim is to present the conclusions arising from the clinical study. Methods: Data obtained from 70 patients diagnosed with anxiety and personality disorders (ICD-10 groups: F4x, F60.x, and F61) treated in intensive short-term group psychotherapy combined with individual psychotherapy in the Day Centre for Treatment of Neurotic Disorders and Behavioral Syndromes at the University Hospital in Krakow. All variables are measured at the beginning and the end of the treatment, while therapeutic alliance (WAI-SR) is measured in-between as well. Patients also completed the Inventory of Personality Organization, The Experiences in Close Relationships-Relationship Structures Questionnaire, and The Reflective Functioning Questionnaire. The measurement of psychotherapy outcomes was performed with OQ 45.2. Results: Patients' therapeutic alliance profiles do not present a linear growth but change during the psychotherapy process. The initial

high level of alliance weakens in the middle of therapy and rises again in the last phase. These observations may be related to the initial structure of personality organization, attachment style, and mentalization. Conclusions: The obtained results may reinforce the process of the patient's diagnosis to psychotherapy and facilitate the understanding of patients' functioning during the treatment.

**Effects of a psychodynamic residential intervention program on parenting behaviors and quality of parent-child interactions in mothers with Substance Use Disorder..** *Alessio Porreca, University of Padova, Italy; Bianca Filippi, University of Padova, Italy; Francesca De Palo, Comunità di Venezia scs; Nicoletta Capra, Comunità di Venezia scs; Alessandra Simonelli, University of Padova, Italy*

Aim: To investigate the effect of a psychodynamic residential program on the improvement of parenting behaviors and on quality of parent-child interactions in mothers with substance use disorder (SUD). Methods: The study involved N=37 dyads of mothers diagnosed with SUD (mean age=29.98 years) and their children (49% males, mean age= 12.19 months). The dyads were enrolled in the study at admission in the facility. Parent-child interactions were videotaped during 15-minutes free-play sessions scheduled every 3 months during the first 15 months of treatment, for a total of 6 time points. Quality of parenting behaviors and of parent-child interactions were coded through the EAS, which consider both parents' (sensitivity, structuring, nonintrusiveness, nonhostility) and children's (responsiveness, involvement) behaviors. Results: With respect to parenting behaviors, the results highlighted significant changes in maternal structuring [ $X^2(5)=17.83, p=.003$ ] and nonintrusiveness [ $X^2(5)=21.03, p=.001$ ]. No changes in sensitivity and nonhostility were detected ( $p>.05$ ). As far as it concerns children, significant changes were uncovered both in responsiveness [ $X^2(5)=27.90, p=.000$ ] and involvement [ $X^2(5)=60.03, p=.000$ ]. Post-hoc testing revealed at which specific time-point changes for each variable occurred. Supplementary analysis revealed that changes were more likely to occur in dyads with younger children with respect to older ones. Discussion: The results of the study highlight that taking part into a psychodynamic residential intervention program enhances quality of parenting behaviors and of parent-child interactions in mothers with SUD. This effect seems specific for pairs with younger children. Considerations on the importance of early identification of at-risk dyads are presented.

**Attachment predicts changes in the level of personality functioning after psychotherapeutic inpatient treatment.** *Eva Flemming, Universitätsmedizin Rostock; Laura Lübke, Universitätsmedizin Rostock; Oliver Masuhr, Asklepios Fachklinikum Tiefenbrunn; Ulrich Jäger, Asklepios Fachklinikum Tiefenbrunn; Katja Brenk-Franz, Universitätsklinikum Jena; Robert Mestel, VAMED Rehaklinik Bad Gröbenbach; Carsten Spitzer, Universitätsmedizin Rostock*

Aim: The influence of patient's specific attachment strategies on psychotherapy outcome is empirically well supported. But studies on outcome criteria other than symptomatic change are mostly lacking. The present study investigates how attachment anxiety and avoidance predict improvements in personality functioning after psychotherapeutic inpatient treatment. Methods: Two independent samples of psychotherapeutic inpatients from were assessed with a self-report measure of level of personality functioning (short version of the OPD structure questionnaire, OPD-SFK) at admission and discharge. Measures of psychopathology and interpersonal problems were assessed in one of the samples additionally. Attachment was measured using the German short version of the revised Experiences in Close Relationships (ECR-RD12). Results: Attachment avoidance had a negative impact on psychotherapy outcome regarding personality functioning, psychopathology and interpersonal problems. In the sample of patients diagnosed with personality disorders we found a negative association between attachment anxiety and improvements in the domain of regulating contact with others. Discussion: We discuss our main finding that patients with high levels of attachment avoidance might benefit less

from psychotherapeutic hospital treatment regarding its implications for differential indication and adaptation of treatment.

**Therapeutic Recovery from Trauma: an Evidence Synthesis.** *Andrew Smith, University of Salford*

This presentation will offer the findings from my doctoral research, the research question being "Are children in care (in the U.K.) offered opportunities for effective therapeutic recovery from complex developmental trauma?" In order to answer the research question, an evidence synthesis was completed of 28 key studies in the field. The findings were that children in care in the UK are not offered the opportunity for effective therapeutic recovery. The actual offer of therapy is widely varied, with inconsistent offers across the U.K. The industry is replete with issues of schoolism, and this impacts the offer of care to children. The research concluded with a comprehensive model of best practice for working with children who have experienced complex developmental trauma, and this model will also be presented.

## Brief Paper Session

### Attachment & development II

**START Childcare – a mentalization-based and attachment-orientated early prevention program for daycare professionals interacting with children with traumatic refugee background.** *Julia Holl, University Hospital, Heidelberg, Germany; Christine Bark, University Hospital, Heidelberg, Germany; Svenja Taubner, University of Heidelberg, Germany*

**Background** Due to the worldwide refugee movements, approximately a quarter of all individuals arriving in Germany is under the age of four years old and therefore at particular risk of a psychopathological development. Considering daycare institutions as the first possibility for integrating refugees into the host society, their successful attachment to the daycare professionals is essential. At the same time, interacting with traumatized children from diverse cultural backgrounds might cause emotional distress for the daycare professionals, impair their mentalizing capacities, and lastly impede an attachment relationship. **Aim** We developed and implemented a mentalization-based and attachment-orientated prevention program for daycare professionals to reduce their emotional distress and support their mentalizing capacities. **Method** Using an online-based survey (N=229) we assessed and analyzed pre-study data of daycare professionals' mentalizing capacities (MAS, MZQ), stress (ERI), well-being (WHO-5), and the Big 5 personality trait openness (BFI-10) in culturally sensitive contexts via self-report questionnaires. **Results** Preliminary cross-sectional data of associations between daycare professionals' perceived stress and mentalizing in culturally sensitive contexts with children and their families with traumatic refugee background will be presented. **Discussion** Training daycare professionals to respond culturally sensitive und trauma-specific to the needs of refugee families by reducing their emotional distress and strengthening their mentalizing capacities might support the children's successful attachment to daycare professionals and simultaneously prevent a potential psychopathological development of children with traumatic refugee background.

**The Effects of Peripartum Maternal Depressive and Anxiety Disorders on Mother-Infant Interaction: The Mediating Role of Antepartum and Postpartum Bonding..** *Christian Woll, Ludwig-Maximilians-Universität, Munich, Germany; Verena Labonte, Ludwig-Maximilians-Universität, Munich, Germany; Mitho Müller, Ludwig-Maximilians-Universität, Munich, Germany; Anna-Lena Zietlow, University of Mannheim, Germany; Nora Nonnenmacher, University of Heidelberg, Germany; Corinna Reck, Ludwig-Maximilians-Universität, Munich, Germany*

**Aim:** Peripartum maternal depressive and anxiety disorders may adversely affect child development. Mother-infant interaction has been shown to be

substantially involved in the transmission of these detrimental effects. Hence, it is crucial to further investigate how the quality of mother-infant interaction may be influenced. Our goal was to investigate the mediating role of antepartum and postpartum bonding for the relationship between maternal psychopathology and mother-infant interaction. Method: 38 mothers were diagnosed with a depressive and/or anxiety disorder. 21 healthy mothers were included in the study. Thus, a total of 59 mothers and their infants were videographed during the Face-to-Face Still-Face (FFSF) paradigm. Videos were coded using the microanalytic coding system Infant and Caregiver Engagement Phases (ICEP-R). Interaction quality was operationalized as the latency to interactive reparation, i.e. the average time interval from positive social match offset to positive social match onset. Bonding was assessed via the Maternal-Fetal Attachment Scale (MFAS) and the Postpartum Bonding Questionnaire (PBQ-16). Results: Data analysis is currently running. There are empirical results, which indicate that postpartum maternal bonding mediated the relationship between maternal psychopathology and interaction quality. Furthermore, antepartum bonding seems to predict postpartum bonding. Discussion: If these results can be confirmed and complemented in our analysis, we may strengthen the need for an early identification of bonding impairment and psychological support for women during pregnancy. Beside psychopathological symptoms, bonding issues should play an important role in antepartum psychological support. Thus, early mother-infant interaction quality as an important protective factor for child development might be improved.

**Reaching across the void: Reflective function and change in Emotionally Focused Couple Therapy.** *Stephanie Wiebe, Saint Paul University, Ottawa, Canada; Sue Johnson, University of Ottawa, Canada*

Background: Emotionally Focused Couple therapy is an evidence-based intervention that aims to relieve relationship distress through the creation of a more secure attachment bond (Wiebe & Johnson, 2016). The capacity to reflect on the mind states of self and others has been found to be a key aspect of attachment security (Fonagy, Gergely, Jurist, & Target, 2004). We investigate whether reflective function is an important element in bonding interactions in key EFT sessions. Method: The second sessions and 'best sessions' from 6 couples participating in Emotionally Focused Therapy (EFT) will be rated for reflective function. Best sessions were identified by the couples. Three of these couples achieved a key event in EFT known as the pursuer-softening event, and three did not. Hypotheses: We hypothesize that: 1) Couples will demonstrate improvements in level of reflective function from second sessions to best sessions; 2) EFT sessions in which a 'pursuer-softening' change event occurred will show significantly higher levels of reflective function in both partners as compared to those who did not. Implications: These findings will contribute to our understanding of key bonding interactions that occur in EFT. Implications for facilitating these shifts in couples' attachment interactions in therapy sessions will be explored.

## Brief Paper Session

### Change process I

**Dynamic patterns in personal positions of a patient diagnosed with Borderline Personality Disorder (BPD) and her therapist during a long-term psychotherapy.** *Augusto Mellado, Pontificia Universidad Católica de Chile, Santiago; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Mariane Krause, Catholic University of Chile*

Aim: To identify dynamic patterns in the personal positions (i.e. expressions of the subjectivity possible to be tracked in psychotherapy) of a female patient diagnosed with Borderline Personality Disorder (BPD) and her therapist during a long-term psychotherapy [44 sessions]. Methods: A case study of the successful psychotherapy [according to OQ 45-2 criteria] will be presented. The procedure

includes a first stage of qualitative analysis through the Model of Analysis of Discursive Positioning in Psychotherapy [MAPP, Martínez & Tomicic, 2019], wherein personal positions of the patient and her therapist will be identified. In a second stage of quantitative analysis, dynamic patterns in the personal positions will be established, giving an account of hypothetical attractors (i.e. personal positions of higher temporal stability in a determinate period) using the Space State Grid technique [SSG, Hollenstein, 2003] in some selected sessions, in the initial [s. 1 and 6], middle [s. 9], and final [s.25, 27, 28, 29, and 30] stages of psychotherapy. Results: Results indicate the presence of differentiated attractors depending on the level of progress of the patient's psychological change. In the first sessions a configuration is established between the therapist's inquiring subjective expressions, and the patient's confused and sad/guilty expressions. While in the final sessions a pattern is consolidated between a meta-analytical expression of the therapist and a self-dialogical expression of the patient, without an evident continuity between both stages. Discussion: Results could suggest that a subjective transformation process is manifesting in a non-linear way. Rather than being a cumulative process, the interaction between subjective positions that seem to favor the patient's change occurs in a discontinuous and emergent form. That is, from a moment to other emerges a dynamic pattern that can reflect an inter-subjective configuration that supports the creation and elaboration of contents, and their association with relevant autobiographical elements by the patient. Keywords: personal positions, attractors, nonlinear change

**The relationship between therapist's tests and alliance rupture repair regarding intersession-process, therapeutic relationship and outcome of patients in psychodynamic-oriented psychotherapy.** *Sylke Andreas, University of Klagenfurt, Austria; Jennifer Kadur, Alpen-Adria-Universität, Klagenfurt, Austria; Jonas Lüdemann, University of Klagenfurt, Austria; Gabriele Lutz, Gemeinschaftskrankenhaus Witten-Herdecke, Germany; Thorsten-Christian Gablonski, University of Klagenfurt, Austria*

Intersession processes capture thoughts, feelings, memories and fantasies in relation to a therapy session and the relationship between patient and therapist. It is assumed that patients internalize these relationship experiences and ideally fall back on them outside the therapy. Confrontations and misunderstandings are not only part of every human interaction, but also arise between therapist and patient. These tension situations or ruptures can threaten both the therapy outcome and the therapeutic relationship (Safran & Muran, 2006). In the present research work, six individual cases (60 sessions) of inpatient psychotherapy were used to analyse the relationships between ruptures, the therapeutic relationship, intersession processes and therapeutic outcome. The mixed-methods design was based on Brief-Symptom-Inventory (Franke & Derogatis, 2000), the Working Alliance Inventory short version (Tracey & Kokotovic, 1989) and Intersession questionnaire (Hartmann, 1997). The collected data were extended by information from the observer-based Rupture Resolution Rating System (Eubanks et al., 2015) and the test concept according to Weiss and Sampson (1986). The results of the study indicate a relationship between therapeutic relationship and selected intersessional processes. A good therapeutic relationship increased the intensity of the intersession processes. Ruptures in treatment had a negative effect on the perceived therapeutic relationship. The results should be discussed regarding the differences of rupture repair ratings and the test concept in relation to intersession-experiences, therapeutic alliance and outcome.

**Making Sense of the Body: A Systematic Study of Therapists' and Clients' Bodily Sensations.** *Oya Masaraci, Istanbul Bilgi University; Alev Cavdar, Istanbul Bilgi University; Selcan Kaynak, Bilgi University*

Objective: The therapist's and the client's bodily sensations in a session have long been considered to have a communicative value. In case studies, we usually encounter accounts of feeling mild or strong physical sensations.

Further, some somatic countertransferential reactions are associated with various diagnostic groups, such as feeling fatigue and sleepiness. This study attempts at systematically documenting the somatic reactions of clients and therapists. Next aim of the study is to associate certain somatic reactions such as headache with certain affective states and client characteristics. Method: The data was collected as part of an ongoing naturalistic process-outcome research project. Both clients and therapists were asked to fill out a form after each session, regarding how they felt during the session. The last question of the form asks for any notable somatic sensation. Over 3 years, 238 clients and 31 therapists participated in the study, providing evaluations for 4814 sessions. Results: Clients reported at least one notable somatic sensation in 28% of the sessions and the therapists did so for 11% of the sessions. The most commonly reported sensation was headache and hunger for both the clients and the therapists. It was observed that client's headache was associated with higher levels of sadness and anxiety. For the clients, nausea was associated with higher shame whereas for the therapist with high anxiety. The sessions in which clients and therapists felt dizzy were marked by high levels of surprise. Upon the completion of the diagnostic evaluation of client information, the patterns of somatic reactions of the therapists towards clients with different diagnoses will be identified. Conclusion: Client and therapists' bodily reactions in sessions can be associated with certain affects. The results of this study pave the way for a better understanding of the messages conveyed by the bodily reactions as well as a deepened therapeutic relationship. Keywords: psychodynamic psychotherapy, psychosomatization, somatic transference, somatic countertransference, nonverbal communication

## Brief Paper Session

### Change process II

**A machine learning approach for the study of structure and flexibility in the psychotherapeutic process.** *Giulio de Felice, Sapienza University of Rome & NC IUL University London; Yuri Antonacci, University of Palermo, Italy; Nicoletta Vegni, NC IUL University, London; Silvia Andreassi, Sapienza University of Rome, Italy; Günter Schiepek, Paracelsus Medical University, Salzburg, Austria*

Ten good outcome and ten poor outcome cases were compared to investigate order and disorder dynamics in psychotherapeutic process. Each participant was monitored daily using the TPQ (Therapy Process Questionnaire), which has 43 items and seven sub-scales, and responses over time were analyzed in terms of correlation robustness, variability and complexity. A machine learning approach was used to analyse the dynamic patterns of correlation, variability and complexity of the psychotherapeutic processes responsible for the good or poor treatment outcome. The results support the validity of quantitative process-parameters, like correlation robustness and variability, in predicting psychotherapeutic outcomes. Moreover, the results lend support to the general clinical experience of alternating periods of flexibility and integration in beneficial psychotherapeutic process.

**Emotional clarity and tolerance of emotional distress as a predictor of week-by-week change in depression in short-term dynamic psychotherapy.** *Linne Melsom, Modum Bad Research Institute, Vikersund, Norway; Pål G. Ulvenes, University of Oslo, Norway; Bruce E. Wampold, Modum Bad Research Institute, Vikersund, Norway*

Aim: Emotional clarity and tolerance of emotional distress has been related to depression, and is proposed as a potential mechanism of change in psychotherapy. The aim of this study was to investigate the reciprocal effect between these emotional processes and depression, in a naturalistic short-term dynamic psychotherapy treatment program for chronically depressed patients, by the use of an intensive longitudinal design. Method: 252 patients with chronic depressive disorder who were admitted to a 13 weeks inpatient treatment

program provided weekly self-reports on depressive symptoms (PHQ-9) and emotional clarity (EC) and tolerance of emotional distress (ED). The analysis used latent curve model with structured residuals (LCM-SR), investigating the within effects of week-to-week change. EC and ED were set as predictors for subsequent PHQ-9, and the reciprocal effect of PHQ-9 predicting subsequent EC and ED. Results: The results imply that EC predicted subsequent PHQ-9, whereas the reciprocal relationship was not significant. Further, ED predicted subsequent PHQ-9 with an increase in magnitude of these predictions over the course of therapy, and there was also a reciprocal effect of PHQ-9 predicting ED. Discussion: The results indicated that emotional clarity and tolerance of emotional distress may work as mechanisms of change in depression. This finding supports previous findings concerning the importance of emotional clarity and tolerance of emotional distress in psychotherapy, and adds to the literature by using longitudinal latent curve model with structured residuals to make predictions of subsequent change, and investigate the reciprocal within-person effects simultaneously.

## Brief Paper Session

### Change process III

**What remains in memory from clients' psychotherapeutic experiences?.** *Angelika Böhm, Österreichische Arbeitsgemeinschaft für Gestalttheoretische Psychotherapie (ÖAGP).; Ursula Grillmeier-Rehder, Institut für Integrative Gestalttherapie Wien IGWien; Ingeborg Netzer, Österreichischer Arbeitskreis für Gruppentherapie und Gruppendynamik ÖAGG Fachsektion Integrative Gestalttherapie*

Aim: Investigation of the structure of therapeutic situations which, from the subjective point of view of the clients, are remembered as significant and sustainable. By which did the situation become significant for the person? Which kinds of insights and change processes occurred in such significant situations, how did they come about, and in which way they have had a further impact on the clients' lives? Method: Data collection: individual qualitative interviews with graduate psychotherapists conducted in a joint phenomenological exploration. Evaluation: phenomenological group interpretation according to Jo Reichertz. First Results: The analysis of the first pilot interviews reveals some common structural features, which were characterized by the initial irritation of familiar behavioral patterns with accompanying high empathic presence on the part of the therapist and a subsequent "leap" into a new behavior or experience of the client. The actual data collection and evaluation phase of numerous further interviews is currently still in progress. Discussion: Situations that are likely to be remembered seem to involve unexpected turns in the interpersonal encounter, which were experienced as exciting in the situation at that time and allowed for a new level of experience.

**Emotion-Focused Therapy for Clients on the Autism Spectrum: A Preliminary Study.** *Anna Robinson, University of Strathclyde, Glasgow, UK; Robert Elliott, University of Strathclyde, Glasgow, UK*

People on the autism spectrum can experience difficulties in emotion processing. Challenges in affective empathy for self (emotion-regulation) and other (empathy) and cognitive empathy for self (self-reflection) and other (mental representation) often result in emotional injuries and trauma-related experiences. In this presentation, findings from two groups of emotion-focused therapy for autism spectrum are presented. Six participants undertook two 4-person groups of a 9-week Emotion-Focused Therapy group treatment. All sessions were video recorded and Therapy session 1 (T1), Interpersonal Process Recall session 1 (T2), Therapy session 7 (T3) and IPR session 8 (T4), were independently rated using the Client Emotional Processing Scale for Autism Spectrum (CEPS-AS; Robinson & Elliott, 2016) an empathy observer measure. The repeated measures ANOVA showed that, for the 6 participants, change in overall emotional processing over sessions was statistically significant

on all four dimensions and overall. Qualitative data is presented to illustrate the change process across treatment: activation, deepening and transformation of emotions, accessing of core pain and associated unmet needs, use of adaptive emotions such as empathy for self and others. Triangulation with HAT and change interview data lends support for emotion-focused therapy as an effective intervention for people on the autism spectrum. The small number of participants in the study mean that the findings have limited generalizability. However, preliminary findings are promising but replication and further research are required.

**The Assimilation of Problematic Experiences and Quality of Life in cancer patients.** *Ricardo Machado, Instituto Universitário da Maia; Isabel Basto, Instituto Universitário da Maia; Patrícia Pinheiro, Instituto Universitário da Maia; Nicole Silva, Instituto Universitário da Maia; William Stiles, Miami University, Oxford, USA; Beatriz Viana, Instituto Universitário da Maia*

Oncological diagnosis is a difficult experience, changing the individual's networks of meanings, priorities and personal projects. This can trigger negative feelings and stress levels that often lead to psychological, somatic and social maladjustments. The diagnosis and the whole process of oncological disease associated with its traumatic character presents as a problematic experience imposed on the individual's life. Thus, dealing with this experience and integrating it can contribute to a greater adaptation to disease reality and the consequent promotion of quality of life and reduction of associated clinical symptoms. The Assimilation of Problematic Experiences Model perspective that changes from psychological suffering to a stage of psychological well-being can occur through a gradual process of integrating problematic experiences. Since the cancer diagnosis may be considered a problematic experience for patients, its integration may increase quality of life and reduce clinical symptoms. This study aims to compare assimilation levels with quality of life and clinical symptoms in two breast cancer patients: one in treatment phase and another in disease remission phase. We conducted an unstructured interview for both cases. The process measure used was the Assimilation of Problematic Experiences (APES) to assess the assimilation process. The outcome measures used were: the Clinical Outcome Routine Evaluation – Outcome Measure (CORE-OM) to assess clinical symptoms, and the Functional Assessment of Cancer Therapy – Geral (FACT-G) to assess quality of life. Our results seem to suggest that there is a relation between assimilation levels and quality of life and clinical symptoms in both cases.

**The crucial role of exposure to trauma in therapeutic change - Clinical and fMRI results from a single infusion of ketamine or midazolam followed by intense one week imaginal and in-vivo exposure.** *Ilan Harpaz-Rotem, Yale University, USA*

Background: This presentation will outline the results of a clinical trial and fMRI investigation of treatment effectiveness for PTSD. One of the signature features of PTSD re-experiencing symptoms is impaired memory reconsolidation. Moreover, PTSD symptoms of hyperarousal and avoidance, are associated with overgeneralization of the fear response associated with the trauma. Although prolonged exposure (PE) is considered “first-line” intervention, large body of research concluded that about 50% of treated individuals remain symptomatic at the end of the treatment. Prolonged uncontrolled stress has a profound effect on the brain. Stressors initially activate glutamatergic circuits and trigger pro-inflammatory processes that initiate a cascade of neural events, impairing functional and structural glutamatergic connectivity, resulting in neural atrophy - loss of dendritic spines and dendritic retraction in cortico-limbic circuits regulating mood and fear. Ketamine was found to drive rapid and profound growth of functional dendritic spines that enhance neuroplasticity and restore functional neural connectivity disrupted by stress. Results: significant and meaningful symptoms reduction was observed in both groups. However, significant changes in psychophysiology, brain activation and connectivity were

observed only in the ketamine group and not in the placebo group. Changes were significant and lasted up to 90-days post treatment. Conclusions: As early as Freud's initial work on hysteria, the ability to recall and process the traumatic memory is a crucial component in the therapeutic change. Here we present emerging biological evidences to support the notion that the neuroplasticity which follows a single ketamine infusion creates a unique window of opportunity to enhance new learning that results in a stronger extinction of fear associated with the original trauma memories.

## Brief Paper Session

### Child & family

**Parental Self-care – Mediator of Family Psychological Well-being.** *Maia Kalandarishvili, St. Andrew Georgian University (SANGU), Tbilisi, Georgia; Magda Machavariani, St. Andrew Georgian University (SANGU), Tbilisi, Georgia*

Parental Self-care – Mediator of Family Psychological Well-being Objective. 1. The approbation of the self-care scale on the Georgian population; 2. To study the nature of the relationship between the parental self-care and the family well-being, especially the well-being of parents and their adolescent children. Significance of the study. There is no research yet that studies the self-care of the parents of adolescents, and the nature of relationship between parental self-care and the psychological well-being of parents and adolescents, i.e. whether the relationship between these variables are that of prediction or mediation. Method. The study was conducted anonymously and online, in two phases: 1) the approbation of the self-care scale on the Georgian population; 2) testing parents and adolescents for the main research using the self-care and Ryff's psychological well-being scales. 363 respondents, aged 19-69 years, participated in the pilot study. 154 respondents (77 parent-adolescent dyads) participated in the main study. For statistical analysis of the data, we used the software SPSS–20, also Hayes PROCESS Macro for SPSS (2018). Results and Conclusion. 1. The pilot study has shown that the Georgian version of self-care scale is reliable (Cronbach's alpha 0.919) and valid. 2. The main study revealed that all our hypotheses have been proven true and also the relationship between the parental self-care and the psychological well-being of parents and adolescents is more a cause-and-effect relationship and is not mediated by parental self-care. Keywords: psychological well-being, family well-being, parents, adolescents, parental self-care, mediation.

**Adaptation of child psychotherapy to online settings during COVID-19, experiences from psychotherapists.** *Sofia Fernández, Pontificia Universidad Católica de Chile, Santiago; Olga Fernández, Universidad de Chile, Santiago*

Aim: The global pandemic of COVID-19, and the quarantines imposed by some countries, forced many psychotherapists -without online experience- to adapt their clinical practices and interventions to online settings. The aim of this study was to explore child psychotherapists' experiences of adaptations to online psychotherapy, including the adaptations of child interventions and technics from face-to-face to online sessions and the psychotherapists' personal experience of adaptation during the pandemic. Methods: Semi-structured interviews were conducted with 8 child psychotherapists with no online experience, who have continued the psychotherapeutic processes with their patients online during the pandemic. The data was qualitatively analyzed through Grounded Theory. Results: Psychotherapists point out that the adaptation process of their online psychotherapies was progressive, collaborative, and dynamic, highlighting creativity and personal flexibility as enabling factors in the process, along with the support and collaboration from professional networks and colleagues. The massive adaptation of everyone's life to social distancing and online activities facilitated the process of acceptance and adaptation of online psychotherapy for both therapists and patients. Most of the activities and interventions carried with children during face-to-face sessions, such as play; art; and metaphors, could be adapted to online settings through

video communication platforms, with favorable results and positive outcomes. Although psychotherapists mention that the adaptation process was extremely exhausting, it was a rewarding process and a great learning experience that permitted them to fulfill their role as health professionals. Discussion: The pandemic opened the possibility of massively conducting online psychotherapy, offering new and novel possibilities to carry out child psychotherapeutic processes in different contexts, changing the way psychotherapy is offered and implemented.

**From Global Distress to Resolution: Working with Parents of Sexual and Gender Minority Adult Children.** *Tamar Zisenwine, Ben Gurion University, Israel; Yotam Strifler, Ben-Gurion University; Gary Diamond, Ben Gurion University, Beer Sheva, Israel*

Title: From global distress to resolution: working with parents of sexual and gender minority adult children Authors: Tamar Zisenwine, Yotam Strifler & Gary M. Diamond Introduction: This study examined the process by which parents successfully shifted from high, dysregulated emotional distress and self-focus, to lower, more regulated levels of distress, a focus on their child or their relationship with their child, and a commitment to repairing the relational rupture in the context of relationship-focused therapy for SGM adults and their non-accepting parents. Method: A task-analytic approach was used to articulate a rational model of the change process. Next, an empirical model was developed based on clinical observation. Finally, in the validation phase, core components of the empirical model were operationalized, and suitable measures were chosen to capture each component. Sixteen cases were reliably classified as either good resolvers (i.e., shifts occurred) or poor resolvers. Raters will examine whether core components are more frequent in the good versus the poor resolver cases. Results: Preliminary results suggest that good resolvers go through a process of grief, questioning their own beliefs, and becoming curious about and empathic towards their child's emotional experience, and/or expressing a commitment to improve the quality of their relationship with their adult child. Discussion: Results of this study present a clinical map for helping parents shift from a state of high distress to a more productive state of lower distress, focus on the welfare of their child and their relationship with their child, and commitment to repairing the relational rupture.

**How are German families feeling during the COVID-19 pandemic? Determination of depression rates and perceived stress in the CoviFam study..** *Corinna Reck, Ludwig-Maximilians-Universität, Munich, Germany; Alexandra von Tettenborn, Ludwig-Maximilians-Universität, Munich, Germany; Sarah Ghezih, Ludwig-Maximilians-Universität, Munich, Germany; Christian Woll, Ludwig-Maximilians-Universität, Munich, Germany; Anton Marx, University of Munich, Germany; Nora Nonnenmacher, University of Heidelberg, Germany; Anna-Lena Zietlow, University of Mannheim, Germany*

Aim: The CoviFam study provides insights into young parents' psychosocial wellbeing during the COVID-19 pandemic. We developed a COVID-19 questionnaire and additionally investigated the severity of depressive symptoms and perceived stress via validated questionnaires. Method: We recruited 1721 participants with children aged 0–3 via medical institutions, support services and social media. They completed an online survey including the Edinburgh Postnatal Depression Scale (EPDS) and the Perceived Stress Scale (PSS). We analyzed depressive symptom severity and stress levels across different subgroups. Results: We revealed a depression rate of 14.53 % (CI: 12.86-16.19 %) in our sample. The reported mean perceived stress level was  $M = 16.73$  ( $SD = 5.8$ ). We revealed no significant differences of symptom severity across infants' age groups and educational levels. Significant differences were found regarding depressive symptoms and stress levels across parents' gender, relationship status, and income ( $p < .001$ , respectively). Additionally, we found a significant difference of stress levels between the infants' age groups 0-1 and 2-3 ( $p < .01$ ). 27.73 %/38.14% of the parents reported that depressive/stress

symptoms intensified due to COVID-19. Discussion: Compared to international results during COVID-19, our analysis revealed low depression rates. Perceived stress was in line with the German mean values of an international COVID-19 study. Mothers compared to fathers, parents without partner, and parents in lower income categories seem to be at heightened risk concerning depressive symptoms and stress levels. Our study corroborates the need for psychosocial support, especially for mothers, parents without partner and parents with lower income.

## Brief Paper Session

## Culture & identity

### **Advancing the Understanding of Factors that Influence Client Preferences for Race and Gender Matching in Psychotherapy.** *Gabrielle Ilagan, McLean Hospital; Laurie Heatherington, Williams College, Massachusetts, USA*

Aim: While clients sometimes prefer having a therapist of their same race or gender, research generally doesn't show that racial/gender matching improves psychotherapy outcomes. Two studies explored matching preferences as a function of being informed (or not) about the lack of evidence for its efficacy, and the role of two relevant variables: systemizing tendencies and strength of BIPOC cultural identification. Methods: Study 1 (n = 128) investigated preferences for racial matching; Study 2 (n = 174) investigated preferences for gender matching. Participants recruited from Amazon Mechanical Turk were randomly assigned to be "Informed" that research shows that matching does not lead to superior outcomes, or "Uninformed." Using a discounting paradigm, they indicated preferences for a more effective, unmatched therapy, vs. a less effective, matched therapy; they next indicated whether they preferred an unmatched in-person therapy or a matched teletherapy. Results: Being informed did not affect matching preferences, and participants preferred unmatched in-person treatment to matched teletherapy. Lower systemizing tendencies and stronger identification with a culture other than White/European-American were associated with stronger race/gender matching preferences. Black/African-Americans had significantly higher racial matching preferences, and Asian/Asian-American participants (who were largely male) had significantly higher gender matching preferences. Discussion: The findings suggest that potential clients may disregard information about the effectiveness of race/gender matching on outcomes, and that they value in-person treatment over teletherapy. Further, demographic and personality variables both influence how strongly clients prefer matching.

### **The impact of family adjustment on expatriate work performance: A prognosis review.** *Rebecca von Oepen, Universität Witten/Herdecke; Nina Immel, Pontificia Universidad Católica de Chile, Santiago; Christina Hunger-Schoppe, Witten/Herdecke University; Hannes Opfermann, Witten/ Herdecke University*

Aim: Despite the growing global economy, the impact of cultural adjustment of families including expatriates and the consequences for family members' mental health, as well as the expatriates' work performance has received marginal attention. This prognosis review aims to synthesize various frameworks to conceptualize a model assessing cultural stressors within expatriate family systems, their mental health, and the expatriates' work performance. Methods: Inclusion criteria concentrate on (1) expatriates in partnership, and with at least one child, (2) relocation contract to the host culture lasting no less than one year, (3) publications in German, English, and Spanish between 2005 and 2020. An elaborated search string was performed including various bibliographical databases (e.g. PsychInfo, Web of Science, Cochrane Library). A full analysis, including all studies, was conducted; heterogeneity and publication bias were examined. Results: The results are based on 8 models encompassing theoretical approaches on the effect of cultural stressors to family health status and expatriates work performance. Of these, 3 models incorporate empirical

data. Studies mainly perform quantitative as well as qualitative research designs. All information was synthesized and a complex, inconclusive theoretical framework developed to discern the impacts of cultural adjustment of expatriates and their families on the family members' mental health and the expatriates' work performance. Discussion: The proposed theoretical framework will be discussed. A special focus will be given to the implementation of future research and practice models, incorporating (aspects of) the framework to allow for training for expatriates and their families before, during, and after relocation.

**Emotionally Focused Couples Therapy with Latinos: Exploring therapists' experience.** *Martiño Rodriguez-Gonzalez, Universidad de Navarra; Ragan Lybbert, Brigham Young University, Provo, USA; Shayne Anderson, Brigham Young University, Provo, USA; Dania Andrade, Universidad de Navarra; Christian Santana, Private Practice, USA; María Calatrava, Universidad de Navarra*

Emotionally Focused Couples Therapy (EFT; Susan Johnson) has become one of the most recognized models for treating couples, including scientific backing through multiple research studies conducted in the USA and Canada. Since 2015 the number of therapists trained on this approach in Spanish-speaking countries has grown exponentially, starting with around 20-30 couples in 2014 to now more than 600 Spanish-speaking therapists trained by 2020. Despite this growing number of Spanish-speaking therapists learning EFT, the applicability of this model with Latinos is practically nonexistent. This brief paper synthesizes some elements of the experience had by 102 native Spanish-speaking therapists who received training in EFT and are currently practicing this approach with couples in a Spanish-speaking country (experiences of therapists from 10 different countries were included) or with Latinos in the USA. Primarily our study will explore the reported necessary changes to appropriately adapt EFT for working with Latino couples, as well as how this group of therapists perceive the cultural appropriateness of EFT. Moreover, the COVID-19 pandemic has made it necessary for these therapists to carry out the application of EFT through teletherapy. We will also present these therapists' perception of this change to teletherapy both in regards to their personal experience and that of the couples with whom they have been working.

**Participation in Psychotherapeutic Playback Theatre integrated with life-review therapy enhances the mental health of older adults.** *Shoshi Keisari, University of Haifa, Israel*

Aim: Playback Theatre is a form of improvisational theater that combines artistic expression with an exploration of life stories in a group creative process. Psychotherapeutic Playback Theatre is a drama therapy approach that exists in a framework of a closed group, in which the participants tell, and act their personal stories to each other. The goal of the current study was to examine an integrative intervention for older adults, which includes participation in playback theatre in accordance with the life-review method. Method: We examined the effect of the intervention on the positive and negative aspects of mental health among community-dwelling older adults in adult day centers (ADCs). In a randomized controlled trial, data were collected from 78 participants consisting of older adults in 4 ADCs (Mage = 79.60, SD = 6.89: range = 63–96), randomly assigned to a 12-week playback theatre group or care-as-usual group. The participants reported on aspects of mental health and mental illness before, immediately after, and three months after the intervention. Results: The results show a significant timeXgroup interaction, validating the intervention's effectiveness for improving positive mental health indices, as well as depressive symptoms. This improvement remained stable three months post-intervention. Discussion: Our findings confirm that a structured short-term creative group intervention, which integrates life-review with playback theatre participation, induces a strong and persistent positive psychological effect in community-dwelling older adults. The current study suggests that this type of creative

psychotherapeutic intervention in the community may provide an opportunity for older adults to flourish and experience psychological growth.

## Brief Paper Session

## Depression

**Alpha-amylase and cortisol as modulators of treatment response in burnout and major depression.** *Susanne Fischer, University of Zurich, Switzerland; Gianandrea Pallich, University of Zurich, Switzerland; Roberto La Marca, Clinica Holistica Engiadina SA, Centre for Stress-Related Disorders, Susch, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Barbara Hochstrasser, Private Hospital Meiringen, Center for Psychiatry and Psychotherapy, Meiringen, Switzerland*

Around 50% of patients with major depression do not respond sufficiently to standard first-line treatments. At the same time, there is evidence for altered functioning of stress-responsive bodily systems, such as the autonomic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis, in this population. Since these systems impact cognition and interact with serotonergic and dopaminergic systems, it is possible that they modulate treatment outcomes. This is the first study that simultaneously assessed autonomic and HPA axis functioning in depressed inpatients undergoing evidence-based multimodal treatment. All N=74 patients suffered from burnout syndrome and fulfilled ICD-10 criteria for a major depressive episode. Saliva samples were collected at awakening as well as +30 and +45 min. Alpha-amylase activity and cortisol concentrations were determined. Responders were defined as those exhibiting a  $\geq 50\%$  decrease in depression on the Beck Depression Inventory. The median age of the sample was 50 and 61% of patients were male. Controlling for age, sex, BMI, depression severity, medication intake at study entry and treatment duration, responders had significantly lower post-awakening alpha-amylase activity when compared to non-responders ( $p=.030$ ). In addition, alpha-amylase activity increased significantly over the course of treatment ( $p=.011$ ), but this was independent of treatment response. No significant results were found regarding post-awakening cortisol concentrations. If future research confirms alpha-amylase to be a modulator of treatment response in major depression, this may indicate that a subgroup of patients with altered autonomic functioning may profit from augmentative or alternative treatments.

**Self-Reflection, Insight and Rumination as Predictors of Symptom Reduction in Cognitive Behavior Therapy for Major Depression Disorder.** *Ronit Kishon Ph.D., Columbia University, New York, USA; Yael M. Cywocicz, Ph.D., Columbia University, New York, USA; Maren Westphal, Pace University; Eileen Shea MPH, Columbia University, New York, USA; Lidia Wong MA, Columbia University, New York, USA; Vinushini Arunagiri, MA, Hofstra University; Ori D. Florentin, Stony Brook University, USA; Steven Hollon, Vanderbilt University, Nashville, USA*

**Aim:** In CBT, understanding one's thoughts, feelings, and behaviors is central to emotion regulation and goal directed change. The study examined self-reflection, insight (self-understanding), and rumination (a maladaptive form of self-reflection) in relation to depression changes during CBT. We hypothesized that (a) high baseline levels of self-reflection and insight and low levels of rumination predict decreased depression pre-post CBT, and (b) constructive changes in self-reflection, insight, and decreases in rumination correlate with decrease in symptoms over the course of therapy. **Method:** 50 outpatients (mean age =  $38.8 \pm 13.2$ ; 68% female, 28% ethnic minorities) meeting DSM-IV-TR criteria for depressive disorders received 14 manualized CBT sessions (Emery, 2000). Beck Depression Inventory (BDI-II), 17-item Hamilton Rating Scale for Depression (HRSD17), Self-Reflection and Insight Scale (SRIS), Ruminative Response Scale (RRS) were completed at baseline, week 8, and post-treatment. **Results:** The mean BDI-II and HRSD17 scores at baseline were  $30.7 \pm 8.4$  and  $17.2 \pm 5.1$ , and significantly decreased among remitters ( $BDI \leq 13$ ;

22%), and non-remitters. Contrary to expectations, higher baseline SRIS was associated with increased post-treatment BDI-II ( $\beta=4.02$ , 95% CI=0.33-7.72,  $p=0.03$ ) and HRSD17 ( $\beta=3.83$ , 95% CI=1.03-6.64,  $p=0.01$ ), yet increase in SRIS over treatment was associated with a decrease in HRSD17 across treatment ( $\beta=-3.43$ , 95% CI=-6.15 - -0.72,  $p=0.02$ ). Decreased rumination was associated with reduced depression across therapy. Discussion: The results confirm the self-absorption paradox whereby higher SRIS levels can be associated with both higher and lower levels of depression, probably due to different types of self-reflection. Also, CBT is effective when targeting self-reflection and insight deficits rather than capitalizing on their strengths.

**Psychotherapy for depression in a new form of care: the evening clinic.** *Ulrike Dinger, University Hospital, Heidelberg, Germany; Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Annna Sandmeir, University Hospital, Heidelberg, Germany; Laura Stangl, University Hospital, Heidelberg, Germany; Christoph Friederich, University Hospital, Heidelberg, Germany; Almut Zeeck, University of Freiburg, Germany; Manfred Beutel, Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Mainz, Germany*

The new intensified outpatient setting of the evening clinic in a university hospital for psychosomatic medicine offers a time-limited, intensive multimodal psychotherapy with a combination of individual and group therapy. The aim of the evening clinic is to reach patients who would otherwise patients who otherwise find their way to psychotherapy less frequently. The multicenter study "Psychotherapeutic evening clinic - new form of care for depressive patients" (P-AK) compares the course of treatment of patients in the new evening clinic setting with patients in the existing existing forms of inpatient (VS), day-care (TK) and outpatient (AM) psychotherapy. For this purpose, a sample of a total of 320 depressed patients was recruited at three sites. Of these, 80 patients were treated in the evening clinic, with another 80 patients each accounted for by to the existing forms of care VS, TK and AM. The patients received a comprehensive diagnostic assessment at the start of therapy and were reexamined both at the end of treatment and after a 9-month catamnesis. The results show that patients in the four settings differed in terms of severity and chronicity. With fundamentally positive symptom improvements in all conditions there are also differences in the course of therapy (pre-post effects). Overall, the study confirms that the evening clinic is a suitable form of therapy for depressive patients and that it can and can be a useful complement to existing care services.

## **Brief Paper Session      Evidence-based psychotherapies**

**When and for Whom do Psychodynamic Therapists Use Guided Affective Imagery? Explicating Tacit Knowledge from Experts.** *Jule Frida Bauckhage, Universität Kassel, Germany; Christian Sell, University of Kassel*

Theory. The psychotherapeutic use of imagery has recently become more prominent and has been integrated in the therapeutic process in different ways for various methods and disorders. Imagery-based therapies can usually be described with as forms of assimilative psychotherapy integration. In the psychodynamic tradition Guided Affective Imagery (GAI) is an established imagery-based method especially in the German-speaking countries. The method includes imageries as a central component in the treatment process. Objective. In this study we aim to investigate according to which criteria - implicit and explicit - experienced psychodynamic therapists with GAI training actually use GAI. Method. For this purpose, we interviewed experienced GAI therapists (N=14) with semi-structured qualitative expert interviews. The interview data was analyzed applying grounded theory methodology, an auditing procedure and member checking. Results. We summarized all relevant criteria in a category system. What showed up as relevant for indication can be divided up into five

core categories; patient characteristics, characteristics of the therapeutic relationship, characteristics of the therapist, characteristics of the patients' imagery as well as treatment goals and therapeutic foci. Conclusion. Our results show that there are neither individual characteristics, nor an easy positive indication for one group of patients. Rather, there is a whole catalog of relevant dimensional criteria, which interact in a complex interplay. The factors describing a person's general level of functioning form a recurrent pattern within the whole category system. Drawing upon previous research and literature on the topic, the paper discusses indication along the five core categories. Dismantling which different patient, therapist and treatment characteristics interact may help to improve the understanding of GAI – and also other imagery based methods as forms of assimilative psychotherapy integration. For practice the results imply for therapy indication the consideration of different domains in addition to diagnosis-specific elements. The different categories might be also useful for the manualization of GAI. For future research the results implicate to determine the weighting and centrality of the individual characteristics and further to test their differential effectiveness.

**Frequency and reliability of a banter category system in different psychotherapeutic settings – Part I.** *Adrian Brooks, University of Klagenfurt, Austria; Andre Baumann, University of Klagenfurt, Austria; Dorothea Huber, International Psychoanalytic University, Berlin, Germany; Günter Klug, Technische Universität München; Imke Grimm, International Psychoanalytic University, Berlin, Germany; Sylke Andreas, University of Klagenfurt, Austria*

Generally, humor and laughing are widely accepted for their value in the therapeutic healing process (Fry Jr & Salameh, 1987; Martin & Ford, 2018; Titze & Eschenröder, 2011). Bantering, a specific form of humor, has been reported in the psychotherapeutic literature, in particular a category system regarding its function within therapy (Brooks, Herrmann, & Andreas, 2020). This study investigates whether banter categories occur in different psychotherapeutic settings and if they can be reliably measured. We hypothesize that psychodynamic therapy will generate more bantering than other therapies due to initial clinical practice observations and recommendations (Bateman & Fonagy, 2019). The results will be presented and discussed with respect to other empirical studies at the conference.

**Best practice model for investigating the efficacy of systemic therapy.** *Niels Braus, Witten/ Herdecke University; Johanna Wichmann, Witten/Herdecke University; Hannes Opfermann, Witten/ Herdecke University; Rebecca von Oepen, Universität Witten/Herdecke; Nina Immel, Pontificia Universidad Católica de Chile, Santiago; Christina Hunger-Schoppe, Witten/Herdecke University*

Aim: Systemic therapy (ST) is a psychotherapy approach which is used in many countries since more than 50 years. However, studies investigating ST use diverse designs, outcome measures, settings, comparators and patient populations. We aim at developing a best practice model for future high quality research based on the studies which were included into meta-analyses and systematic reviews concentrating on ST for adults, adolescents and children. Methods: Based on published meta-analyses and systematic reviews, in addition to a systematic literature search, we reviewed aspects of the used research designs, outcome instruments, settings, comparators, patient populations, as well as how adherence and allegiance was considered in the research projects. Results: A best practices model will be developed, including the need for direct comparisons of ST, valid outcome measures which address both symptom-related and system-related variables, different settings such as multiperson-psychotherapy in addition to dyadic settings, and valid measures for adherence and allegiance. The results of RCTs using potential best practice outcomes and adherence instruments reveal questionable results. Notably, there is a great lack of research on different settings . Discussion: We will

discuss best practices for future research in the field of ST. We also intent to consider practical implications of the presented scientific practices.

## **Brief Paper Session      Mentalization**

**Challenges for therapists from a mentalizing perspective in groups for drug addicted.** *Giovanna Esposito, University of Naples Federico II; Silvia Formentin, Dependence Department ULSS of Padua; Raffaella Passeggia, University of Naples Federico II; Cristina Marogna, University of Padova, Italy; Sigmund Karterud, The Norwegian Institute for Mentalizing*

**Aims.** One of the main challenges in group therapy for drug addicted patients is collective pseudomentalization (Arefjord, Morken & Lossius, 2019), e.g. a group discourse consisting of words and clichés that are decoupled from inner emotional life and poorly related to external reality (Bateman & Fonagy, 2019). This single-case and qualitative study aims to explore the phenomenology of pseudomentalization and how it was handled by the therapist in an outpatient group for drug addicted patients. **Method.** The group was composed of seven members and the transcripts of eight audio-recorded sessions (one for month) were rated and studied. The therapist's interventions were measured with the mentalization-based group therapy adherence and quality scale (Karterud, 2015) by two independent raters; two sessions, one with a high and one with a low adherence, were selected, and the clinical sequences of pseudomentalization were analysed in a comparative way. **Results.** Findings showed that in the session with low adherence, there were more and longer clinical sequences of pseudomentalization which often involved all the group members. In the session with high adherence, the few sequences of pseudomentalization were more effectively handled by the therapist who provided short interventions focused on emotions, involved the group members in mentalizing external events, and managed group boundaries and authority. **Conclusions.** Pseudomentalization in group psychotherapy can be identified, as well as interventions that seems to favor it or to prevent or overcome it.

**Observer-based or computerized measures of the patient's mentalization in psychotherapy: a scoping review.** *Lotta Hüwe, University of Klagenfurt, Austria; Levin Laser, University of Klagenfurt, Austria; Sylke Andreas, University of Klagenfurt, Austria*

**Aim:** The mentalization approach is gaining more importance in psychotherapy in recent years. The aim of this scoping review is to provide an overview of the available approaches to measure the patient's mentalization in psychotherapy. **Methods:** The scoping review was conducted following the guidelines of the Joanna Briggs Institute. Inclusion criteria were the use or validation of an observer-based or computerized measure that explicitly assesses the patient's mentalization in the context of a psychotherapy. To meet the latter, there must be pre-post measurement or therapy content must be used as evaluation basis. **Results:** Preliminary results include 66 publications of 31 independent samples. The Reflective Functioning Scale (RFS) is used in almost all publications. The RFS is applied to various interviews (e.g. AAI, BRFI, SSRF interview) and therapy transcripts. For the evaluation of the therapy transcripts, the RFS manual has to be modified considerably. This is reflected in substantial differences in the approaches of different studies. A few studies use a computer-based version or a questionnaire to be completed by the therapist to assess reflective functioning. **Discussion:** Further results and the discussion will be presented at the 52nd International Annual Meeting of the SPR in Heidelberg.

**Relationship between therapeutic alliance, reflective functioning, transference processes and outcome in Dynamic Interpersonal Therapy: A single case study.** *Caroline Von Korff, University of Klagenfurt, Austria; Deborah Abrahams, Anna Freud Center, London, UK; Sylke Andreas, University of Klagenfurt, Austria*

DIT (Dynamic interpersonal therapy) is a time limited short term therapy for mood disorders consisting of sixteen weekly sessions which is focussing on identifying and working through a problematic dominant recurring unconscious affective pattern as it plays out in current relationships by developing an understanding of a patient's symptoms and affects (Lemma et al., 2011). The single case study presented aims to examine the DIT therapy of a patient suffering a severe depression and anxiety disorder with comorbid anti-social personality disorder with regard to therapeutic alliance, reflective functioning and the transference work in relation to the outcome. Moreover we want to discuss which aspects in the therapy might have facilitated changes for the patient by giving insight in the therapist's challenges in the brief intense therapeutic work facing resistance and countertransference. The sixteen sessions have been transcribed and examined by the Transference Work Scale (Ulberg, Amlo and Hoglend, 2014), the Working Alliance Inventory (Horvath, 1981) and the Reflective Functioning Scale Insession (Talia et al, 2015 adapted from Fonagy et al., 1998) with regular follow ups by PHQ-9 and GAD. The results will be presented at the conference and discussed thoroughly.

**Pre-therapy Mentalization as a Predictor of Initial Alliance and Perceived Effectiveness of Psychodynamic Psychotherapy throughout the Process.** *Asli Uzel, Istanbul Bilgi University; Alev Cavdar, Istanbul Bilgi University*

Objective: Reflective functioning representing the capacity of mentalization, allows individuals to examine and interpret the mental states in self and others, to respond to their understanding of their own affects, plans, and beliefs as well as the others' (Fonagy & Target, 1997). Since mentalizing process involves both self and others, the secure relational context is crucial for the capacity of mentalization to develop self-awareness and self-regulation, as this capacity also functions to carry strong emotions and ability to cope with them. In this context, therapeutic relationship between therapist and client is known as a vital component in the adult therapy process that predicts the change, and the working alliance plays a significant role on the outcome. Clients' bonding and perception of the therapist's helping behavior, active collaboration on the goals and affective collaboration in treatment are important to build working alliance. Yet, little known about how clients' pre-therapy mentalization are associated with their perceptions about therapy process and the working alliance. Thus, the aim of this study is to identify the association of client's pre-therapy mentalization with alliance and perceived effectiveness as evaluated both by the client and the therapist in the beginning phase of therapy. Method: The sample of the study consists of 116 clients who had 10 to 59 sessions in a psychotherapy training center. Each client filled out Brief Symptom Inventory (BSI) and Reflective Functioning Questionnaire (RFQ). After each session, both the client and the therapist completed a form that evaluates the depth and efficiency of the session, as well as 7 other qualities. By the 8th to 12th weeks, therapeutic alliance is measured via Working Alliance Inventory (WAI). Results: Preliminary analyses revealed that pre-therapy Hypomentalization was associated with higher scores in the Task subscale of WAI and a perception of the process as smooth and easy, but not more or less effective. Hypermentalization, on the other hand, was negatively associated with both alliance and perceived effectiveness of the sessions. On the other hand, it was observed that these associations varied as to phase or the process as beginning, middle, and termination. Thus, a model was formulated and tested via SEM, confirming that especially in the working through stage, hypermentalization is positively associated with effectiveness: Moderating role of effectiveness as perceived by the therapist will be further tested. Conclusion: It was observed that Hypermentalization might be an obstacle in the beginning, yet provide an advantage for working through. The role of therapist's perception as well as overvaluation of Hypermentalization in Turkish culture might account for this pattern. Keywords: psychodynamic psychotherapy process, reflective functioning, hypomentalization, hypermentalization, alliance, effectiveness

**The perceived utility of three selected routine psychological outcome measures in student counselling services (SCSs)..** *Zahra Tayer Farahani, University College Dublin; Emma Howard, University College Dublin; Chuck Rashleigh, Trinity College, Dublin, Ireland; Barbara Dooley, University College, Dublin*

**AIMS:** A wide range of psychological measures are used in counselling and psychotherapy to (i) routinely measure client outcomes, (ii) to ensure interventions are both effective and efficient. Research has focused primarily on the psychometric properties, sensitivity to change, validity and reliability of such measures. However, to date little research has involved students, as clients, on suitability of the outcome measures. The aim of this research is to draw on clients' opinion on the utility of three commonly used measures of psychological outcomes for routine assessment in SCSs: the Counselling Centre Assessment of Psychological Symptoms (CCAPS- 34), the Mental Health Inventory (MHI), and the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM). It is intended that the outcome will feed into a larger study on the implementation of a national database for SCSs. **METHODS:** Current and former clients of SCSs in Ireland will be invited to rate the utility of these selected measures through an online survey. The participants will answer questions on the acceptability and practicality of the measures (Stedman et al., 2000). Ethical approval has been received for this study and the online survey will be launched early 2021. **ANALYSIS AND RESULTS:** Statistical techniques will be used to analyse the multiple-choice survey questions. Thematic Analysis will be used to analyse the open-ended survey questions. **DISCUSSION:** Implementing routine outcome measurement at a national level has considerable potential to improve SCSs through the adoption of client focused measures. Choosing measures that are valued by clients may support their engagement with measurement and help with service improvement. **Keywords:** Routine outcome measurement, outcome measures, Student counselling service

**Meta-method analysis of qualitative psychotherapy research on therapists' experiences.** *Javier L. Rizo, University of Massachusetts Boston; Heidi Levitt, University of Massachusetts Boston; Zenobia Morrill, University of Massachusetts Boston; Bediha Ipekci, University of Massachusetts Boston*

**Aim:** Psychotherapy researchers were early adopters of qualitative methods in psychology and a large body of this research has examined therapists' experiences in session. This study provides an analysis of qualitative research practices within this psychotherapy literature subfield that can provide a sense of how an aspiration toward rigor has been enacted and has influenced qualitative research practices over the last four decades. **Methods:** We reviewed a body of 140 qualitative studies to identify paradigm shifts in methodology. Study features that were utilized and disclosed by researchers, such as procedures, reporting practices, and epistemological perspectives were quantitatively coded and analyzed to discern methodological trends and associations. **Results:** In our findings, we report on the use and reporting of procedures over time including those of reflexivity, intersubjective agreement among researchers, and participant involvement. We also present paradigmatic trends in scientific epistemology, such as the increased use of positivist strategies in qualitative research, along with the ways constructivist and critical perspectives relate to methods as reported. **Discussion:** We discuss our findings in terms of the varied paradigmatic approaches that researchers take in their studies, and how the knowledge produced interacts with our understanding of building clinical expertise and engaging in training. From these findings, we aim to further analyze discursive characteristics in these research reports to assess the epistemological coherence and methodological rigor demonstrated within research reports. This presentation will encourage psychotherapy researchers to

deliberately adopt procedures that are coherent with the perspectives they claim and that further the goals they set. Learning Objectives By attending this session, participants will be able to: (1) Gain an appreciation for how qualitative psychotherapy research has been conducted and reported in the field; (2) Gain a sense of the methodological strengths and weaknesses present in the literature as they relate to methodological integrity and; (3) More intentionally consider epistemological coherence and methodological integrity in conducting and reporting qualitative psychotherapy research

**Effects of relationally focused treatment in foster care..** *Anna-Karin Åkerman, Linköping University, Stockholm, Sweden*

Aim: Various models of therapeutic or specialized foster care have been developed, but research on them is limited. The paper presents an ongoing longitudinal, exploratory study analyzing treatment effects on mental health in a specialized foster care service in Sweden. The main purpose is to study how qualities in the relationship between the foster parent and the child contribute to outcome. The treatment model is relationally focused, based on attachment and mentalizing theories. The foster parents receive extensive support; 90% of the children and adolescents attend psychotherapy. Method: The effects on mental health and adaptive functioning are analyzed with ASEBA, Beck Youth Inventories (BYI) and The Adaptive Behavior Assessment System (ABAS-II). To study qualities of the relation, the Emotional Availability Scales (EAS) and short interviews are used. Results: Children's self-ratings have shown significant improvements in mental health, but few significant changes have been found in foster parents' or in school staff's ratings. Results from thematic analyzes of interviews with both the children and the foster parents will be presented. Preliminary results from EAS-ratings will also be presented. Discussion: So far, we have found improvement in self-ratings of the young people but not in the ratings by parents and school staff. Children and adolescents seem to perceive improvements in ways that parents and teachers do not, probably due to different expectations and treatment processes. Learning Objective 1: Participants will be able to learn about an ongoing exploratory study about children and young people in specialized, relationally focused foster care. Learning Objective 2: By attending, participants will learn about some effects on mental health and adaptive functioning. Learning Objective 3: Participants will also be able to hear about some results from EAS-ratings and qualitative analyzes of interviews.

**Building Foundations for Mentalizing: A Case Study of a Pre-School Child and His Therapist.** *Susan Walker Kennedy, Toronto, Canada; Susan Elgie, Montreal, Canada*

Aim: Our aim is to examine the process of therapy provided by a psychotherapist-in-training for a kindergarten child with a behaviour disorder and encopresis. Because of the child's young age, we focus on the way in which the therapist worked to develop the "building blocks" of mentalization: regulation of attention, and recognition and regulation of affect. We trace changes in the themes and activities of sessions over 18 months. Methods: The data is part of a larger study of school-based psychotherapy. The therapist was an advanced student in a child psychoanalytic psychotherapy training program. She submitted bimonthly information via a form with a checklist of therapeutic elements and two open-ended prompts. We used content analysis to explore the themes evident in the open-ended responses, supplemented by tallies of the checklist data. Results: The therapist and child succeeded in developing supportive and containing patterns of interactions. The child's language increased in volume and complexity as he learned to understand his needs and wishes, and identify his emotions. His play became more elaborated and he became better able to regulate both his attention and emotions. Discussion: Our data reveal changes in the behaviours of both child and therapist. The therapist's reports of her personal reactions show less frustration and more acceptance as her understanding of the child's psychological needs deepened.

**In-session Reflective Functioning: relationship with the presence and depth of work on conflict or personality functioning..** *Cecilia de la Cerda, Universidad de Playa Ancha, Valparaiso, Chile; Paula Dagnino, Universidad Alberto Hurtado, Chile*

Researchers have advanced that mentalizing is one of the main mechanisms of change. As a specific relational skill which is expressed through mentalizing in action, its function in the therapeutic interaction gives the opportunity to understand how it relates to the thematic being worked on. The aim of this study is to establish the relationship between identified mentalizing manifestations of patients and therapists through the psychotherapeutic interaction and the type and depth of therapeutic focus being worked on the psychotherapeutic process. Method: The design used was cross-sectional single case analysis, 24 episodes of change of one brief psychodynamic therapy of 21 sessions (successful due to OQ-45.2) were identified. Nine of them were analyzed for this study, considering those with higher presence of conflict or personality functioning focus. For each of these episodes the presence and depth of therapeutic foci (EPD, Dagnino, de la Parra 2019) and the type and quality of reflective functioning of each participant during the episode were codified with the Reflective Functioning Scale (RFS) (Fonagy, Target, Steele, & Steele, 1998). Since this is an exploratory study the first approach was qualitative, with high consensus on judges. The correlation analysis was made to evaluate the relationships. Results: The mentalizing manifestations in Patient-Therapist interaction varied throughout the course of psychotherapy, showing diverse types of trajectories that can be associated to the focus being worked on by both participants. Specifically, when the focus of the episode is on personality structure, high reflective functioning of the therapist relates to failures in the patient's RF. In contrast, when the episode is conflict-oriented, these associates with higher patient RF scores. Discussion: This study proposes that mentalizing regulatory functions are expressed through synchronized patterns between discrete scores and categories of reflective functioning that patient and therapist weave together during the psychotherapy, and it manifests itself in different ways in moments of therapy when the focus of the work is on the conflict or on the structure. The above can be understood as a way of intentionally working for those patients with more personality flaws with simpler, more direct, and understandable interventions, and leaving those more complex and reflective for those moments of therapy in which the conflict can be deepened.

**Preferences for an Idealized Psychotherapist: What Characteristics Do Laypersons Prefer?.** *Peter Eric Heinze, University of Potsdam, Germany; Florian Weck, University of Potsdam, Germany; Franziska Kühne, University of Potsdam, Germany*

Aim: Despite several studies reporting descriptive statistics on therapist preferences, not much is known about how preferred characteristics of psychotherapists originate in laypersons. Further, research might be limited to obvious characteristics such as gender and ignore other characteristics such as personality or therapists' worldview that might be important for future patients to choose their therapists. The study aims at identifying predictors of preferred therapist characteristics. Methods: We recruited a heterogeneous sample of N = 969 laypersons using a German panel sample. Participants filled in self-reports of sociodemographic characteristics as well as Big Five traits and anxiety. Additionally, they reported preferences on various sociodemographic and personality characteristics of an idealized psychotherapist. For each characteristic, participants were able to state a specific preference or choose not to have any preference. We identified predictors of preferences using logistic and linear regression models. Results: For almost all characteristics, less than half of the participants reported any preference, except for political attitude and practical experience. We found evidence for congruency effects as participants

preferred characteristics and personality traits similar to their own, especially concerning ethnic minorities and participants' worldview such as religion or political attitude. Additionally, more anxious participants were more likely to express specific preferences and preferred older and more experienced therapists. Discussion: Although many participants were inconclusive about their preferred characteristics of a psychotherapist, we identified important predictors of preference choices. Implications for practitioners (e.g., addressing unfulfillable preferences) and research implications are discussed.

**When grandiose becomes vulnerable: The central role of defense mechanisms for understanding the two faces of narcissism..** *Leonie Kampe, Psychologische Hochschule Berlin; Johannes Bohn, Freie Universität, Berlin, Germany; Carina Remmers, Universität Witten-Herdecke; Susanne Hörz-Sagstetter, Psychologische Hochschule Berlin*

Background. The concept of narcissism has lately been discussed controversially: empirical evidence suggests that there are two distinct factors in narcissism, grandiose (GN) and vulnerable narcissism (VN). GN defines the narcissistic phenotype and is the core element of DSM-5 criteria for the narcissistic personality disorder. Paradoxically, high expressions in GN are also related to more adaptive functioning and higher life satisfaction. On the contrary, high expressions in VN are related to psychological distress and a lack of healthy coping strategies. Although psychoanalytic theory hints towards the understanding of GN being the defensive shield that covers severe underlying insecurities, this contradiction has yet not been empirically investigated. Defense mechanisms are defined as unconscious mental operations that regulate negative affect and conflicts. They range from adaptive to maladaptive, and strongly relate to psychological functioning and wellbeing. With this study, we aimed to investigate on the role of defense mechanisms in narcissism by firstly finding individual defense mechanisms for GN and VN respectively, and secondly by investigating on the mediating role of defense mechanisms between narcissism and psychological distress. Method. In a subclinical sample of N=254 we used the Pathological Narcissism Inventory (Morf et al., 2015) for the assessment of grandiose and vulnerable narcissism, the Defence Style Questionnaire (Schauenburg, Willenborg, Sammet, & Ehrenthal, 2007) for defense mechanisms, and the Brief Symptom Inventory (Franke, 2016) for psychological distress. Structural equation modeling was employed to find distinct factors of GN and VN. Associations between distinct defense mechanisms and GN and VN were calculated. In path analysis, we explored whether defense mechanisms mediated the association between narcissism and distress. This was explored for GN and VN respectively. Results. Whereas GN did not relate to psychological distress, VN showed high correlations with psychological distress. Distinct defense mechanisms for each facet of narcissism could be extracted: Both GN and VN showed significant positive correlations with distinct intermediate and all maladaptive defense mechanisms. Only GN showed significant positive correlations with adaptive defenses anticipation, rationalization, and pseudo-altruism. VN showed negative correlations with all adaptive defenses. Mediator analysis found that unlike VN, GN exclusively related to psychological distress when mediated by specific maladaptive defense mechanisms. Discussion. The role of defense mechanisms for the concept of narcissism and the understanding of its underlying pathological mechanisms is of central clinical meaning: The disparate availability of adaptive defense mechanisms for GN and VN might account for diverging associations with psychological distress. Furthermore, the mediating effect of maladaptive defenses for GN might resolve the paradoxical link between GN and low distress. Clinical implications and relevance for psychotherapy are discussed.

**Defining a coding system to detect the gift of love in Interpersonal Reconstructive Therapy.** *Eliza Stucker-Rozovsky, James Madison University; Rebekah Martin, James Madison University; Shreya Namburi, James Madison University; Ken Critchfield, James Madison University*

Aims: Interpersonal Reconstructive Therapy (IRT: Benjamin, 2003/2006) is an integrative, principles-based treatment approach and theory of psychopathology that has often been applied with complex and severely personality disordered individuals. IRT theory conceptualizes patient symptoms and problems as products of failed attempts to adapt to current circumstances through the use of maladaptive patterns of behavior (copy processes) that were internalized from important attachment figures. Copy processes are: a) identification (acting like important others), b) recapitulation (acting as if important others are still present and in charge), and c) introjection (treating the self as important others did). Copy process repetitions are learned and maintained in order to achieve psychic proximity to important attachment figures in hope for some sort of rapprochement. They thus reflect a “gift of love (GOL)” to the internalized caregiver. IRT’s tailored treatment plan that is based in a case formulation (CF) specific to the individual’s learning and relational history has been shown to be effective, reliable, and valid (Critchfield, Benjamin, Levenick, 2015). Adherence to IRT principles and application of the CF has been linked to improved outcomes via the GOL when measured for whole sessions (Critchfield et al. (2015); Critchfield et al. (2019). IRT hypothesizes that the sooner the gift of love can be recognized, understood, and let go (which often entails grief), the sooner the patient will be able to differentiate from these attachment figures in ways that enable the reduction of symptomatology and reconstruction of personality. The present work provides preliminary coding data that is meant to capture through copy process and spiritual themes conversations that involve the gift of love. The coding system is being developed to include codes that capture grief, love, identity, and change processes. Method: The work involves data collected for (1) coding system development, in which fifteen sessions of tape from the IRT database have been used to develop and refine coding content (N = 15), as well as (2) application of coding system to two more cases, fifteen sessions each. The IRT database has focused mainly on a particularly complex population, described by the acronym CORDS, signifying comorbid, often rehospitalized, dysfunctional, and suicidal (Critchfield et al., 2017). Additionally, inter-rater reliability of sessions coded will be provided. Results: Results will provide rich description of a key psychotherapy process linking attachment and identity to psychotherapy change in a difficult-to-treat sample. Discussion: Use of the measure for clinical practice and research will be described. Coding system items will be made available. Keywords: change, meaning reconstruction, Interpersonal Reconstructive Therapy

## Brief Paper Session

### Practice-training-research networks

**Ethical Beliefs and Practices among Psychotherapists in India: An Exploratory Study.** *Ananya Sinha, Christ university; Poornima Bhola, National Institute of Mental Health and Neuro Sciences, Bangalore, India; Ahalya Raguram, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India; Prabha S. Chandra, National Institute of Mental Health and Neuro Sciences, Deemed University, Bangalore, India*

Aim: The practice of psychotherapy may be viewed as an ethical endeavour. This cross-sectional study aimed to explore the ethical beliefs and practice in psychotherapy and counselling among mental health practitioners in India. Method: 268 mental health practitioners were surveyed using Ethical Practice in Psychotherapy and Counselling Survey Schedule (EPPCSS) in which participants were asked to rate each of the 86 behaviours in terms of ethicality and frequency of practice on a five-point Likert scale (1-5). Conclusions: Quantitative results of the survey showed that there were variations in both beliefs and practices related to most of the behaviours of the survey. Few questions were explored to understand the ethical beliefs and practices of mental health practitioners: If there were some positions which most practitioners agreed are unethical; if there were some behaviours where there was a consensus about agreement of what was ethical; if there were some

common dilemmas or behaviours which stood out as more problematic and confusing for ethical judgement by the mental health practitioners, if there were any emerging variation in ethical beliefs and practices based on age, gender and professional identities (trainees and professionals) and if the ethical beliefs of the mental health practitioners translated into practice. The participants struggled with ethical issues in the areas of defining therapy frame, particularly related to fees and session timing; boundary management, particularly related to closeness, gifts and self-disclosure; confidentiality and informed consent, particularly regarding involvement of family members, recordkeeping and competence. The mental health practitioners overwhelmingly endorsed behaviours related to sexual boundary violations, financial transaction with the clients other than therapy fee and discriminatory practice like refusing to see a client belonging to a particular religion; as unethical and majority did not engage in such behaviours. Participants reported that the ethicality of diverse areas related to legal obligations, closeness and other payment related issues were difficult to judge. Occurrence of sexual boundary violation incidents, although rare, was a matter of concern. Overall, significant variations in ethical beliefs and practice were not noted across these domains with respect to professional identity, age and gender, except in a few areas. The implications for training and continuing professional development will be discussed.

**Pre Covid and During Covid - Survey of Therapist Needs.** *Barbara Vivino, Private Practice, Berkeley CA.; Patricia Spangler, Uniformed Services University and Henry Jackson Foundation, Bethesda, MD; Barbara Thompson, Private Practice, Maryland; Jake Jackson-Wolf, Private Practice - Baltimore, Maryland; Justin Hillman, University of Maryland, College Park, USA*

The COVID-19 pandemic radically and precipitously affected how therapists conduct psychotherapy sessions. Simultaneously, there has been a rapid rise in the need for mental health services globally. Due to the physical distancing guidelines, most psychotherapists have been compelled to transition from in-person to telehealth sessions. Therapists are coping with learning new technology along with confronting clinical issues they have never previously worked with, and without adequate training or supervision. This is occurring while therapists are also facing their own existential fears and isolation during a global crisis. Greater understanding is needed of the rapidly changing practice environment during the COVID-19 crisis (APA, 2020) and of what therapists need in order to provide successful psychotherapy sessions during this time of crisis. The purpose of this research was to investigate how the needs of psychotherapists have changed from COVID-19 pandemic. Our goal was to better understand what needs there were before and during the pandemic, how those needs have been met, what the barriers are to getting the needs met, and to gauge therapists' expectations of ongoing or long-term changes to how they provide psychotherapy. A survey of the needs of psychotherapists in practice was constructed and disseminated to psychotherapists nationally. The survey examined what resources therapist's access, how they access them, and what barriers there are to resources, reflecting on these areas both prior to the emergence of COVID-19 and during the current COVID-19 crisis. The study utilized a multipart survey, comprising items derived from the results of a qualitative study conducted by the same research team between 2015 and 2019 (Vivino, Thompson, Spangler, Jackson-Wolf, Hillman, & Hill, in preparation). The survey was completed via the University of Maryland's Qualtrics secure online data collection platform. Participants were not asked any personally identifying information. Participants were sought through multiples sources including state psychological association listservs, the National Registry of Health Psychologists, and Psychology Today "peer cast". 200 surveys were submitted, although on 161 were fully completed. Participants were slightly more women, predominantly white, heterosexual, and licensed psychologists. Although 37 states were represented, surveys were predominantly from the two coasts (California and Mid-Atlantic) perhaps because the survey researchers are from those areas and name recognition may have prompted participation. We are currently completing the analysis of the results. Preliminary results indicate that

over half of our sample of psychotherapists (primarily psychologists but including other licensed therapists) had switched to using telehealth only during the pandemic. Over half of the sample were using telehealth for the first time. Slightly less than half of the therapists reported an increase in the number of clients seeking treatment and on their caseloads during the pandemic. Therapists found that they needed to consult more about technological and billing issues and had more difficulty balancing their own and client needs as compared to pre-pandemic. Implications for training and practice will be discussed .

**Evaluating, illustrating and guiding supervision competence: A naturalistic multiple case study using the SAGE (Supervision Adherence and Guidance Evaluation) protocol.** *Aisling Mc Mahon, Dublin City University; Ciaran Jennings, Dublin City University; Gillian O'Brien, Jigsaw Youth Mental Health Services, Ireland*

**Aim:** This study had two main aims: (1) to explore the usefulness and relevance of the SAGE (Supervision Adherence and Guidance Evaluation) protocol for evaluating and guiding supervision practice in a multidisciplinary community mental health service; and (2) to assess, map and illustrate observed supervision competencies and their relationship to supervisees' experiential learning. **Methods:** This study was part of a naturalistic, longitudinal, multiple case study. Five supervisory dyads working in a multidisciplinary Irish mental health service audio-recorded their supervision meetings over a six-month period. A sample of 15 sessions (3 per supervisor) was coded according to the SAGE protocol, with moderate inter-rater reliability established (weighted kappa: 0.74). Identified competencies, their relationship to the supervisees' work, and areas for development were mapped and illustrated. **Results:** The SAGE protocol was found to be a useful and relevant method for evaluating supervision competence in a multidisciplinary community mental health service. Areas of relative competence, their relationship to supervisees' experiential learning, and areas for development were identified within supervisors' practice. **Discussion:** This study's findings offer a valuable insight into post-qualification supervision practice in a multidisciplinary service. The usefulness of the SAGE protocol for assessing and developing supervisory competence will be considered, along with implications for the training and continuing professional development of supervisors.

## Brief Paper Session

### Process and outcome

**Client's Merger Ideal and Psychotherapy Process: How does the Dyad Feel?.** *Alev Cavdar, Istanbul Bilgi University; Selcan Kaynak, Bilgi University*

**Objective:** This study explores whether the strength of the association between client's affect and therapist's affect varies as to the ideal level of intimacy of the client. Further, session by session affective experiences of the therapist and their clients whose ideal relationship is a union between self and other are depicted. **Method:** The data for this study was collected a part of a longitudinal naturalistic process-outcome research project. The sample consists of 63 clients and 10 intern therapists' pre-therapy measures and process measures. Before therapy, clients were asked to identify their ideal relationship using the pictorial measure of Inclusion of Other in Self (IOS). Throughout the process, both clients and therapists rated how they felt in each session using a list of 12 affects. Three clients whose ideal relationship was a merger were further studied. **Results:** The sample was grouped into three on the basis of their ideal level of inclusion of self in other as Ideal-Unrelated, Ideal-Moderate, Ideal-Merger. Separate multi-level vector autoregression analyses were conducted separately for these groups, revealing different patterns of association. The extreme cases of Ideal-Merger group were further examined by depicting the session-by-session ratings of the dyad, as compared to a typical case example. The sessions are marked by very low levels of anger of the client and overall low

levels of affect of the therapist. Conclusion: A possible detachment of the therapist due to the threat of a merger-seeking client might have been captured by independent measures of affect.

**A Qualitative Analysis of OQ-Deteriorators Reporting Improvement In Therapy.** *Eric Ghelfi, Brigham Young University, Provo, USA; Melissa Jones, Brigham Young University, Provo, USA; Sheilagh Fox, Brigham Young University, Provo, USA; Davey Erekson, Brigham Young University, Provo, USA; Russell Bailey, Brigham Young University, Provo, USA; Audrey Parker, Brigham Young University, Provo, USA; Angie Bledsoe, Brigham Young University, Provo, USA; Tyrone Johnson, Brigham Young University, Provo, USA; Ashlie Thacker, Brigham Young University, Provo, USA; Wyatt Capener, Brigham Young University, Provo, USA; Rob Dixon, Brigham Young University, Provo, USA; Zachary Lynn, Brigham Young University, Provo, USA*

A recent study highlighted discrepancies between client self-reports of outcome and OQ-45 reports. Specifically, only 8.8% of clients who deteriorated during a course of therapy based on the OQ-45 perceived that they had deteriorated, while 50% of these clients perceived that they had improved in therapy (Top, Snell, Hansen, & Goates-Jones, 2018). As common as deterioration is, these results suggested that our understanding of it might be incomplete and that the field could benefit from a more thorough exploration of deterioration from clients' perspectives. The current study replicated the first study with a larger sample size and conducted a qualitative investigation into the experiences of the clients who deteriorated based on the OQ-45 but who believed they had gotten better. We used a consensual qualitative research (CQR) protocol (Hill, 2012), which uses group consensus and external auditing to detect themes in participant interviews while mitigating the effect of bias. The qualitative data included transcribed 14 transcribed interviews. Common themes emerged from the data, from clients who suggested they increased their distress tolerance without decreasing their distress to clients who suggested they had only said they had improved due to wishful thinking. Our results suggest that the most advanced forms of tracking psychotherapy outcomes might fail to detect important facets of outcomes according to clients. We discuss implications of these findings, and suggest avenues for future research aimed at exploring and understanding the nature of therapy outcomes and deterioration.

## Brief Paper Session

### Psychoanalysis

**Towards an Empirically Grounded Model of Psychoanalytic Reflective Practice: A Qualitative Study.** *Niccolò Fiorentino Polipo, Université Catholique de Louvain; Jochem Willemsen, Université Catholique de Louvain*

Deliberate reflective practice (RP) has been proposed as a skill involved in the acquisition and maintenance of superior performance in the professional practice of psychotherapy (Chow et al., 2015). It follows that a strategy to improve therapeutic effectiveness could be to promote RP as part of training or continuing professional development. To do so, researchers would have to turn to the available models of RP, among which Schön's (1983) remains the most influential. However, the applicability of Schön's model to the professional practice of psychotherapy encounters two limitations. First, the model is trans-theoretical: it assumes that the fundamental 'structure' of RP is the same for a cognitive-behavioral as well as for a psychoanalytic therapist, for instance. However, the theoretical 'lens' through which a therapist thinks is likely to correspond to a difference not only in professional jargon but also in the epistemology of practice (Wright, 2009). Second, when it comes to its application to psychotherapy, the model was based on the transcript of a single session between a psychiatric resident and his supervisor. In retrospect, this way of grounding theory on empirical data appears arbitrary, raising the question of whether Schön's conclusions were but a reflection of his methods of selection. To overcome these shortcomings, the present study intends to

develop an empirically grounded and theory-laden model of RP within the boundaries of a specific treatment modality: psychoanalytic psychotherapy. While an extensive theoretical literature exists on the reflective processes that a psychoanalyst would go through in the course of his or her professional practice, little attention has been given to the problem in the empirical literature. How do psychoanalysts engage in clinical reasoning (e.g., apperceive data, arrive at interpretations, evaluate interventions)? A privileged context to study psychoanalytic reflective practice is supervision. An analytic supervisor is a professional who is assumed to possess a double competence: the ability to “think psychoanalytically” but also to help others do the same (Yerushalmi, 2013). The present qualitative study uses an audio assisted recall procedure: first, pairs of psychoanalytic supervisors and their supervisees record a session in their everyday setting; second, an interview is organized where the recording is played back in its entirety and the supervisor is asked to make explicit the reflective processes that they went through at each moment; finally, the transcripts of both the session and interview are transcribed ad verbatim and analyzed using grounded theory to derive an empirically grounded model of psychoanalytic RP.

**Therapists' Use of Defenses During Covid-19.** *Jessica Silverman, Ferkauf Graduate School of Psychology, Yeshiva University; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Vera Békés, Yeshiva University, New York, USA; Xiaochen Luo, Santa Clara University; Tracy Prout, Ferkauf Graduate School of Psychology; Leon Hoffman, Icahn School of Medicine, Mount Sinai Hospital*

Background. This is the first study to examine the use of defense mechanisms among a sample of psychotherapists. It reports on the experiences of therapists shortly after a pandemic was declared by the World Health Organization and again three months later. Methods. Therapists reported how much they relied on a range of defense mechanisms, as well as on their professional work-related stressors (professional self-doubt and vicarious trauma) of providing online therapy during the initial months of the COVID-19 pandemic. Data from two related online studies (Study 1; N = 105 and Study 2; N = 336), using two self-report measures of therapists' defense mechanisms (Defense Style Questionnaire - 40 in Study 1 and Defense Mechanism Rating Scales Self-Report - 30 in Study 2) are reported. Results. Therapists used higher levels of mature defenses, and lower levels of immature defenses during the pandemic, compared to published community and clinical populations. The use of mature defense mechanisms was related to lower levels of professional self-doubt and vicarious trauma, whereas the use of neurotic and immature defense mechanisms was related to higher levels of reported vicarious trauma and professional doubt. Therapists who used higher levels of mature defenses reported more positive change in their online professional experience over time, after controlling for these levels earlier in the pandemic. Conclusion. Implications for clinical supervision and training are discussed. The context and professional challenges during the pandemic are unique and future replications of the results outside the pandemic context are warranted. Jessica Silverman<sup>1</sup>, Katie Aafjes-van Doorn<sup>1</sup>, Vera Bekes<sup>1</sup>, Xiaochen Luo<sup>2</sup>, Tracy Prout<sup>1</sup> & Leon Hoffman<sup>3</sup>  
<sup>1</sup>Ferkauf Graduate School of Psychology, Yeshiva University, New York, USA <sup>2</sup> Santa Clara University, California, USA <sup>3</sup> New York Psychoanalytic Society and Institute

**Focused Group-Analytic Psychotherapy. An integration of clinical experience and research.** *Steinar Lorentzen, University of Oslo, Norway*

Group analysis or Group-analytic psychotherapy (GA) is a widely used psychodynamic long-term group therapy, especially in Europe. It was initiated by S. Foulkes and built on psychoanalytic and group-analytic theories. The approach is based on clinical experience, but research evidence is increasing. Aims: To describe a new therapy, Focused Group-Analytic Psychotherapy (FGAP), a focused, time-limited (20 sessions) group-analytic psychotherapy for

outpatients. Evaluation of patients and the framework of the therapy will be described in some detail. Methods: Results from a Randomized Clinical Trial (RCT) comparing outcomes of short- and long-term group-analytic, manualized therapies are integrated with relevant existing research and clinical experience, to establish FGAP. Results: Patients who profit more from FGAP (who are suitable) have the following characteristics: A circumscribed set of interpersonal problems/dysfunctional patterns of relationships and a 'higher' level of personality organization (normal, neurotic and high level of borderline), based on evaluation of specific personality domains (sense of identity, quality of object relations, affect tolerance/control, maturity of defense mechanisms and moral standards). The therapy is more individualized and directive, the therapist is more active, and the framework is more structured: time-limit, process with four stages, work in the here-and-now, adherence to therapy focus and greater therapist activity. Discussion: The selection process and main aspects of evaluation, preparation of patients, development of a treatment culture, phases in the group process and therapist interventions will be illustrated and discussed with clinical case and group material.

**Treatment adherence and –differentiation for psychodynamic group psychotherapy in a day clinic: Interventions and group**

**processes.** *Johannes Pries, University of Witten-Herdecke; Annekatriin Vetter, University of Witten-Herdecke; Katja Petrowski, University of Mainz, Germany; Ulrich Schultz-Venrath, University of Witten-Herdecke*

It is clinically relevant to find out which forms of group-psychotherapeutic models lead to effective results (Schultz-Venrath & Felsberger, 2016). In a randomized day clinic study comparing therapy effects of high-frequent psychodynamic group psychotherapy (PDGT) and mentalization-based group therapy (MBT-G), Brand and colleagues (2016) found high effect sizes for symptom reduction and medium effect sizes for interpersonal relations for both groups. With the aim of finding out whether therapists have worked in the respective group psychotherapeutic model (adherence) and whether treatments in both groups differed (differentiation), interventions and processes were investigated combining quantitative and qualitative methods: Student raters were trained based on a guideline for psychodynamic group psychotherapy (Lorentzen, 2014) and subsequently blindly rated each intervention from 50 sessions PDGT and MBT-G, writing down spontaneous impressions, thoughts and feelings. The results show that therapists in psychodynamic group psychotherapy mainly used interpretations directed to the individual in the group, leading to a process of „figure-ground-constellations“ (individual in the foreground, group in the background) and „individual therapy in the group“. Therapists in MBT-G used short questions to foster a group process in which mostly all participants were involved. The results are discussed in relation to previous findings on group therapy processes (Hecke and colleagues, 2016).

**Brief Paper Session**

**Psychotherapy - Specific Approaches**

**Agency and Communion in Narratives in Psychoanalytic, Psychodynamic, and Cognitive Behavioral Psychotherapy Sessions.** *Daniel Fesel, Goethe University Frankfurt, Germany; Tilmann Habermas, Aalborg University, Denmark*

Narratives told in psychotherapy sessions provide a rich data basis for investigating therapeutic processes (Angus & McLeod, 2004). The narrative dimensions of agency and communion have been subject of many clinical conceptualizations using varying terms in psychodynamic and cognitive behavioral theories (Williams & Levitt, 2007). In both, the impression of reduced agency and communion is a frequent reason for seeking therapy (Adler, 2012; Adler & McAdams, 2007; Toivonen et al., 2020; Wahlström, 2006). Although agentic and communal themes are addressed by psychodynamic and cognitive behavioral therapists with different interventions, activating different change mechanisms, overall both therapy schools produce roughly comparable

outcomes. We analyzed as how agentic and communal patients present themselves in narratives of personal experiences in psychotherapy and compared psychoanalytic, psychodynamic, and cognitive behavioral therapy sessions (N=3 modalities \* 6 patients =18 patients) from treatments with good versus poor outcome, and from the beginning, middle and end phases of treatment from the Munich Psychotherapy Study (Huber et al., 2012). In the presentation we will show how agency and communion vary in patients' narratives when treatments with different therapy methods, but similar outcomes are compared to each other.

**The Psychological and Somatic Effects of Integrative Breathwork Psychotherapy in Breast Cancer Patients..** *Alicja Heyda, Maria Skłodowska Curie National Research Institute of Oncology; Marek Jurkowski, Maria Skłodowska-Curie Research Institute of Oncology, Gliwice Branch; Andrzej Czuba, Maria Skłodowska-Curie National Research Institute of Oncology, Gliwice Branch; Magdalena Głowala-Kosińska, Maria Skłodowska Curie National Research Institute of Oncology; Krzysztof Skłodowski, Maria Skłodowska Curie Research Institute of Oncology, Gliwice Branch*

Goal: Evaluation of a new form of body psychotherapy suitable for cancer patients concerning cancer-related fatigue, different cognitive abilities, and psychological mindedness. Method: Integrative Breathwork Psychotherapy (IBP) integrates training of conscious rhythmic breathing and mindfulness, followed by free verbal expression. All eligible consecutive breast cancer patients hospitalized for post-operative radiotherapy (RT) were taking part in the study (77 patients, IBP group - 48pts, controls- 29pts, response rate: 65%). Controls had a similar treatment, age, the same psychotherapist, frequency and number of sessions including relaxation and verbal expression instead of IBP. Measurements were taken before, after ten 45-minute sessions (3 per week), two weeks later (end of RT) and 12 weeks later. Variables analyzed: WBC, lymphocyte subclasses, including Natural Killer Cells counts, prolactin and cortisol serum concentration, pO<sub>2</sub>, pCO<sub>2</sub>, blood pH, HADS-M with additional anger scale and Mini-Mac. Hormones and gasometry measures were also taken before the 10th session and at 30 min in the IBP group. Results: Intergroup differences after the training IBP group had lower anxiety, anger (HADS-M, p<0,05), better positive re-evaluation (Mini-Mac, p<0,05), higher blood pH and PO<sub>2</sub> (p<0,01), higher NKC counts (p<0,001). Intra-group changes: NKC counts increased in IBP (p<0,001) and decreased in C group, (p<0,05), all showed decreased anxiety and anxious preoccupation (Mini-Mac, p<0,05). NKC counts increased in 72% of the IBP group and 32% of the C group. During the IBP session gasometry parameters significantly changed, prolactin concentration increased (p<0,01) and cortisol decreased (p<0,001). Conclusion: The results indicate that IBP improved the psychosomatic status of breast cancer patients. Keywords: Integrative Breathwork Psychotherapy, Cancer Patients, Natural Killer Cells, Psychosomatic improvement.

**The impact of the migrant crisis on psychotherapeutic practice and its implications for research.** *Emanuela Atzori, MAGMA ODV Association for Applied Scientific Research into Humanities and Social Sciences; Ilario Ritacco, free professional; Sara Forcella, Sapienza University of Rome, Italy*

Aim: The aim of this paper is to describe psychotherapy on forced migrants during the difficult process of reception/settlement in a new country. The Covid-19 pandemic has impacted strongly on the achievement of migrant socio-economic autonomy, and the possibility to provide therapeutic intervention aimed to increase qualities of human flexibility such as resistance, vitality (according to Fagioli's theorization), capability to withstand the pain of mourning and the fear of an uncertain future, has become of the utmost importance during this unstable time. Methods: Psychotherapy is considered here as an integrative work offered to migrants suffering from a reactive psychic disease who, notwithstanding the articulate intervention described in this paper aimed to respond to their exigencies to develop their identity through evolutionary human

relationships and experiences, seem susceptible to a psychological break down. The method of intervention based on the theoretical platform of Fagioli's Human Birth Theory is described through the presentation of two single-case studies made in systematic replication, using a qualitative method of research which includes the evaluation of dream activity according to Human Birth Theory, and conducted in remote psychotherapy since the beginning of the pandemic. Result/Discussion: the first results obtained encourage further research on the application of a psychotherapy based on Human Birth Theory, even in remote modality, conceived as an integrative work of a more articulate project aimed to facilitate the process of reception/settlement of forced migrants in a new country. Authors: Dr. Emanuela Atzori, Clinical Psychologist, Psychotherapist, MAGMA ODV Association for Applied Scientific Research into Humanities and Social Sciences; Dr. Ilario Ritacco, Psychiatrist MD, Psychotherapist, MAGMA ODV Association for Applied Scientific Research into Humanities and Social Sciences; Dr. Sara Forcella, Civilization of Asia and Africa PhD candidate at Sapienza, University of Rome. Keywords: Psychotherapy practice and research; Migrant crisis; Human Birth Theory

**From interview-based data on long-term singlehood to psychotherapeutic work with single individuals..** *Marta Mrozowicz-Wrońska, Adam Mickiewicz University in Poznań; Katarzyna Adamczyk, Adam Mickiewicz University in Poznań; Kamil Janowicz, Adam Mickiewicz University in Poznań*

With the increasing prevalence of adult singlehood (e.g., Pepping & MacDonald, 2019), and its potential negative effect on mental health, the probability of encountering in every-day psychotherapeutic practice patients who face their singlehood also rises (Jackson, 2019; Jackson & Gutierrez, 2020). Based on the data gathered in ongoing research employing narrative interviews, we intend to discuss potential problem areas that may be successfully addressed in psychotherapeutic work with long-term single clients. The preliminary results of the pilot research with five long-term single adults (three men and two women aged 23 to 32) demonstrate that: 1) singlehood involves concerns about the reason for remaining single; 2) the perceived reasons for being single affect emotional attitudes towards singlehood and prospects in this area; 3) the uncertainty whether an individual will or will not ever meet a potential partner/spouse confronts the individual with the issue of having or not control over searching and finding a partner; 4) observing friends and family members getting married or having a baby face long-term singles with the feelings of loss and elicits questions about one's developmental path to follow. In the light of these results, in psychotherapeutic processes, it may be essential to recognize the abovementioned issues as potentially problematic in long-term single clients, particularly among young and middle adults. Acknowledgment: The presented research is financed by the National Science Centre, Poland (Number UMO-2019/34/E/HS6/00164) awarded to Katarzyna Adamczyk. keywords: psychotherapy, singlehood

## Brief Paper Session

### Psychotherapy & COVID-19 I

**Switching to Online Psychotherapy due to COVID: Clients' and Therapists' Experiences.** *Alev Cavdar, Istanbul Bilgi University*

As almost all psychotherapist started working online -ready or not- due to COVID, anxieties about maintaining alliance, effectiveness and depth, confidentiality have arisen. This study aimed at comparing the efficiency, depth, and comfort as well as the level and range of affective experiences of online and face-to-face sessions with a special emphasis on the initial online sessions to identify the immediate impact of the transition. The data was collected at a university psychotherapy training center. As part of the center's protocol, all volunteering clients and therapists complete pre- and post-therapy instrument packages, and evaluate each session on the basis of quality (e.g. effectiveness, depth, difficulty) and affect (e.g. happiness, sadness, shame, guilt). In this study,

26 processes that started face-to-face and switched to online psychotherapy were selected and a total of 613 sessions (346 face-to-face and 267 online) were analyzed. Overall, face-to-face sessions and online sessions were evaluated as equally “effective” and “comfortable” by both the clients and the therapists. On the other hand, clients evaluated online sessions as slightly less “dangerous,” and therapists evaluated as slightly less “deep” than face-to-face sessions. The levels and ranges of happiness, sadness, and relief were almost the same; whereas clients felt less shame and therapists felt more shame and guilt in online sessions. The transition sessions for each dyad were more closely analyzed and it was observed that all session evaluations tended towards mean in the initial online sessions, demonstrating less variance. These trends will be further analyzed via multi-level modeling to test for any significant quadratic trends and to see whether the smoothness of the transition could be predicted by any quality of the process before the transition. The observations of this study supported the anecdotal reactions of many therapists and clients after switching to online sessions as “not as bad as I thought it would be.” Further inquiry into the transition sessions might provide clinical implications for possible precautions for a smooth transition as well as insight into the increased shame and guilt feelings of the therapist. Keywords: online therapy, affect, effectiveness

**The experience of mandatory isolation after being positively tested for SARS-CoV-2 – counseling recommendations..** *Marta Mrozowicz-Wrońska, Adam Mickiewicz University in Poznań; Katarzyna Ślosarczyk, The University Hospital in Krakow; Marta Koczurek, Jagiellonian University, Kraków, Poland*

**Aim:** The aim of the study was to provide an account of the experiences of the persons obligated to stay in isolation after being positively tested for SARS-CoV-2. Focusing on individuals' reports, the issues of psychological well-being, stress, coping and the impact of the isolation on relationships were explored. **Methods:** Five participants (4 females and 1 male), isolated for 3 to 5 weeks, were interviewed via the internet communicators using a semi-structured schedule. Participants were asked to freely report on their getting infected and isolated, as well as to describe their psychological and physical well-being. The analysis was conducted using the Interpretative Phenomenological Analysis (IPA). **Results:** Themes concerning facing death or severe health deterioration, solitude, hopelessness, the feeling of guilt, being consumed by the struggle with the infection and the feeling of imprisonment emerge in the collected data. The issues of reevaluation of life choices, appreciating relationships and pleasure derived from simple things in life were identified as well. The results indicate that the mandatory isolation and being infected with the coronavirus is a crisis situation, which may often require counseling in order to decrease negative emotional consequences. In the presentation we intend to discuss the counseling recommendations such as the necessity of psychoeducation, paying attention to existential fears, weakening the feelings of remorse and responsibility, and helping the client in finding the proper balance between different coping strategies. In return, it may help the client to effectively cope with this stressful issue and, if only there are no serious health consequences of the infection, take the advantage of the life experience that they have gained from this crisis situation. **key words:** mandatory isolation, SARS-CoV-2, counseling

**Psychological symptoms in a quarantine assistance service.** *Martin Etchevers, Universidad de Buenos Aires, Argentina; Natalia Helmich, Universidad de Buenos Aires, Argentina*

The present study tries to know and describe the suicidal tendency, the coping with suicidal and parasuicidal behavior and the impact of the duration of the COVID-19 quarantine at the national level. Argentina is the third country with the highest suicide rate in South America (WHO, 2019). For this reason, we have carried out a descriptive, probabilistic and cross-sectional study to assess suicidal ideation and suicide attempts throughout life in the Argentine population. The sample is made up of 1401 people between the ages of 18 and 65. To find

out the suicidality of the population, they were asked if they had ever thought or tried to kill themselves. It was found that 51.2% of the total sample thought about taking their own life and that 37.2% had tried. Faced with the COVID-19 pandemic, we have wondered whether the duration of the quarantine impacts the risk of suicide. For this we have conducted two online surveys. In sample 1 (7-11 days) 2,631 subjects participated and 2,068 subjects (50-55 days) in sample 2. A significant increase in suicidality was observed associated with the number of days of mandatory quarantine.

## **Brief Paper Session      Psychotherapy & COVID-19 II**

**“Digitally yours”:** Ethics in online therapy. *Ananya Sinha, Christ university*

The practice of psychotherapy may be viewed as an ethical endeavor. This introductory workshop will present cutting-edge research-based comprehensive training to develop greater awareness and sensitivity towards ethical issues in the online space. This is an era of rapid technological advancements, and post the COVID-19 pandemic, most of the therapists had moved into online therapy, thus expanding the modes of offering therapy to video calls, telephonic calls or even online chats using professional websites or mobile apps. Moreover, both therapists and clients may have an online presence; through the social networking websites (e.g. Facebook, LinkedIn, Instagram), review sites (e.g. TripAdvisor), publishing media (e.g. Wordpress), microblogging sites (e.g. Twitter) and other websites and applications. Sometimes, the client and the therapist may knowingly, or unknowingly, share a common space in these online forums. This workshop focuses on addressing the unique ethical challenges that these digital advances may pose to practicing therapists. An interactive and participative training framework will be used, including both individual and group-based activities, to familiarize participants with international standards of ethical conduct related to online ethics and discuss the varied ethical dilemmas that might arise in this regard in the course of psychotherapy and counseling. The workshop will use case vignettes which will allow for both global/universal and local/contextual perspectives; along with videos, questionnaires, checklists, activity sheets and experiential exercises like role play and facilitated group discussion. Additional resource materials and self-directed learning assignments will be provided to support continued professional development after the workshop.

**Social support of patients treated with group psychotherapy in the time of COVID-19 pandemic.** *Michal Mielimaka, Dpt. of Psychotherapy, Jagiellonian University Medical College; Aleksandra Wolińska, Dpt. of Psychotherapy, Jagiellonian University Medical College; Joanna Mostowik, Dpt. of Psychotherapy, Jagiellonian University Medical College; Krzysztof Rutkowski, Dpt. of Psychotherapy, Jagiellonian University Medical College; Edyta Dembinska, Jagiellonian University, Kraków, Poland; Jerzy Sobanski, Jagiellonian University, Kraków, Poland; Anna Citkowska-Kisielewska, Jagiellonian University, Kraków, Poland; Katarzyna Klasa, Jagiellonian University, Kraków, Poland*

Introduction The SARS-CoV-2 pandemic has caused severe repercussions, including disturbances in treatment of psychiatric disorders. In this research, functional and structural properties of social support of patients with personality and neurotic disorders (ICD-10 F40 and F60) treated with group psychotherapy have been evaluated. The assessment was performed in the time of restrictions caused by the COVID-19. Method In the group of 82 patients, social support structural and functional properties were assessed using Berlin Social Support Scales. In a subgroup of 32 patients, the measurements were performed in the time of most severe restrictions. Group psychotherapy was put on hiatus – instead of intensive, daily group treatment patients received one or two individual sessions using audio-video remote communication or telephone. Additional measurements were performed at the end of treatment when patients

were able to return to group sessions in direct, personal contact (with social distancing and face masks restrictions still in place). Results Under most severe restrictions in the social support networks of patients with neurotic and personality disorders, the concentration on nuclear family members was most prominent. Moreover, most patients attributed limited meaning to extra family relations. This observation is crucial, considering that many patients with neurotic and personality disorders have severe problems with separation and autonomous functioning. The return to group treatment with personal contact was difficult at the beginning. However, in the measurements performed at the end of treatment, a tendency to increase the inclusion rate of extra family members (friends, coworkers, colleagues) in patients' social support networks was observed. Conclusions In the social support networks of patients with neurotic and personality disorders, in the time of disturbance caused by the COVID-19 pandemic, nuclear family members play a significant, leading role. The inclusion of extra family relations is limited. This observation supports the efforts to deliver in person group psychotherapy whenever it is possible to practice it safely. In the pandemic, extra family relations become extraordinarily fragile and exposed to the damaging effects of COVID-19 restrictions. Keywords: social support, group psychotherapy, COVID-19

**Selected aspects of emotional state of patients treated with group psychotherapy in the time of disruptions caused by the COVID-19 pandemic.** *Michał Mielimaka, Dpt. of Psychotherapy, Jagiellonian University Medical College; Joanna Mostowik, Dpt. of Psychotherapy, Jagiellonian University Medical College; Aleksandra Wolińska, Dpt. of Psychotherapy, Jagiellonian University Medical College; Krzysztof Rutkowski, Dpt. of Psychotherapy, Jagiellonian University Medical College; Jerzy Sobanski, Jagiellonian University, Kraków, Poland; Anna Citkowska-Kisiełowska, Jagiellonian University, Kraków, Poland; Katarzyna Klasa, Jagiellonian University, Kraków, Poland*

Introduction Restrictions implemented in response to the SARS-CoV-2 pandemic have significantly influenced psychotherapy treatments. Direct (in-person) contact was replaced with audio-video communication or telephone conversations. Group psychotherapy processes were most significantly affected. Method The research included 34 patients participating in intensive group psychotherapy, whose form of treatment was changed from three sessions of in-person group meetings per day to one or two individual sessions performed via telephone. Due to the COVID-19 pandemic and the associated restrictions, such a change in treatment was compulsory. All patients were in treatment for neurotic and/or personality disorders (F4X, F60.X, F61 ICD-10 groups). An incomplete-sentence questionnaire was applied to gather information about patients' current emotional state. The beginnings of the sentences to be completed were based on randomly selected topics discussed in the groups. The obtained qualitative data was then independently rated by clinicians with the task of identifying emotions and feelings. Results The most frequently recognized emotions included sadness, anger, anxiety, apprehension and helplessness. At least one of them was present in the data from almost all patients included in the study. The range of identified emotions was significantly limited. Among feelings helpful in coping with stressful events love was most frequently identified. In the qualitative data of one in every six patients, this feeling was recognized. Moreover, it was mostly mentioned relating to the members of the family of origin. Other emotions/feelings that are usually attributed to better coping were present in only single cases. Conclusions The restrictions caused by the COVID-19 pandemic significantly disturbed the ongoing psychotherapy treatments. The emotional state of patients affected by the imposed changes shows a severe need for intensive support. Whenever it is possible to perform group psychotherapy with a relatively low risk of transmission of the pathogen, the treatment should not easily be terminated to avoid further significant distress to patients during the challenging time. Keywords: emotions, group psychotherapy, COVID-19

**A research on decision-making processes and ways of adaptation among Hungarian psychotherapists and counselling professionals during the COVID-19 pandemic.** *Dénes Szemán, MentalPort Psychoanalyst Psychotherapy Clinic; Felícia András, MentalPort Psychoanalyst Psychotherapy Clinic; Gábor Imre, MentalPort Psychoanalyst Psychotherapy Clinic; Vera Muth, MentalPort Psychoanalyst Psychotherapy Clinic; Boglárka Nyúl, ELTE PPK - Budapest, Hungary*

The first part of our questionnaire-based research reviews the impacts of the pandemic situation caused by SARS-CoV-2 on the decision-making processes in psychotherapy and counselling services. We aimed to focus on the changes in settings and the influencing factors behind them. The questionnaire was sent to communities of psychotherapists and counselling professionals, applying the snowball method. Our sample (231 people) consisted of mainly professionals with significant experience in their field, representing the middle generation, predominantly psychotherapists with psychodynamic approach. According to the results, the majority felt themselves and their patients at risk. Most of the colleagues considered the political and social events when introducing changes and precautionary measures. Directives of the employers, the opinions of professional communities, and the personal health status were also a significant influencing factor in the decision-making. Our survey reveals the importance of the opinion of colleagues: many participants were afraid of being judged by the professional community. The majority based their decisions on rapid assessment and chose to switch to teletherapy. Despite the rapid transition, ongoing therapies were perceived as unchanged such as therapeutic goals. The second part of our questionnaire-based research is still in progress with approximately 150 participants. In this part of the survey, we are about to analyse the different forms of adaptation to COVID-19 times in the everyday work of psychotherapists and counsellors. Keywords: psychotherapy, COVID-19, setting, adaptation

## Brief Paper Session

### Qualitative I

**Improvement in psychodynamic psychotherapy for depression - the patients' experiences.** *André Løvgren, Oslo University Hospital, Norway; Jan Ivar Røssberg, Oslo University Hospital, Norway; Eivind Engebretsen, University of Oslo, Norway; Randi Ulberg, University of Oslo, Norway*

The patient's perspective on improvement in psychotherapy is crucial for tailoring the therapy to the patients' needs. The present study aimed at exploring the factors aiding and the patients' experiences of improvement in time-limited psychodynamic psychotherapy for depression. Semi-structured, in-depth interviews were conducted with ten adult patients who received up to 28 sessions of manualized psychodynamic psychotherapy in the Norwegian study "Mechanisms of change in psychotherapy" (the MOP study). The post-therapy interviews focused on the participants' experiences from therapy. The data were analyzed with thematic content analysis and hermeneutic interpretation. The analysis identified four helpful dimensions: "Therapist activities" comprised supporting and acknowledging, advising and offering tips for everyday life, questioning and pressuring. "Patient activities" included opening up, caring for oneself and showing agency. "Facilitators" for improvement were learning from therapy, learning to receive therapy and agreed goals. "Achievements" comprised new perspectives and understandings, increased self-awareness and mastery and changed thinking and feeling. Improvements from psychodynamic therapy seemed reliant on the degree to which the therapy could activate and be relevant to the patients' everyday life. Tailoring therapy for patients with depression should link the focus on symptoms and ways of thinking and feeling with their life circumstances.

**The death of a star: mentalizing and meaning making in therapy.** *kanika mehrotra, National Institute of Mental Health and Neuro Sciences, Deemed*

*University, Bangalore, India; Poornima Bhola, National Institute of Mental Health and Neuro Sciences, Bangalore, India*

Aim: To explore socio-political material brought into the therapy room as means of exploring intra-psychic themes and renegotiating the patient's external world through the lens of mentalizing theory. Method: The socio-political aspects of a patient's life have been increasingly demanding acknowledgement in the therapeutic space. Psychological distress caused by one's engagement with the world 'without' is often brought in as clinical material through which the losses and anxieties 'within' the patient can be worked through in therapy. These themes are explored in the context of a recent death by suicide of an Indian Bollywood celebrity using a single case study approach. Through narratives from the therapeutic context and therapist reflections, the paper delves into the connections between the external and the internal life of the patient, and the need to mentalize both. The authors explore the socio-affective relationship between the client and the deceased, in the backdrop of COVID-19 related health anxiety and isolation, a deepening engagement with social-media and the loss of the physical space of the therapy room. Results: The paper explores how this celebrity death emerged as a deeply felt personal loss for the patient. It aims to position this event as a metaphor through which the patient mentalizes and works through aspects of her internal world and attempts to reposition herself in her external world. Discussion: The implications of socio-political material brought into the psychological encounter for psychotherapy process as well as in therapist training and development are highlighted.

**Between insecurity and over-protection: the effects of the lockdown-measures during the COVID-19 pandemic on the therapeutic work in a psychosomatic clinic..** *Inga Lau, University of Freiburg, Germany; Laura Schäfer, University of Freiburg, Germany; Stefanie Brons, University of Freiburg, Germany; Fabian Koch, University of Leipzig, Germany; Franca Utz, University of Freiburg, Germany; Stanislav Metodiev, University of Freiburg, Germany; Anne-Louise Meyer, University of Freiburg, Germany; Nathalie Rapp, University of Freiburg, Germany; Claas Lahmann, University of Freiburg, Germany; Stefan Schmidt, University of Freiburg, Germany; Prisca Bauer, University of Freiburg, Germany*

Aim: The impact of the COVID-19 pandemic and the related lock-down measures on people with mental vulnerabilities have been widely discussed. Led by the hypothesis that these measures also affect mental-health-workers and have an important impact on their psychotherapeutic work, we aimed for a better understanding of how psychosomatic in-patient treatment might be influenced by the pandemic. Method: We conducted in-depth interviews with 19 patients and 17 staff members at the Department for Psychosomatic Medicine of the University Clinic Freiburg during the first COVID-19 outbreak in Germany in spring of 2020. The hour-long interviews consisted of open questions on the effects of the pandemic on their personal life and feelings, and their therapeutic experiences. All interviews were recorded, transcribed verbatim and analysed according to the descriptive phenomenological analysis. Results: Patients and therapists described similar concerns, such as facemasks impeding the reading of facial expressions and a weakened group adherence due to social-distancing rules. Several therapists reported a decline in team communication and insecurity about adaptation to new circumstances. Most patients perceived this insecurity as negative, others they felt well- or even over-protected by the protective measures. The atmosphere of in-patient psychotherapy changed but patients still felt connected and safe. Despite face masks and distancing rules people were able to build trusting therapeutic relationships. Conclusions: Our study shows that despite the threat of infection, it is vital to continue to provide people with psychological vulnerabilities a safe therapeutic space in which to regain a sense of trust and security in a changed world. This is particularly important, as those people seem to suffer intensely from the collateral measures of a pandemic.

**Experiences of health care services and relationship with mental health in trans (including nonbinary) adults: Results of a large-scale qualitative study.** *Naomi Moller, The Open University; Evelyn Callahan, The Open University, Britain; Jamie Fletcher, The Open University, Britain; Richard Holti, Open University, Britain; Peter Keogh, The Open University, Britain; Michael Petch, LGBT Foundation, Britain; Ben Vincent, The Open University, Britain; Paul Walley, The Open University, Britain*

Aim: Existing research suggests concerning levels of poor mental health and suicide risk in the population of trans (including nonbinary) adults. These are theorised to result from minority stress and the stigma/discrimination experienced by these populations. Accessing gender-affirming medical services may improve mental health and reduce suicide risk - yet in the UK waiting lists for such services are typically years long. Further, some research suggests UK health care services may worsen the mental health of trans people not only due to delay/refusal of transition-related care but also due to experiences of discrimination from health care providers, including mental health providers. This paper uses a large-scale sample to examine the relationship between experience of health care and mental health by exploring how trans people themselves understand the relationship between their health care (transition related, mental health related and general physical) and their mental health. Methods: This study used an online survey (over 1,000 trans adults) to purposively recruit a maximally diverse sample of 180 trans including nonbinary individuals for interviews about their experiences of health care services across their lives. This data was analysed using framework analysis. Results: Data collection/analysis is ongoing but will be completed prior to conference. Discussion: The implications of study findings for therapeutic work with trans (including nonbinary) adults will be discussed. This will include questioning traditional assumptions about etiology and definitions of mental health difficulties in this population and the role of mental health services/professionals in creating versus 'curing' such difficulties.

## Brief Paper Session

### Qualitative II

**Working models of psychotherapy as a means to assess conceptual skills across therapeutic orientations.** *Timo Storck, Psychologische Hochschule Berlin; Jana Volkert, University Hospital, Heidelberg, Germany; Felix Brauner, Psychologische Hochschule Berlin; Christian Sell, University of Kassel*

Alongside its focus on the contextual model of psychotherapy (Wampold, Imel & Flückiger, 2018) as well as on questions on how common factors can be brought into effect by specific technique and competence (Pfammatter & Tschacher, 2016), psychotherapy research has shifted towards exploring the characteristics of effective therapeutic processes and positive outcome, thereby considering the "t-factor" as an important element (Castonguay & Hill, 2017). When it comes to therapeutic skills some authors (e.g. Critchfield & Know, 2010) specifically underline the importance of "conceptual skills" (e.g., case formulation, use of explicit and "private" theories etc.). However, for the most part, tools to assess (and teach) these kind of skills are lacking. By refining pre-existing sketches of individual psychotherapists' "working models" (Greenson, 1960; Tuckett et al., 2008; Zwiebel, 2013; Spurling, 2018), we intend to develop a rating manual for a sound method to assess individual working models. To do so, we analyse session transcripts from different therapeutic orientations (psychodynamic high-dose, psychodynamic low-dose, cbt, systemic, client-centered) as well as stimulated recall interviews with psychotherapists. We intend to show a) how working models operate on three levels (general working model, case-specific working model, in-session working model), and b) in which way different therapeutic orientations both meet and differ in how therapeutic processes are conceptualized. This will also allow for psychotherapeutic training to integrate the teaching of conceptual skills more systematically.

**Web Platform to Analyse Speech Acts in Discourse.** *Elena Stein Sparvieri, Asociación Argentina de Salud Mental (AASM)*

The aim of this paper is to present a web platform which proposes the wishes implied in the patient's, or patient and therapist's, speech acts, during the psychotherapeutic session. The method is qualitative. We apply the David Liberman Algorithm (DLA) method, created by David Maldavsky, whose scope is to analyse wishes in verbal and non-verbal discourse, from the Freudian perspective. We are interested only in verbal discourse. therefore we focus on the following instruments of the DLA method: a) the lexicometric dictionary and b) the speech acts grid. Results: the web platform is proving useful in proposing dominant as well as complementary wishes in speech acts, both in the Spanish and the Portuguese language (we intend to implement the same for the English language in the near future). Discussion: The web platform is proving useful as a supervision tool for psychotherapists who want to examine their hypothesis concerning a patient's mental problems, as well as their interventions, and the change process taking place, from a more systematic perspective. Currently, we're working on implementing machine learning techniques to enhance the performance of the web platform.

**Impact of digital technologies on intimate relationships and therapeutic practice with couples.** *Andreas Vossler, The Open University; Naomi Moller, The Open University*

Aims: Digital technologies have transformed the ways people relate to their partners in intimate relationships, both fostering and disrupting relationships sexually and emotionally. While research on the role of digital communication has increased in the last decade, not much is known about the impact of digital technologies on intimate relationships and the experiences of relationship therapist of working with issues arising from the use of digital technologies. The lack of research means that there is little empirical basis for therapeutic work to support couples in dealing with issues arising from their digital communication. Method: This study was conducted in collaboration with the London-based couple counselling organization Tavistock Relationships (TR). Data was collected via two focus groups with eight TR couple therapists who all described their therapeutic orientation as psychodynamic/psychoanalytic. The couple therapists were recruited through TR (via emails and practitioner part of the TR). Thematic analysis was used to analyze the focus group data. Results: Generally participants' reported both aspect of digital communication that can enhance intimate relationships as well as problematic impact they experience in their practice. Themes that were identified include the use of devices to regulate closeness/distance in the relationship; the exacerbating and addictive nature of online activities and the potentially impeding effect they can have on the couples' intimacy/sexuality. Discussion: The study findings have implications for training and practice of practitioners and can help to improve the therapeutic work with partners who present issues arising from the use of digital technologies in couple therapy.

**Recognising developmental religious trauma when it is present in the therapeutic space..** *Gill Harvey, Metanoia Institute*

Ethical approval for this project has been secured from Metanoia Institute/Middlesex University. The focus of this research is on counsellors' understandings of the influence of a fundamentalist religious upbringing on mental health and wellbeing in adulthood. Numerous studies suggest that childhood relationships and environment, are influential to mental health and wellbeing however, there is sparse UK literature on the research topic. Additionally, the literature suggests that counsellors can feel ill equipped to work with religion and need further training in this area (Christoudoulidi, 2011; Hofmann & Walach, 2011). This qualitative study utilised a reflexive, relational-centred, collaborative narrative approach (Arvey, 2003; Etherington, 2000; Finlay & Evans, 2009), the focus being on hearing, gathering, and representing the

unique stories relating to the research topic. Twenty counsellors underwent online preliminary interviews with purposeful sampling being used to gain diversity of representation across the Abrahamic faiths. Eight co-researchers proceeded (one later withdrew) to unstructured interviews. Following transcription, co-researchers separately analysed the transcript prior to an interpretative interview taking place which produced a 'pen portrait' (Hollway & Jefferson, 2000) for each participant. The findings revealed that while some recognised benefits from their upbringing, others suffered symptoms suggestive of undiagnosed post-traumatic stress disorder as adults. This is a small-scale qualitative study and therefore has limited generalisability. Co-researchers were drawn from the Abrahamic faiths and it is important to acknowledge that participants from other religions may have produced different results. However, research on this topic is much needed with psychoeducation for professionals being regarded as crucial. PLEASE NOTE THAT I WOULD ALSO CONSIDER THIS AS A POSTER

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## Brief Paper Session

### Therapist training and development I

**Psychotherapy Training Programs worldwide: A pre-pandemic survey.** *Armin Hartmann, University of Freiburg, Germany; David Orlinsky, University of Chicago, USA; Ulrike Willutzki, Witten/Hedecke University; Erkki Heinonen, University of Oslo, Norway; Henriette Loeffler-Stastka, Medical University of Vienna, Austria; Michael Helge Rønnestad, University of Oslo, Norway; Irene Messina, Universitas Mercatorum, Rome*

Introduction: The SPRISTAD project is a collaborative international research program on the training and development of psychotherapists (Orlinsky et al., 2015). Since 2015 it has recruited training programs and trainees to provide data on the content and organization of the programs and the development of the trainees over the course of the trainings. This report summarizes characteristics of 96 training programs from 15 countries that had contributed data prior to the worldwide interruption imposed by the COVID-19 pandemic. Method: One of the SPRISTAD research instruments is the Training Program Description Form (TPDF), a comprehensive survey covering (a) the organization (e.g. national regulations, financing, staff, number of trainees), (b) the theoretical orientation, (c) the didactic methods, and (d) the clinical focus (e.g. types of patients and diagnoses) of the training program. The training director of the program or a senior staff member was asked to complete an online version of the TPDF. Basic professional training and advanced professional programs were included if the training required at least 1 year. Results: The results show considerable variation among training programs. National regulations were highly relevant. In some countries, governmental financing can lead to huge programs with up to 2000 enrolled candidates, 100 full-time faculty members and hundreds of affiliated supervisors, while in other countries some private institutes have less than 40 candidates and much smaller faculties. Programs varied in terms of full-time or part-time study. Training was for long term individual therapy (> 6 months) was required in 77% of all programs, which was the highest rate of mandatory training compared to all other therapy methods

(e.g. CBT 40%; PD 38%). Discussion: The survey sample is inevitably biased to research-friendly programs or programs seeking legitimation through research. It is nevertheless the largest international survey of psychotherapy training programs to date and can provide unique data and insights. The Covid19 pandemic highlights some limitations of the survey; e.g., online teaching and online therapy were not on the list of training options when the survey was planned in 2015. Other results are still valid and interesting. For example, the prevalence of training for long-term therapy may lead researchers to reconsider their practice of focusing on short-term therapies. Creating empirical evidence on the outcomes and processes of long-term therapies may be important for the reception of research in psychotherapy training programs. In the future, TPDF training program data will be used as covariates in analyzing trainees' cumulative development and clinical practice. Post-Covid19, efforts will continue to enlarge the data base of training programs and trainees. Keywords: psychotherapy training programs SPRISTAD international survey

**Trajectory of change of personal and professional relationship abilities in psychotherapy trainees.** *Elitsa Tilkidzhieva, Sigmund Freud University, Vienna, Austria; Omar C.G. Gelo, University of Salento; Salvatore Gullo, University "N. Cusano", Rome; Jutta Fiegl, Sigmund Freud University, Vienna, Austria*

Relational abilities refer to the way one deals with oneself and others. A growing body of research indicates that facilitative interpersonal skills such as the ability to be empathic, responsive, and affirmative; the ability to deal with criticism and rejection; and therapists' way of creating interpersonal relationships are central to therapeutic work and are a reliable predictor of work style and therapy outcome. The aim of this explorative longitudinal study (N=213, 5 points of measurements) was to gain insight into the development of personal and professional relational abilities during the first two years of psychotherapy training. With the help of Latent Class Growth Analysis and Growth Mixture Modelling we observed a significant decrease in all studied personal and professional relational abilities over the first two years of training. Additionally, we determined two trends of development (decreasing and not changing), indicating that age is as an important factor in the stability of self-perceptions of personal relationship skills. These findings are in accordance with various theoretical developmental models indicating that the challenging initial stage of training is resulting in a lowered sense of agency and diminished confidence in own relational abilities. Furthermore, better understanding of these processes might help tailor psychotherapy training programs propitiously and assure in turn a greater personal and professional development of the trainees.

**Towards a multidimensional model of psychotherapy expertise for research and training.** *Felipe Concha, Universidad Diego Portales, Santiago, Chile*

There is conflicting evidence about what type of training is appropriate to train exceptional therapists. On the one hand, it is possible to find people with high therapeutic skills without training in psychotherapy, and on the other hand, it is possible to find highly trained and experienced people but without this correlating with a better therapeutic outcome. The study of expert psychotherapists could be useful to clarify and understand the processes of acquisition of clinical skills and develop better ways to train therapists. However, this field is still underdeveloped and the few empirical findings available lack a theoretical model that unifies them. This work aims to present the state of progress of a multidimensional model of expertise for the training of therapists of excellence. The relevance of this proposal is theoretical, methodological, and practical. In the first place, it allows filling the gap of a generic model of psychotherapeutic expertise. Furthermore, it allows mapping the field of study and classifying current research. Finally, it could facilitate to identify expert psychotherapists around a profile by competencies (cognitive, evaluative, and procedural)

**Attachment Anxiety, Reflective Functioning and Well-Being as Longitudinal Predictors of Burn-Out and Psychological Distress among Psychotherapists: An Explorative Study with a Bayesian Approach.**

*Agostino Brugnera, University of Bergamo, Italy; Andrea Scalabrini, University of Bergamo, Italy; Clara Mucci, University of Bergamo, Italy; Angelo Compare, University of Bergamo, Italy; Andrea Greco, University of Bergamo, Italy; Barbara Poletti, Scuola di Psicoterapia Integrata, Bergamo, Italy; Luca Pievani, Scuola di Psicoterapia Integrata, Bergamo, Italy; Giorgio Tasca, University of Ottawa, Canada; Paul Hewitt, University of British Columbia, Vancouver, Canada; Silvia Carrara, University of Bergamo, Italy; Gianluca Lo Coco, University of Palermo, Italy*

Background: to date, the longitudinal predictors of burn-out and anxious and depressive symptoms among mental health practitioner are still poorly understood. Thus, we sought to investigate the predictive role of attachment insecurity, reflective functioning and well-being on the levels of distress and burnout one year later in a sample of Italian Psychotherapists. Method: we recruited a total of 40 participants (females: 72.5%; mean age: 47.40 ± 9.48 years), which volunteered for a previous research and agreed to provide further data for this explorative follow-up study. Participants were experienced therapists and completed - both at baseline and one year later- a battery of questionnaires which included the Experiences in Close Relationships Revised (ECR-R), the Reflective Functioning Questionnaire (RFQ), the Psychological General Well-Being Index (PGWBI), the Kessler Psychological Distress Scale (K10), and the Maslach Burnout Inventory (MBI). Analyses were run through Bayesian multiple linear regressions. Results: Results of the Bayesian linear regression on MBI showed that attachment anxiety and certainty about mental states were moderate, positive predictors of burn-out symptoms, whereas well-being was a strong negative predictor of the MBI. The results of the Bayesian regression on K10 showed that attachment anxiety was a strong positive predictor, while well-being was a moderate negative predictor of psychological distress. Both models explained approximately 50% of the variance in the dependent variables. Discussion: These findings suggest that the levels of burn-out and psychological distress among mental health practitioners may be alleviated by interventions targeting attachment insecurity, reflective functioning, and well-being.

**Brief Paper Session**

**Therapist training and development II**

**Psychotherapy Supervision in India: From Supervisee Perspectives to Contextual Models of Practice.** *Chetna Duggal, Tata Institute of Social Sciences*

Supervision plays a pivotal role in fostering the professional growth of psychotherapists across the career span. Psychotherapy is a developing profession in India and research from the Indian context on supervision has thus far been limited to the training phase. Aim: The study aimed to explore the experiences and perspectives of supervisees belonging to diverse stages of professional experience in India. Methods: A qualitative study was conceptualized with a constructivist paradigm. In-depth interviews were conducted with 38 psychotherapists across different phases of professional development. Data was analysed using the Constructivist Grounded Theory method. Results: Findings from the study revealed that psychotherapists in India faced unique contextual and developmental challenges. The nature of supervision varied across phases, with mandated supervision being the norm during training, and greater choice in seeking and negotiating supervision being seen with experience. The process of supervision evolved from being directive and didactic during the trainee phase to gradually becoming more collaborative and supervisee-led as professionals gained experience. Supervisees across cohorts emphasized the value of a safe and collaborative supervisory

relationship based on mutual respect and expressed a preference for supervisors who were warm, caring, involved, open to feedback and willing to encourage autonomy. Supervision was considered immensely beneficial for enhancing skills, building new perspectives responsive to the contextual challenges and demands. Discussion: Based on the findings of the study a contextual model of supervision was conceptualized. Implications for future research and supervision practice in India were outlined.

**Supervision for Mental Health Professionals in India during the pandemic: Reflections on the work through Rahbar - a supervision initiative.** *Chetna Duggal, Tata Institute of Social Sciences*

Covid-19 has impacted the psychosocial well-being of individuals and communities globally. In addition, the secondary impact of socio-economic uncertainty further put individuals at risk for mental health concerns, overburdening the mental health care system in India. In response to these challenges, a range of national and state level psychosocial support initiatives were launched and mental health professionals in the country voluntarily supported helplines to address the needs of a large and vulnerable population. While globally there are established formal spaces for supervision, in India supervision is mostly linked to training and remains optional through years of professional development. During the pandemic, Rahbar (an initiative for promoting mental health supervision) scaled up its pro-bono support for practitioners. Through individual and group supervision sessions, training sessions, and reflective conversations, Rahbar aimed to create responsive, supportive, and culturally and contextually sensitive supervision spaces with a special focus on fostering reflection and enhancing self-care. Rahbar reached over 400 mental health professionals and trained counsellors from 7 National, State level, and NGO helplines from April - December, 2020. The paper presents reflections of the author (supervisor) of providing supervision and training during the pandemic. The paper will highlight the unique challenges experienced by practitioners in India such as including transition to online and telephonic counselling, reaching population groups in resource constrained contexts, supporting vulnerable children, managing high risk clients, mitigating stigma and so on. What was found helpful in terms of developing knowledge, building skills and developing perspective for the practitioners, and the impact of the initiative will be discussed.

**The body in psychotherapy and the dialog among health care professions.** *Birgitta Schiller, Sigmund Freud University, Vienna, Austria; Eva Wimmer, Sigmund Freud University, Vienna, Austria; Isabella Wagner, Sigmund Freud University, Vienna, Austria; Manfred Reisinger, Sigmund Freud University, Vienna, Austria; Kathrin Mörtl, Sigmund Freud University, Vienna, Austria; Jutta Fiegl, Sigmund Freud University, Vienna, Austria*

Aim Assuming that body and psyche are a unit, psychotherapy research must address the entire spectrum at all levels. So far, there have been only a few contributions, and these mainly in body-specific fields. Empirically researching the holistic mechanisms of action in psychotherapy is of high relevance, as it can open up a new space of understanding. Methods In the first step of a pursuing research project, focus groups with both psychotherapy science students and medical students are carried out to determine which topics are relevant for training and outpatient settings. The comparison is used to filter out influencing factors for a possible dialogue between the disciplines. The content processing is covered by a topic analysis and deepened by structural analysis as well as with the method of grounded theory. Results Preliminary results indicate gaps that are identified regarding the body in training and professional practice. Dealing with these gaps is, on the one hand, part of the psychotherapeutic identity and, on the other hand, manifests itself in the intensive acquisition of knowledge from different sources as well as the striving for interprofessional exchange. Discussion Psychotherapy is often about the body; yet again and again, the body is invisible, intangible, and unspeakable. A

Dialog among different professions would be an asset for research and clinical practice. To initiate such a collaboration would need further implementation, starting with sensibilization on the importance of the body in psychotherapy to open up a dialog.

## **Brief Paper Session      Therapist training and development III**

**Therapist accuracy of self-assessment of performance over time: Do they notice erosion of skill?.** *David Chafe, York University, Canada; Henny Westra, York University, Canada; Nazanin Shekarak Ghashghaei, York University, Canada; David Olson, York University, Canada*

Previous psychotherapy research has shown a consistent disparity between a therapist's self-assessment of therapeutic effectiveness and client outcomes, with psychotherapists showing an overly positive assessment of their skill and competence. Furthermore, this effect has been found between therapist-rated competence and that of expert raters, with self-assessment and expert ratings of skill and effectiveness showing weak correlations. As direct feedback is often limited in psychotherapy, investigating the problematic self-assessment of skill, competence, and effectiveness is critical. This study investigates psychotherapist self-awareness and skill decline over time following their participation in a well-controlled deliberate practice training study. The current study is a 1-year follow-up of a deliberate practice vs traditional training workshop in Motivational Interviewing (MI). The original study had participants complete a video vignette task and a 20-minute interview with an ambivalent volunteer post-workshop and at a 4-month follow up. Interviews were coded by expert raters assessing empathy, MI competence, and resistance. The current 1-year-follow-up study had 26 therapists from the traditional training workshop group retrospectively guess their scores on MI competence and empathy ratings from the original study 1-year prior. In line with our hypotheses, results indicated that therapists rated their MI skill and perceived empathy more favourably than expert raters and participants at post-workshop and 4-months. Findings suggest that therapists in the study did not only overestimate their MI skill and level of empathy, but also failed to recognize an erosion of skill, estimating that their abilities actually improved over time rather than declined. Further implications are discussed.

**Generic Therapeutic Competence Model: using videofeedback to supervise psychology students during simulated sessions.** *Nelson Valdes-Sanchez, Universidad Santo Tomás, Santiago, Chile; Diana Gómez, Universidad Santo Tomás, Santiago, Chile; Sandra García, Universidad Santo Tomás, Santiago, Chile; Jade Ortiz, Universidad Santo Tomás, Santiago, Chile*

Through this presentation we hope to show the Model of Clinical Supervision of Generic Therapeutic Competencies (GTCM) based on Videofeedback, designed for the training of Psychology students. This model seeks to facilitate the critical self-perception of psychologists through the activation of processes of joint reflection about the competencies acquired during their training, and necessary for the exercise of their profession. This methodological strategy allows supervisors to observe a variety of data (verbal and non-verbal), to systematize (learning processes), to operationalize (monitoring and evaluation), and to confer homogeneity (use of a common language, independently of the supervisor's therapeutic approach). Therefore, it is a model that seeks to find a meeting point between all the approaches, so that it is possible to perform a "generic supervision" that puts the focus on the teaching experience, and not so much on specific traditional approaches. Videofeedback technique was used as a pedagogical and methodological resource for the clinical supervision of 120 students from Chile as part of their last year of training as psychologists. This technique was used with the objective of facilitating the strengthening of competencies and the development of Competent Reflective Practice (reflection on action, reflection in action, and reflection for action). A mixed methodology

was used to evaluate participants' performance throughout the different stages of the program: a) initial diagnosis of competencies; b) training students and supervisors in the generic competencies model; c) simulation in patient care through role playing; and d) supervision based on videofeedback techniques. Self-reporting instruments were applied after each of these stages, in order to assess participants' perception. Individual (episodic) and group (focus group) interviews were conducted with students and supervisors to identify the aspects that facilitated or limited the activation of critical self-evaluation processes in students, joint reflection among peers, and feedback from supervisors. There were statistical differences between students' performance before and after the training. These differences were mainly associated with a greater awareness of their own strengths and weaknesses in deploying the various competencies during the simulation. This will be described in more detail during the presentation.

**Examining the impact of a deliberate practice workshop on therapist reactivity to difficult clients.** *Lauren Poulin, York University, Canada; Nikoo Norouzian, York University, Canada; Henny Westra, York University, Canada; Michael Constantino, University of Massachusetts Amherst; Martin Antony, Ryerson University, Canada*

Aim: Client resistance and/or hostility often derails therapists, leading to poor treatment adherence and negative psychotherapy process. Managing feelings of reactivity in response to difficult clients is an important training goal, however traditional information-driven training has limited efficacy in improving therapist skill. Recently it has been theorized that engaging in deliberate, repeated practice leads to improved therapist performance. This study examined whether engaging in a deliberate practice training workshop would affect therapist reactivity in response to hostile or resistant clients. Methods: 80 therapists enrolled in a workshop for learning to identify and respond to client resistance and hostility. Participants were randomly assigned to either A) a traditional information-driven workshop, or B) a deliberate practice workshop (exposure to varying clinical scenarios, with repeated practice and feedback on identifying and responding). Therapists completed a vignette task and rated their reactivity in response resistant and hostile clients pre-workshop, post-workshop, and 4 months post-workshop. Results: Therapists in the traditional workshop had no significant changes in reactivity over time. Reactivity of therapists in the deliberate practice workshop was significantly reduced post-workshop, including both reduced arousal and increased feelings of positivity. At 4-month follow-up deliberate practice therapists lost their reductions in arousal but maintained their positivity towards difficult clients. Discussion: Results suggest that engaging in deliberate practice increases therapist comfort when engaging with difficult moments and clients in therapy. Training in reducing reactivity could result in improved job satisfaction, reduce possibility of burnout, and could improve therapist empathy and attunement with difficult clients.

**Does Receiving Deliberate Practice Training Moderate the Relationship between Baseline Empathic Skill and Training Outcomes?.** *Nikoo Norouzian, York University, Canada; Lauren Poulin, York University, Canada; Henny Westra, York University, Canada; Kimberley Hara, York University, Canada; Michael Constantino, University of Massachusetts Amherst; Martin Antony, Ryerson University, Canada*

Aim: Past research indicates that training outcomes for motivational interviewing (MI) workshops vary as a function of clinician characteristics. For instance, Smith et al. (2018) found that higher levels of baseline empathic skill predicted greater postworkshop MI proficiency. Extending this, the present study examined whether the relationship between baseline empathic skill and training outcomes is moderated by workshop type: a traditional didactic workshop, versus a deliberate practice (DP) workshop involving greater opportunities for repetitive practice in responding to client ambivalence. Methods: Data were derived from an MI training study (Westra et al., 2020) in which these workshops

were delivered to 88 randomly assigned clinicians (44 per group). At 4-month follow-up, each clinician completed a video-recorded interview with a simulator portraying an ambivalent client. The present study examined workshop type as a moderator of the relationship between baseline empathic skill (measured via a paper-and-pencil task) and 4-month follow-up training outcomes (observer-rated frequency of instances of appropriate, and erroneous, therapist responsiveness to client ambivalence). Results: Hierarchical linear regression analyses demonstrated that workshop type was a significant moderator for erroneous responsiveness only. Low baseline empathic skill was associated with a higher responsiveness error rate for the traditional group, while this relationship was nonsignificant for the DP group who displayed a low error rate regardless of initial empathic skill level. Discussion: Results suggest that therapists with varying levels of baseline empathic skill, including lower skill, may benefit from DP training in MI. This study underscores the value of training therapists via DP approaches.

## **Brief Paper Session      Treatment process and outcome I**

**Trajectories of improvement in interpersonal problems following residential eating disorder treatment: exploring the predictive role of primary diagnosis.** *Bethany A Harris, SUNY at Albany, USA; Adela Scharff, University at Albany/SUNY, USA; James F Boswell, University at Albany, State University of New York*

Aims: Higher levels of pre-treatment interpersonal problems are associated with poorer outcomes in eating disorder (ED) treatment, and certain ED profiles may be subject to different interpersonal weaknesses (Jones et al., 2015). Studies have shown that interpersonal problems related to being cold (Ung et al., 2017) or dominant (Hartmann et al., 2010) are also associated with worse ED treatment outcomes. Most interpersonal ED research has focused on bulimia and binge eating disorder, and examined interpersonal problems as a predictor rather than an outcome. The aim of this study is to explore the relationship between primary ED diagnosis (i.e. anorexia, bulimia, binge eating disorder, and other specified disorders) and interpersonal problems in residential ED treatment. Method: Participants (N > 500) will be routinely presenting women treated for EDs in a residential treatment center. Diagnoses are assigned at intake, and patients complete the Inventory of Interpersonal Problems-32 (Horowitz et al., 2003) at admission, discharge, and 6-month follow-up. Data will be analyzed with one-way ANOVAs and multilevel models. Results: In addition to descriptive and effect size results, we will report results on the impact of admission diagnosis on the trajectory of change in IIP (total and subscales) from a series of multilevel models. Discussion: Although interpersonal problems appear to be associated with ED outcomes, more research is needed in diverse primary EDs. The IIP-outcome association underscores the importance of understanding the malleability of interpersonal problems in ED treatment. This can inform methods for targeting interpersonal problems transdiagnostically and in specific primary EDs.

**Meta-synthesis of Published Single Case Studies on Premature Termination of Psychotherapy.** *Liza Notaerts, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium*

Aim: Dropout is a concept that we encounter in both research and clinical practice. Therapists from all schools of thought have experience with patients dropping out of therapy and often don't know why it happened. Research concerning this topic does not offer information that helps clinicians. Instead – we find lists with factors, I call them 'static predictors', such as personality traits, SES etc. Critically, clinicians have no power over static predictors. They are what they are. Therapists can influence the more dynamics factors in therapy, the moment to moment interaction, what we say - and when. Therefore, in my

research, I will shift towards more process-based research: I study the dynamic processes underlying dropout. Method: A meta-synthesis of published single case studies from the Single Case Archive on the topic of dropout. The single case archive is a kind of a Web of Science, but for peer reviewed case studies ([www.singlecasearchive.com](http://www.singlecasearchive.com)) Results: The results develop our knowledge about dropout on the process-level and will inform the next studies conducted on collected clinical material from the Ghent Psychotherapy Study. Discussion: In the discussion I will focus on informing the clinical practice on this topic, and help to bridge the science-practice gap, with a particular focus on the process level of psychotherapy.

**Relationships between Cognitive Behavioural Therapy skills and Treatment outcomes.** *Kathleen Camacho, University of Western Australia, Crawley; Andrew Page, University of Western Australia, Perth; Geoff R. Hooke, University of Western Australia and Perth Clinic, Perth*

The application of Cognitive Behavioural Therapy (CBT) skills are believed to be a mechanism of therapeutic change in treatment. Research has shown that the application of CBT skills affects therapeutic outcomes, however, the way these relationships may change during treatment was yet to be explored. Understanding how and when patient behaviours alter different outcomes will assist in the adaptation and modification of treatment. In this study, the relationships between patients' reported application of CBT skills, wellbeing, and symptoms throughout therapy are explored. It is hypothesised that the application of CBT skills would affect patient-reported wellbeing and symptoms at different points in therapy. A sample of 584 patients completed session to session measures over a two-week CBT treatment. Results of an autoregressive cross-lagged path analysis indicated that early phase application of CBT skills predicated an increase in future wellbeing, and mid-phase application of CBT skills predicated both an increase in future wellbeing and a decrease in symptoms. These results extend previous research, by showing the dynamic relationships between patient behaviour and therapeutic outcomes during treatment.

**Feedback Compliance and Therapy Outcomes of Not-On-Track Clients.** *Melissa Jones, Brigham Young University, Provo, USA; Davey Erikson, Brigham Young University, Provo, USA; Scott Baldwin, Brigham Young University, Provo, USA; Sheilagh Fox, Brigham Young University, Provo, USA; Audrey Parker, Brigham Young University, Provo, USA; Russell Bailey, Brigham Young University, Provo, USA; Angie Bledsoe, Brigham Young University, Provo, USA; Matthew McMurray, Brigham Young University, Provo, USA*

Aims: Routine outcome monitoring (ROM) and psychotherapy feedback systems have been consistently shown to improve treatment outcomes and reduce the risk of deterioration, while also increasing efficiency and shortening treatment lengths for on-track clients and lengthening treatment only for not-on-track clients (Goodman, McKay, & DePhilippis, 2013; Miller & Schuckard, 2014 in Miller et al, 2015). However, despite the increasing evidence of the effectiveness of ROM, use of these measures by therapists remains low (Hatfield & Ogles, 2007; Klundt, 2014). The current study examines the rates at which therapists view their clients' feedback and how these rates are connected to the outcome of their clients who are not-on-track. Methods: The participants in the study were college students at a large private university. Only therapists who had at least five eligible clients were included. Eligible clients were clients who formally consented to participate in research, had one therapist, attended at least 3 sessions, took the OQ-45 at least twice, only engaged in individual psychotherapy., did not have a gap of more than 2 months in between therapy sessions between appointments was considered termination of a given course of psychotherapy. Results: Results indicate the rates in which therapist check their clients' feedback and how those rates correlate with the outcome of not-on-track clients. Discussion: Implication of the rates of feedback compliance on psychotherapy outcome will be discussed. Data is currently being analyzed.

**The Roles of Early Symptom Change and Early Working Alliance in Predicting Treatment Outcome.** *Tao Lin, Ohio University, Athens, USA; Timothy Anderson, Ohio University, Athens, USA*

**Objectives:** Although psychotherapy generally works for various mental health disorders, a noticeable proportion of patients fail to benefit from psychotherapy. Improving routing outcome monitoring may help identify patients at risk for treatment failure in early psychotherapy and improve the rate of treatment success. This study aimed to examine the trajectories of symptom change and working alliance in early psychotherapy and their predictions of treatment outcome. **Methods:** The sample included 272 patients receiving psychotherapy in a training clinic. All patients completed the Outcome Questionnaire-45.2, and the Working Alliance Inventory after each therapy session. The growth mixture model was performed to examine trajectories of symptom change and working alliance in the first five sessions. We then combined the early symptom trajectories and alliance trajectories to predict treatment outcome. **Results:** Three symptom change trajectories, medium symptoms/slow change (52.2%), high symptom/slow change (22.4%), and low symptom/improving (25.4%) and four alliance trajectories, moderate alliance (40.1%), strengthening moderate alliance (31.6%), strengthening strong alliance (17.3%), and early strengthening alliance (11%) in early psychotherapy. Overall, patients in the high symptom/slow change trajectory showed the highest levels of symptoms ( $p < .001$ ) at the end of the treatment whereas patients in the low symptom/improving group showed the lowest levels of symptoms ( $p < .001$ ). Compared to patients in the stable alliance trajectory, those in the strengthening strong alliance trajectory showed greater overall improvement throughout the treatment ( $p = .029$ ) and had lower levels of symptoms at the end of the treatment ( $p = .003$ ). Furthermore, early working alliance affected treatment outcome differently across three symptom change subgroups. Specifically, among patients in the medium symptom/slow change subgroup, strengthening strong alliance subgroup showed the best treatment outcome ( $p = .017$ ) whereas, among the high symptom/slow change subgroup, early strengthening alliance subgroup showed the best outcome ( $p = .020$ ). **Conclusion:** Early symptom change trajectories and alliance trajectories both independently and interactively predicted treatment outcome. For patients with high initial symptoms and slow change in early psychotherapy, strengthening alliance may be particularly important. The inclusion of early symptom trajectories and alliance trajectories simultaneously contributed to the prediction of treatment outcome.

**The effect of a rapid transition to online delivery of counselling services.** *Robbie Babins-Wagner, Calgary Counselling Centre; Amy Bender, Calgary Counselling Centre; Angela Laughton, Calgary Counselling Centre*

**Presenter:** Rochelle (Robbie) Babins-Wagner, PhD, RSW. Calgary Counselling Centre & Faculty of Social Work, University of Calgary **Authors:** Robbie Babins-Wagner, Amy Bender, Angela Laughton: Calgary Counselling Centre **Abstract:** The COVID-19 stay-at-home order began in Alberta, Canada mid March 2020. The Public Health response to the pandemic resulted in a provincial stay-at-home and work from home order which resulted in the transition of our community-based counselling program from in person, face-to-face counselling to online, virtual counselling on using Microsoft Teams. At the time of the transition our counsellors had limited experience in providing virtual care and we transitioned to online services in 36 hours. There are a limited number of studies about virtual counselling services that suggest that virtual care produces outcomes equal to that of face-to-face care (Varker, Brand, Ward, Terhaag & Phelps, 2019; Mohr et. Al, 2012). There are no published studies about virtual care during a global pandemic. In this study we examined counselling outcomes for virtual care and compared the sample to clients who began face-to-face counselling in the same time period one year earlier to see if counselling

outcomes were different. Methods: This study compared the outcomes for adult clients who began counselling after the start of the stay-at-home order (week 12: March 16, 2020) and completed counselling by November 30, 2020. We compared the outcomes of this group to clients who started counselling during the same time frame of the previous year (week 12: March 18, 2019) and completed counselling by November 30, 2019. Outcomes were assessed using the Outcome Questionnaire (OQ-45) at the first and last counselling session for clients who completed 2 or more sessions. Results: For clients who participated in virtual care, the average OQ change score was -15.3 points. This was significantly different from face-to-face counselling in 2019 which had an average OQ change score of -12.9 ( $p < .001$ ). For categories of change, 50% of the 2020 virtual counselling clients improved or recovered compared to 44% of the face-to-face counselling clients in 2019 ( $p < 0.001$ ). Discussion: This finding may provide support for the use of virtual care as a routine way of delivering counselling to clients' post-pandemic. More research is needed to understand the differences in subgroups of clients to ensure that a move to virtual care will benefit people from differing demographic and economic backgrounds who present with a variety of presenting problems. We are also interested in learning more about the impact of virtual care on client ratings of the therapeutic alliance with their counsellor in virtual counselling compared to face-to-face counselling. Other Keywords: COVID-19, Virtual Counselling

**Psychological Distress, Treatment Utilization, and Recovery Rates Among College Students in Different Majors.** *Dominic Schmuck, Brigham Young University, Provo, USA; Davey Erekson, Brigham Young University, Provo, USA; Brett Merrill, Brigham Young University, Provo, USA*

University students face significant stress stemming from factors such as academic expectations, financial burdens, new responsibilities, navigating relationships, and finding a new sense of belonging. The proportion of students reaching out to University Counseling Centers (UCCs) for therapeutic treatment has increased significantly over the decades. Many UCCs have implemented waitlists and session limits to manage increased demand and limited resources to satisfy this demand. Resultantly, it becomes even more important for UCCs to provide specific prevention and intervention efforts targeted at students' needs. To date, little is known regarding differences between students in different majors and how they experience and manage mental health issues. The current study set out to investigate how students in different majors vary regarding 1. rates of treatment utilization at UCCs, 2. distress levels at onset of therapeutic treatment at UCCs, and 3. rates of recovery while in treatment at UCCs. Analyses were performed on 21,514 participants who received therapeutic treatment at a University Counseling Center in the United States between 2009 and 2019. Results suggest significant differences between students in different majors regarding how likely they are to access UCC services, distress levels at treatment onset, and recovery rates. Findings from this study suggest that previous research practices where "hard science" and "soft science" majors were grouped together for purposes of understanding students' mental health needs may have been inadequate. Implications for future research and recommendations for improved and more targeted UCC intervention and prevention efforts are discussed.

**How can talking cure? Curative functions of talking in psychotherapy from patients' perspective – a qualitative analysis.** *Sabine Wulf, University of Psychology Berlin, Germany*

Aim and method: It is an important concern of psychotherapy research to investigate how different common and specific factors contribute to change in psychotherapy. The present study, which is part of a mixed-method project funded by the Heigl Foundation, focuses specifically on the curative processes associated with verbal activities in psychotherapy. In a first qualitative study, psychotherapists ( $n = 11$  with cognitive-behavioural,  $n = 12$  with psychodynamic psychotherapy orientation) were asked how they describe the helping functions

of “talking to each other” in psychotherapy (Marx et al., in press). They reported a wide range of curative relational, cognitive-emotional and behavioural factors associated with verbal activities. The second step was to explore how adult patients after treatment with behavioural (n = 6), psychodynamic psychotherapy (n = 5), and psychoanalytic psychotherapy (n = 5) describe the curative functions of “talking to each other” in psychotherapy. Data analysis followed Consensual Qualitative Research (Hill, 2012). Results and discussion: A system of categories was developed by which patients explain the therapeutic effects of “talking to each other”. These system of categories will be presented and compared with the therapist’s perspectives identified in the preceding study. Furthermore, the results will be related to relevant systematizations of common factors in psychotherapy. Perspectively, the central categories described by patients and psychotherapists will be combined into a classification system. After psychometric testing, this will be used to evaluate how the functional aspects of curative “talking to each other” are related to relevant process characteristics and the therapy outcome.

- Ceremony                      Awards Ceremony**
- Ceremony                      Farewell**
- Ceremony                      Opening Ceremony**
- Chapter Meeting                Europe Chapter**
- Chapter Meeting                Latin America Chapter**
- Chapter Meeting                North America Chapter**
- Chapter Meeting                United Kingdom Chapter**

**Conference Workshop    MBT - General Introduction and Specific Applications**  
 Mentalizing is the capacity to comprehend the behavior of oneself and others in terms of intentional mental states. Mentalization-based treatment aims to restore mentalizing capacity as a prerequisite for improved interpersonal and psychosocial functioning. Research has demonstrated favorable effects of MBT in personality disorders. Mentalizing is also seen as a common factor for the efficacy of psychotherapeutic treatment.

Organizers: Sebastian Euler, University Hospital Zuerich; Svenja Taubner, University of Heidelberg, Germany;

**MBT - General Introduction and Specific Applications.** *Sebastian Euler, University Hospital Zuerich; Svenja Taubner, University of Heidelberg, Germany*

Abstract: Mentalizing is the capacity to comprehend the behavior of oneself and others in terms of intentional mental states. Mentalization-based treatment aims to restore mentalizing capacity as a prerequisite for improved interpersonal and psychosocial functioning. Research has demonstrated favorable effects of MBT in personality disorders. Mentalizing is also seen as a common factor for the efficacy of psychotherapeutic treatment. Description: Theory of mentalization, non-mentalizing modes and core structure of MBT will be discussed. Participants will be introduced to MBT-interventions. Specific applications in personality disorder and conduct disorder will be outlined. Video examples will underline the theoretical framework.

**Conference Workshop**

Organizer: Wolfgang Lutz, Universität Trier, Germany

**When, why and how do patients change in psychotherapy? - Measuring, Predicting and Tracking Change in Psychotherapy**

The development of change measurement in psychotherapy has substantially evolved in recent decades, making it an integral part of clinical practice and training. This workshop addresses fundamental issues of change in psychotherapy: how to measure, monitor, predict change and provide feedback on treatment outcome. The chapter starts with a historical overview of psychotherapy research, covering several approaches applied to a data-informed clinical practice. The focus will be on the impact of psychometric assessments and feedback into clinical practice, the tracking and prediction of individual change using early response, therapist differences, and continuous and discontinuous patterns of change within treatments as well as differences between treatments. A research program that investigates psychotherapeutic change processes as well as progress and outcome on different levels of the psychotherapeutic endeavor is presented. We will also discuss the application of evidence-based personalization in clinical practice. Such new developments allow the inclusion of individually tailored problem-solving strategies for treatment selection and adaptation, especially for those patients at risk for a negative treatment outcome. Furthermore, the integration and implementation of outcome measurement into clinical practice and training and its hurdles will be presented.

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**Meeting****General Membership Meeting****Meeting**

Organizer: Sibel Halfon, Istanbul Bilgi University

**Interest Section Meeting: Child, Adolescent and Family Therapy (CAFTR)**
**Meeting**

Organizer: Armin Hartmann, University of Freiburg, Germany

**Interest Section Meeting: SPRISTAD**

**Meeting****Past Journal Editor's Meeting****Meeting****Past President Meeting****Panel**

Adolescents

Organizers: Karolin Krause, Centre for Addiction and Mental Health; Melissa De Smet, Ghent University, Belgium;

**"Young Outcomes": Why Psychotherapy Outcome Research Requires an Adolescent Perspective**

This panel critically discusses predominant approaches to outcome measurement in state-of-the-art psychotherapy research for adolescents and proposes that it is time for a shift: If psychotherapeutic care is to be adolescent-centred, then it must be based upon research that judges effectiveness and acceptability from the point of view of adolescents themselves. If we wish to understand when, how and why psychotherapy works for youth, outcome measurement must grasp change that matters, in a language that speaks to them, rather than an all too general method and nomenclature. This panel will take stock of current practice, identify shortcomings, and suggest possible ways forward. Karolin Krause (Cundill Centre for Child and Youth Depression, Centre for Addiction and Mental Health, Toronto, Canada) will examine discrepancies between outcome concepts measured in quantitative treatment outcome studies for youth depression, on the one hand, and the outcome narratives and priorities of adolescents on the other hand. Jenna Jacob (Child Outcomes Research Consortium, London, UK) will examine the value that idiographic outcome measures can add in complementing standardised scales, with a particular focus on tracking individual treatment goals. Melissa de Smet (Ghent Psychotherapy Study, Ghent University, Belgium) will suggest taking idiographic approaches a step further, introducing a person-specific paradigm that focuses explicitly on how change unfolds within individuals over time, as well as in exchange between the individual and their surrounding eco-system. This panel invites both researchers and clinicians to reflect on the need and opportunities for adolescent-centred psychotherapy outcomes research.

**Measuring what Matters: How Youth-Centred is Treatment Outcome Research for Youth Depression?. Karolin Krause, Centre for Addiction and Mental Health**

Person-centred mental health care, by definition, places young people at the centre of clinical decision-making. Consequently, treatment decisions should be made based on outcome data that reflects young people's priorities and goals. But to what extent does outcome measurement in state-of-the-art treatment studies reflect young people's outcome priorities? In this presentation we present findings from a mixed-methods study that mapped outcome reporting across recent quantitative outcome studies for youth depression and compared the outcomes measured in this literature with (a) outcome concepts discussed by 34 youth following their participation in a psychotherapy trial for depression, and (b) with a set of outcome priority profiles identified amongst 28 youth with lived experience of depression as part of a Q-methodological study. We found that most quantitative treatment outcome studies assessed symptom change, which was also the most frequently discussed outcome (by 65%) in interviews with youth. However, youth discussed change in coping skills just as often, followed by improved family functioning (47%) and social functioning (35%) – assessed by less than 5% of quantitative studies. The Q-study identified four distinct outcome priority profiles, each of which endorsed a different set of priority outcomes, showcasing that young people's outcome preferences are heterogeneous and personal. Based on these findings we suggest that a narrow focus on symptom measurement likely misses important changes in other outcome domains that matter to youth. We will end with suggesting possible ways forward, such as involving youth in shared decision-making about outcomes to measure, and using idiographic measurement instruments.

**Towards a person-specific paradigm in adolescent psychotherapy research: understanding adolescent depression and psychotherapy**

**outcome from within..** *Melissa De Smet, Ghent University, Belgium*

While we know psychotherapy works for adolescent depression, how or why that is the case largely remains unclear. Adolescent depression is characterized by large heterogeneity but remains poorly understood beyond mean-level diagnostics. In this presentation, we argue that a person-specific approach is needed if psychotherapy research wishes to contribute to better adolescent-tailored care. We take a meta-view on current and future methodologies in research on psychotherapy for adolescent depression. First, we discuss how a predominant focus on either nomothetic (general) or group-differential (between-person) explanation, has left the idiographic (within-person) realm largely unexplored. We conceptually outline why these traditional variable-related inferences and even more person-centred approaches fall short in dealing with the fact that changes are also heterogeneous and time-dependent within individuals. Subsequently, we suggest a person-specific paradigm that promises more fine-grained idiographic scientific knowledge. This implies that we examine intra-individual changes as they occur across different time scales and contexts. We draw on modern ecological theories of development, dynamic systems theory, and process theory to provide a conceptual basis for the proposed person-specific paradigm. We present promising developments in idiographic methodologies (e.g., intensive longitudinal, qualitative) and apply them to the specific case of psychotherapy for adolescent depression. We illustrate their merit by presenting a concrete large-scale project that is currently being designed and implemented in Flanders (Belgium). This presentation aims to demonstrate the value of psychotherapy research that starts from thorough analyses on the level of the individual adolescent to only generalize to group-level understanding in a meaningful second step.

**Discussants:** Christian Moltu, Western Norway University of Applied Sciences;

**Panel**  
Therapist effects

**“It’s not what you said, but how you said it”: Voice characteristics in psychotherapy**

This panel presents both theory and research on client and therapist voice in psychotherapy. Wampold will present on the importance of voice by emphasizing that how you say something is more important than what you say. Wampold will discuss definitions of verbal fluency and therapist Facilitative Interpersonal Skills (FIS), including (a) cadence and comfort, (b) tone and Engagement, (c) interpersonally approaching, (d) coherence, and (f) context and culturally congruent. Anderson will elaborate and provide video examples of helpers’ vocal characteristics. Research on the frequency measures of these vocal characteristics will be reviewed. Paz and colleagues examine both client and therapist voice frequency data, specifically using high resolution dyadic modeling of emotional vocal arousal (VA) dynamics within and between clients and therapists. Their study examines the role of client-therapist emotion co-regulation as a promoter of intra-personal ER capacity. Through these sophisticated analysis, their results “speak” to the question of whether the ability of the therapists to “track” their clients’ VA level and “pull” their VA towards a more adaptive level may be associated with the clients’ increasing capacity for (self) adaptive VA regulation. This intra- and interpersonal adjustment of VA would be particularly meaningful with depressed clients, who are the participants in their study. Soma and colleagues examine how therapist voice fluctuates by stage of therapy and via different vocal features. Specifically, their best fitted models found that pitch was exponential, vocal energy was an inverted “S” function, and vocal rate was a linear function.

**Verbal Fluency: An Ignored but Critical Therapeutic Factor.** *Bruce E. Wampold, Modum Bad Research Institute, Vikersund, Norway*

In many domains it is well established that how you say something is more important than what you say. The same is true for therapists. Verbal Fluency, one skill in Anderson’s set of Facilitative Interpersonal Skills, is an interpersonal

skill that is necessary for what the therapist says to be informative, persuasive, interesting, and convincing—an ultimately therapeutic. In this presentation, the components of Verbal Fluency are discussed as well as theoretical and historical considerations. The components include (a) cadence and comfort, (b) tone and Engagement, (c) interpersonally approaching, (d) coherence, and (f) context and culturally congruent. Future directions will be discussed.

**In a Therapist's Voice: Vocal Quality as a Common Characteristic of Therapist Interpersonal Abilities.** *Timothy Anderson, Ohio University, Athens, USA*

Vocal qualities have long been speculated as important features of therapists. Anecdotally, many clients report an enduring connection and memory of the sound of their therapist's voice. Psychotherapy researchers have recognized vocal qualities of both therapists and clients as significant indicators of relational processes within sessions (e.g., Rice, 1974), but with little attention to how a therapist's vocal features may have more enduring characteristics of individual therapists' interpersonal skills. These aspects of voice are defining features of the Facilitative Interpersonal Skills (FIS) rating method, especially for ratings of "verbal fluency" and "emotional expression" and are defined in the paper session by Wampold. In this session, research results will be presented on these two aspects of FIS as well as how therapists might differ in their express frequency and range of vocal expression when facing difficult clients. Practical implications will be discussed. These features of voice and FIS will be illustrated with video examples and with recommendations for how therapists might build skills through self-observation of recordings and deliberate practice strategies.

**Vocal arousal: a window into co-regulation as a mechanism of change in psychotherapy for depression.** *Adar Paz, Bar-Ilan; Eran Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel; Dana Atzil-Slonim, Bar Ilan University*

Major Depressive Disorder is a highly prevalent and disabling condition. There is growing evidence that difficulties in emotion regulation (ER) underlie depression. Clinical theory suggests that emotional co-regulation - the experience of one's feelings together with an emotionally attuned other - may allow the depressed individual to develop ER capabilities. Understanding regulatory fluctuations depends on the existence of sensitive, continuous, and objectively coded measures of emotional arousal. Recent developments in voice analysis allow for high resolution dyadic modeling of emotional vocal arousal (VA) dynamics within and between clients and therapists. The present study will explore the role of client-therapist emotion co-regulation as a promoter of intra-personal ER capacity. Specifically, we aim to examine whether the ability of the therapists to "track" their clients' VA level and "pull" their VA towards a more adaptive level may be associated with the clients' increasing capacity for (self) adaptive VA regulation, consequently leading to better session and treatment outcome. Method: Thirty therapy dyads (150 therapy sessions) of short-term supportive-expressive dynamic psychotherapy for depression (Luborsky et al., 1995) have been recorded. Clients completed session-by-session self-reports of their well-being (ORS), symptom severity (BDI) and emotion regulation capability (DERS). VA was automatically extracted using a state-of-the-art algorithm (Bone et al., 2014) and the client-therapist VA co-regulation was assessed using ML dynamic systems model. Results: The results will shed light on the association between client-therapist VA coregulation and the improvement of clients' emotion-regulation capacity, as well as the decrease in clients' symptom level.

**Loud, but not clear: A quantitative analysis of therapist's voices during therapy.** *Christina Soma, University of Utah, Salt Lake City, USA; Dillon Knox, University of Southern California; Timothy Greer, University of Southern California; Alexander Young, University of Southern California; Kieth Gunnerson, University of Utah, Salt Lake City, USA; Shrikanth Narayanan, University of Southern California; David Atkins, University of Washington; Zac Imel, University of Utah, Salt Lake City, USA*

At its essence, psychotherapy is a conversation, whereby, at its foundation, many interventions are derived from the therapist talking. Therapists learn a variety of theories, interventions, and skills in order to provide scientifically grounded treatment to clients; however, there is variability among therapists regarding the delivery of treatment. One such variation could be how the therapist talks (i.e., “therapist voice”). Research suggests that the voice can convey a variety of emotional and social information, with some vocal features being central to conveying specific information. We aimed to understand the extent to which therapists’ vocal features change throughout specific portions of a given therapy session. We hypothesized that therapist vocal features would significantly change in the early and late stages of therapy, transitioning the therapist to the middle portions of therapy where more therapeutic interventions were being administered. We modeled three vocal features - pitch, energy, and rate – initially hypothesizing that a quadratic model would be the best fit. Upon examination of the data, however, we found that pitch may be best modeled exponentially, energy with an inverted “S” function, and rate with a linear function.

**Discussants:** Dana Atzil-Slonim, Bar Ilan University;

**Panel**  
Change process

**A dyadic framework for understanding and assessing countertransference feelings**

: Emotions are a central aspect of psychotherapy practice and research. While patients’ expression of emotion is the most frequent focus of attention, therapists’ feelings during sessions have also been a topic of considerable interest, particularly among psychodynamic clinicians and scholars. Therapists’ feelings and emotional attitudes toward their patients are generally discussed under the broad rubric of countertransference. Several different measures have been developed to assess therapists’ feelings in psychotherapy sessions and all of them rely on therapists to make ratings of their emotions after the session. This panel presents a dyadic framework for understanding and assessing countertransference feelings. Using the Feeling Word Checklist, a well validated measure of therapist emotions, therapists are asked to rate their feelings during the session and patients are asked to rate their perception of the therapist’s feelings in the same session. These ratings are then evaluated to see how well they predict ratings of attuned responsiveness. Clinical, research, and conceptual implications of this dyadic framework will be discussed.

**How do patients experience their therapist’s countertransference feelings?. Denise Lew, San Francisco Psychotherapy Research Group**

Most models of psychotherapy emphasize the importance of working with patients’ and therapists’ emotions in psychotherapy. One way they have done so is by attending to the countertransference phenomena, defined by Freud (1910) as analysts’ non-neutral emotions, attitudes and behaviors during treatment. To measure therapists’ emotional reactions during therapy sessions, which are understood to be a part of the countertransference, researchers developed the Feeling Word Checklist-58 (FWC-58; Dahl et al., 2012; Røssberg, Hoffart, & Friis, 2003), a self-report questionnaire that therapists complete after a therapy session. A factor analysis of the 58 feeling words has revealed 4 subscales: Confident; Inadequate; Disengaged; and Parental, which confirmed a 4-factor model of the FWC-58 (Dahl et al., 2012). Psychotherapy researchers have increasingly turned their attention to patient factors, such as patients’ perceptions of therapy, as these are consistently strong predictors of treatment outcome (Norcross & Wampold, 2011; Orlinsky & Howard, 1986). Synder and Silberschatz (2016) developed the Patient’s Experience of Attunement and Responsiveness Scale (PEAR) and highlighted the importance of patients’ experiences of attunement in therapy sessions. Their findings also demonstrated how patients vary in ability to perceive attunement, raising a crucial question: what patient factors influence their therapeutic experiences?

My research aimed to answer that question by focusing on a variable not studied previously: patients' experiences of therapists' countertransference feelings. The Patient Version of the Feeling Word Checklist-58 (the FWC-58-p) was developed in order to explore how patients perceived their therapist's countertransference feelings and the impact of patients' perceptions on therapeutic process and outcome. This presentation will present the findings of that study.

**The psychometric properties of the patient's and therapist's experience of attunement and responsiveness scale.** *Xiaochen Luo, Santa Clara University*

Objective: The attunement and responsiveness of therapists to their patients is seen as a key potential factor explaining how a strong therapeutic relationship works in psychotherapy. The Patient's Experience of Attunement and Responsiveness (PEAR) and the Therapist's Experience of Attunement and Responsiveness (TEAR) were developed as self-report measures for patients and therapists to rate therapist's attunement immediately after each session. This study sought to examine the factor structure, reliability, and validity of PEAR and TEAR in a community clinic sample. Method: Therapist-rated and patient-rated attunement, working alliance, and patient-rated symptoms were assessed every month in 189 therapy dyads in a community psychotherapy clinic, which resulted in 680 administrations. Confirmatory factor analyses were used to examine factor structure of the attunement measures. Between-person and within-person correlations with working alliance and symptoms were examined for both therapists and patients. Results and Discussions: We expected to see that both PEAR and TEAR demonstrated good internal consistency and sensitivity to change over time. We predicted that we would confirm the 3-factor structure for both attunement and responsiveness measures. We also expected to see moderate levels of between- and within-person correlations between attunement and working alliance with the same raters (e.g., therapist's attunement rating and therapist's alliance rating) and low to modest levels of correlations across raters (e.g., therapist's attunement rating and patient's alliance rating), as well as modest between- and within-person correlations between attunement and symptoms. This study is the first to examine psychometric properties of the attunement and responsiveness measure across raters and sessions.

**Within and between effects of in-session countertransference feelings on felt attunement in psychotherapy dyads over time.** *Olivia Tabaczyk, Palo Alto University, USA; James McCollum, San Francisco Psychotherapy Research Group; George Silberschatz, University of California, San Francisco, USA; Denise Lew, San Francisco Psychotherapy Research Group; Robert Wickham, Palo Alto University, USA*

The role of countertransference feelings in predicting the quality of the therapeutic alliance has long been a focus of psychotherapy research. Yet, it remains unclear how therapist emotional responses affect the quality of "attuned responsiveness" in therapy, or the process of perceiving accurately and responding effectively. The purpose of this study was to examine the role of countertransference feelings in predicting felt attunement in the context of the patient-therapist relationship over the course of treatment within and between psychotherapy dyads ( $n = 194$ ) at an outpatient clinic. Patient's perceptions and therapist's self-reported in-session experiences of confidence, disengagement, inadequacy, and parental feelings on felt attunement were analyzed using multilevel structural equation modeling. Results indicated that—on average, across all dyads—clinician's feelings of attunement increased over the course of treatment, while patients' attunement did not. Within dyads, patients' perceptions of clinician's emotions predicted their own feelings of attunement, while patient perceptions of clinician's confidence and inadequacy predicted clinician attunement. Clinician emotional responses to the patient did not predict patient's felt attunement. Findings underscore the complexity, yet importance, of countertransference feelings in attuned responsiveness to support of the

therapeutic alliance.

**Discussants:** James McCollum, San Francisco Psychotherapy Research Group;

**Panel**

Routine Outcome Monitoring

Organizer: Felicitas Rost, Tavistock Clinic, London, UK

**A new ROM for each country: Can we customize Routine Outcome monitoring (ROM) to National Health Care characteristics?**

The implementation of Routine Outcome Monitoring (ROM) and Service Evaluation in mental health care has increased during the past decade across many countries. This movement has been inspired by both empirical motives to overcome the limitations of controlled trials, as well as by clinical needs to optimize clinical decisions of the therapists during an ongoing treatment. The beneficial effects of ROM in clinical practice has led to the suggestion that regular (e.g. session-by-session) feedback methods should become a standard of practice in mental healthcare. Nonetheless, studies assessing the effects of ROM in different public healthcare systems worldwide have produced mixed results. These findings might suggest that the local features of public mental healthcare across different countries affect the results of ROM implementation, and that these specific features may need to be considered during ROM implementation. The aim of this panel is to highlight, explore and discuss the various challenges faced by three services that implemented ROM in public treatment facilities with specialist and underprivileged patient groups. The presentations will draw on the experience and findings from three ROM implementations from Norway and Denmark, from the United Kingdom and from Israel. An important point for discussion will be whether the unique features of public mental healthcare affect the results of ROM implementation, and whether these unique features need to be addressed when tailoring ROM to public national health system.

**Implementing ROM in Norwegian Hospital Mental Health Care.** *Heidi Brattland, Tiller Mental Health Center, St. Olavs Hospital*

**Background & Aim:** The Norwegian government recommends the use of Routine Outcome Monitoring (ROM) in their recently released “patient pathways” or guidelines for the treatment of mental health disorders and substance abuse. Consequently, many treatment facilities in Norway are in the process of a top-down ROM implementation. However, as indicated by the mixed findings of ROM effect studies, ROM does not always work to improve treatment, particularly perhaps in highly distressed patient populations. The effect of ROM may be related to the quality of implementation. Therapists’ attitudes towards and actual use of these tools with their patients will likely be influenced by cultural factors as well as features of the local health care system. **Methods:** Implementation efforts in Norwegian hospital mental health care will be reviewed with the aim of identifying characteristics of successful ROM implementation as well as facilitating and hindering factors. **Results & Discussion:** Culture, attitudes, and features of the health care system are important variables that should be assessed and taken into account when planning a ROM implementation process.

**The routine outcome monitoring and treatment evaluation at the Portman Clinic: A national health psychoanalytic psychotherapy clinic for forensic patients in the UK.** *Felicitas Rost, Tavistock Clinic, London, UK; Nikolas Heim, Tavistock Clinic, London, UK; Jessica Yakeley, Tavistock Clinic, London, UK*

**Background & Aim:** The Portman Clinic, part of the Tavistock and Portman National Health Service (NHS) Foundation Trust in London, UK, is an out-patient forensic psychoanalytic psychotherapy clinic for children, adolescents and adults presenting with paraphilias and/or problematic sexual behaviours, violence and criminality. Individual and group therapy is offered mostly open-ended except for training cases. The clinic effectively straddles two ‘cultures’: On the one hand, it identifies with the tradition of psychoanalysis, which focuses on unconscious

processes and intrapsychic change. On the other hand, the NHS increasingly emphasizes accountability, monitoring and the development of an 'evidence-base' of interventions. Methods: We started to bridge these two worlds in March 2017 by introducing a comprehensive service evaluation utilising routine outcome measures (SCID-II, HDRS-19, CORE, GAD-7, and PHQ-9) in conjunction with psychoanalytic relevant outcome measures (e.g. IIP, PFS, RFQ, OPD-SQ, SWAP) and problem-specific measures (e.g. sexual compulsivity, pornography consumption, overt-aggression, convictions) as well as qualitative interviews to investigate private theories of problem and change formulation. Results & Discussion: Preliminary findings for 75 adult patients will be presented. Session-by-session measures and feedback methods have not been implemented and we are stressing the need to 'personalise' or tailor ROM not only to the specific patient group but also to the particular treatment or service offered. In pointing to some of the pros and cons, we will discuss the need to utilise ROM in order to investigate treatment as it happens in its natural setting.

**Post-implementation evaluation of routine outcome monitoring (ROM) in public mental healthcare: the effect of health system characteristics in Israel.** *Dana Tzur Bitan, Ariel University and Shalvata MHC, Israel; Ariella Grossman-Giron, Ariel University and Shalvata MHC, Israel; Ori Ganor, Shalvata MHC; Liro Biran, Shalvata MHC; Yuval Bloch, Shalvata MHC*

Background & Aim: The use of periodic measurement of treatment gains, also known as routine outcome monitoring (ROM), has been discussed in recent years as potential clinical aid for improving quality of care. Studies assessing the effect of ROM and feedback have generally produced favorable outcomes, indicating that ROM has the potential to enhance psychotherapy process and outcome. Nonetheless, several studies conducted in recent years have suggested that these effects may diminish in public mental health facilities which treat severely distressed, underprivileged populations. One potential explanation to account for these differences is that public mental healthcare facilities demand tailor-made ROM implementation which specifically meets their own organizational and clinical characteristics. Methods: In this presentation, the process and outcome of the first ROM implementation in Israel will be discussed in light of the barriers and challenges of Israel's health system. Shared and unique obstacles to ROM implementation will be discussed. A retrospective analysis of the results of implementation, taking the healthcare system characteristics into account, will be presented. Results: Therapists' overload and objections, attrition, funding, level of organizational support, strict medical confidentiality policy, and many other challenges served as barriers to successful outcome of ROM implementation. Discussion: Successful implementation of ROM might entail a tailor-made procedure, which takes the local characteristics of the specific healthcare system into account.

**Discussants:** Susan Douglas, Vanderbilt University, Nashville, USA;

**Panel**

Depression

Organizer: Helene Nissen-Lie, University of Oslo, Norway

**Adaptations of psychotherapy for depressed patients with specific vulnerabilities**

Depression is one of the most common forms of psychological distress and can have devastating consequences for individuals and society as a whole. Decades of research have shown that there are many possible causes of depression and large varieties in treatment response among depressed patients. To ensure more optimal treatment responses, there is an evident need to take a closer look at specific vulnerabilities of patients presenting with depression and adapt treatment to their unique challenges and life situations. In this panel, where we assemble researchers from four different countries (USA, Canada, Norway and Italy), we investigate different ways of approaching the treatment of various expressions and forms of depression. These range from chronic depression, depression in anorexia nervosa and lung cancer, to patients with underlying vulnerabilities in the form of comorbidities, low-income, unemployment,

indigenous status, disability, substance use concerns, and suicide concerns. Four empirical studies will be presented, followed by a discussion. Paper 1 from Modum Bad (Norway) compares combination treatment and psychotherapy alone for chronic depression on two specific factors of self-criticism and somatic symptoms. Paper 2 from Duke University, USA, investigates the adaptation and implementation of Self-System therapy for depression in patients with advanced lung cancer. Using data from a large-scale practice based study from Canada, in Paper 3, Robbie Babins-Wagner et al. address individual psychotherapy and added group psychotherapy for patients presenting with depression, and investigates whether the existence of several kinds of specific vulnerabilities might affect their response to treatment in the form of obtaining clinically significant change. Paper 4 is an in-depth, theory-building case study by Ludovica Costantino and colleagues in Rome (Italy) addressing anorexia nervosa as defense against depression with particular implications for psychotherapy.

**Trajectories of change in psychotherapy for chronically depressed patients: Differences in self-criticism and somatic symptoms between users and non-users of antidepressant medication.** *Andreas Høstmælingen, University of Oslo, Norway; Pål G. Ulvenes, University of Oslo, Norway; Helene Nissen-Lie, University of Oslo, Norway; Mikkel Eielsen, University of Oslo, Norway; Bruce E. Wampold, Modum Bad Research Institute, Vikersund, Norway*

Objective: Depression is seen as composed of several factors (i.e., cognitive, affective, somatic) which may be targeted by different interventions (i.e., pharmacotherapy, psychotherapy or combination treatment). Successfully targeting these factors may contribute to overall improved treatment response in depression. A previous study identified two sub-factors on Beck Depression Inventory-II (BDI-II) in a sample of chronically depressed patients: 1) self-criticism and 2) somatic symptoms (i.e., sleep disturbance, changes in appetite, and tiredness/fatigue). In this study we examined outcomes on these factors comparing patients who were on antidepressant medication (ADM) with patients not using ADM while undergoing inpatient psychotherapeutic treatment. Method: A total of 304 patients with chronic depression from the same patient sample as the previous factor analytic study were included in the analysis, of which 85 patients were using ADM during treatment while 219 were not. We analyzed whether the two groups had different trajectories of change on the factors 'self-criticism' and 'somatic symptoms' using multi-level growth curve modeling. Results: Patients not using ADM during treatment had significantly larger symptom reduction than ADM-users on the self-criticism factor, while there was no difference between groups on the somatic factor. Conclusion: Self-criticism could be a sub-factor of chronic depression particularly sensitive to psychotherapy. Furthermore, simultaneous use of ADM while in psychotherapy could make patients less accessible to the effects of psychotherapeutic interventions on this factor. Further research is needed to establish whether degree of self-criticism could play a role in predicting differential response to psychotherapy v. ADM.

**Adaptation and Implementation of Self-System Therapy for Depression in Older Adults with Advanced Lung Cancer.** *Katherine Ramos, Duke University, Durham, USA; Timothy J. Strauman, Duke University, Durham, USA*

Although numerous effective treatments for depression are available, adapting and disseminating such interventions to meet the needs of specific populations remains a substantial public health challenge. Our team is adapting Self-System Therapy (SST; Strauman & Eddington, 2017), an empirically validated intervention targeting self-evaluation and goal pursuit, to treat depression and distress in older adults with late-stage lung cancer. SST has already been adapted successfully for older adults with chronic pain (Waters et al., 2015). SST for lung cancer (SST-LC) is intended to target cancer-related depression and distress, and to enhance physical activity directly linked to personal values that offer older adults a sense of purpose and meaning (Presley et al., 2017).

We will summarize the process of adaptation and implementation of SST-LC using the ADAPTOME implementation framework (Chambers & Norton, 2016). Based on interviews and focus groups (N=12), videoconference technology with patients as well as user testing (N=5), we will discuss how SST-LC is being iteratively refined in an open trial to test its feasibility, acceptability, and promise with a sample of older adults (N=25) living with Stage III or Stage IV lung cancer. Specifically, we will present our study data using ADAPTOME's framework across key features of intervention refinement, service setting, target audience, and model of delivery. Our hope is to inform researchers about strategies for adaptation within the context of implementation to improve the fit between their own interventions and the context of specific individuals and populations dealing with depression.

**Exploring counselling outcomes in depression with vulnerable populations.** *Robbie Babins-Wagner, Calgary Counselling Centre*

Background: The efficacy of psychotherapy at improving overall client outcomes has been established. More research is needed on clients who seek counselling from diverse subgroups of vulnerable populations each of whom has their own specific vulnerabilities, support systems, and co-morbidities. In this study we examined individual and group counselling outcomes for clients with self-reported depression and evaluated counselling outcomes by vulnerable subpopulations to see if counselling outcomes were different. Methods: Counselling outcomes were assessed from 2017 – 2019 using the Outcome Questionnaire (OQ-45) at the first and last counselling session for clients with self-reported depression who completed 2 or more sessions at a community-based agency. We analysed the outcomes for the full sample as well as by vulnerable subpopulations identified as clients by age groups, those with comorbid anxiety, gender diverse individuals, low-income clients, unemployed clients, BIPOC clients, indigenous peoples, single parents, clients with disability, clients with substance use concerns, and clients with suicide concerns. Reliable Change Index was calculated to identify the percentage of clients that deteriorated, were stable, improved, and recovered. Effect size (Cohen's d) of the change score from first to last session were assessed for each of the subpopulations as well as the type of programming (individual counselling only vs individual and group counselling). Results: There were 3,901 clients included in the overall sample. Outcomes from the first to last counselling sessions significantly improved for the full sample and the vulnerable subpopulations with effect sizes ranging from 0.61 (Ages 45 & up) to 0.79 (gender diverse) for individual counselling only. For individual counselling and group programming, outcomes were significantly improved with effect sizes ranging from 1.26 (BIPOC) to 1.74 (Ages 25-44). Similar improvements were found with categories of change showing a benefit of group counselling programming. Despite the better outcomes clients experienced from group counselling, only 3.4% (n=131) of the sample completed group programming with first and last questionnaires. There also appeared to be fewer clients from vulnerable subpopulations that attended group programming. Discussion: We found an added benefit of group counselling on mental health outcomes for clients with self-reported depression. More research is needed to understand the barriers that are preventing clients from participating in group therapy and ways to increase participation in group for vulnerable clients.

**Psychopathology of anorexia nervosa: The schizoid defence from depression. Report of a single case..** *Ludovica Costantino, Sapienza University of Rome, Italy; Il sogno della farfalla - Journal of psychiatry and psychotherapy*

BACKGROUND From a psychopathological viewpoint anorexia nervosa may hide a depression that a patient keeps at bay by restriction of food intake, weight control and rigidity in interpersonal relationships due to a paralysis of affectivity. This paralysis is a schizoid defense from depression due to a pathological dynamics discovered by the psychiatrist Massimo Fagioli which he named

annulment pulsion and which represents a false resolution of an intrapsychic conflict. This psychic dynamic is the consequence of a disappointing relationship with a non-responsive caregiver during the first months of life, which may affect a child's physiological development by producing a split in one's mental activity. This paper focuses on a single clinical case study of anorexia nervosa. The patient has been treated for several years with psychodynamic psychotherapy and lately, during the lock down caused by the Covid-19 pandemic, with online psychodynamic psychotherapy (videoconferencing). **METHODS** The patient was treated with psychodynamic psychotherapy (individual and group psychotherapy) based on the interpretation of dreams according to Fagioli's Human birth theory (HBT) and assessed by the use of standardized instruments as SCL-90-R, EDI-3 and TAS-20. **RESULTS** The online psychotherapy based on the HBT was effective and produced a notable overcoming of the patient's interpersonal rigidity. We can also consider a positive evolution of the psychotherapeutic relationship confirmed by dream activity and test results. **DISCUSSION** The positive results of the clinical case confirm the efficacy of psychodynamic psychotherapy and of online psychodynamic psychotherapy based on HBT in the treatment of anorexia nervosa.

**Discussants:** Jaime Delgado, University of Sheffield, UK;

**Panel**

Adolescents

Organizer: Claudia Capella, Universidad de Chile, Santiago

**Adherence and dropout in psychotherapy with children and adolescents**

This panel will present results of different research projects about adherence and drop out of psychotherapy with children and adolescents, from different perspectives and showing associated factors. Adherence to treatment is related with commitment and continuity in participation of the patient to their treatment. The contrary, is drop out, when patients stop going to sessions without ending their treatment. Drop out can have consequences, like poorer outcomes in patients that drop out and rising the costs of psychotherapy. Adherence and drop out are related and complex phenomena, which are influenced by different factors. Most research in adherence and dropout have been done in adults, thus this panel wants to add to the existing research that have been done in child and adolescent psychotherapy. First, Gabryellen Fraga Des Essarts from UNISINOS, Brasil, will present a paper about adherence and dropout of psychoanalytic psychotherapy from the perspective of adolescents. This paper highlight the importance of the therapeutic alliance, both with adolescents and parents. Second, Claudia Capella, from University of Chile, Chile, will present about adherence and dropout of adolescents in psychotherapy due to sexual abuse from the perspective of therapists, showing similarities and differences between cases of adherence and dropout. One of the main differences that will be shown in the results is the low support and participation in psychotherapy of the caregivers in cases of drop out. Third, Fernanda Driemeir Schmidt, from UNISINOS, Brasil, will present a paper about Attachment, Reflective Function and Initial Symptoms as Predictors of the Child and Adolescent Psychodynamic Psychotherapy Outcome, in terms of adherence and dropout. Finally, Marcia Olhaberry, from Pontifical Catholic University of Chile, Chile, will discuss the presentations, highlighting the role of attachment, reflective function and caregivers in psychotherapy with children and adolescents. The panel will allow to discuss how to integrate different methods and perspectives in the comprehension of this topic, as well as practical implications for psychotherapy with children and adolescents.

**Adherence and dropout of psychoanalytic psychotherapy from the perspective of adolescents.** *Gabryellen Fraga Des Essarts, Unisinós University, Brasil; Vera Regina Ramires, Universidade do Vale do Rio dos Sinos*

The literature shows that sociodemographic, clinical and treatment factors may be associated with high rates of dropout in adolescent psychotherapy. Until now, few studies have addressed the topic from the adolescents' perspective. **Aim:** The aim of this study was to analyze why do adolescents dropout or adhere to psychodynamic psychotherapy, according to their perspective. **Methods:** It was

conducted a qualitative, exploratory and cross-sectional study with 23 adolescents between 12 and 17 years old. Twelve youths were still undergoing psychotherapy (Group 1) and eleven had dropped out (Group 2). Individual interviews were conducted. Data were submitted to a thematic analysis. Results: Two themes were identified within the group 1 - 'Therapeutic Relationship' and 'Changes Resulting from Psychotherapy'; three themes were identified in group 2 - 'Therapeutic Relationship', 'Adolescent Defenses and Resistances' and 'Therapeutic Alliance (TA) with the Caregivers'. In the first theme, common to both groups, two subthemes were identified – 'Therapeutic Relationship' and 'Transference', with different nuances in each one. We observed a good TA quality and a predominance of positive transference in the group 1. The perception of positive changes helped to strengthen the TA and the adherence to the psychotherapy. In group 2, the TA was more ambivalent and fragile with both patients and their parents. We identified more negative transference, more inflexible defenses and resistance in these cases. Discussion: The adolescents pointed out the centrality of the therapeutic relationship in their experience. The results also showed the importance of the TA with the patients' parents.

**Adherence and dropout of adolescents in psychotherapy due to sexual abuse from the perspective of therapists.** *Claudia Capella, Universidad de Chile, Santiago; Lucía Nuñez, Universidad de Chile, Santiago; Vania Vasquez, Universidad de Chile, Santiago; Sofía Fuentes, Universidad de Chile, Santiago*

A high percentage of adolescents who attend psychotherapy due to sexual abuse drop out of treatment, affecting their overcoming of the experience. There is little research on what precipitates desertion or promotes adherence in these cases. Aim: describe characteristics of the consulting system and the psychotherapeutic process of adolescents who have been sexually abused who adhere and drop out of psychotherapy, in order to explore similarities and differences from the perspective of their psychotherapists. Methods: Semi-structured interviews were conducted with psychotherapists who were in charge of the psychotherapeutic process of 16 cases of adolescent victims of sexual abuse, 8 who deserted from psychotherapy and 8 who continued until discharge. Thematic narrative analysis of the interviews was developed. Results: the main similarities described were multi-problematic social and family contexts, personal resources in the adolescents and a positive psychotherapeutic relationship. Differences were focused on caretakers, who in the drop out cases showed low support and a more conflictive relationship with the adolescent, little involvement in psychotherapy and a poor relationship with the psychotherapist. Adolescents who deserted had consultation purposes not related with sexual abuse and low social integration, unlike those who adhered. Discussion: the phenomena of adherence and dropout of psychotherapy are complex and multifactorial. Along with factors associated with the consulting system, elements of the psychotherapeutic process that support adherence stand out, which can be addressed early in the process.

**Attachment, Reflective Function and Initial Symptoms as Predictors of the Child and Adolescent Psychodynamic Psychotherapy Outcome.** *Fernanda Driemeier Schmidt, Unisinos, Brasil; Amanda Aquino da Costa, Unisinos, Brasil; Eduardo Brusius Brenner, Universidade do Vale do Rio dos Sinos; Vera Regina Ramires, Universidade do Vale do Rio dos Sinos*

In the literature on adult psychotherapy, several studies have already explored the associations between attachment style, reflexive function and the psychopathology presented by these patients with the treatment results. However, in the field of child psychotherapy, we have fewer studies with this focus and this is an open question. Aim: The aim of this study was to analyze the associations between children and adolescents' attachment style, reflective function, and symptoms with psychodynamic psychotherapy adherence and outcome. Methods: We adopted a naturalistic, correlational, longitudinal and predictive design. 85 children and adolescents aged 9 to 17 years old (M=13,18 SD=2,69) participated. They were referred to psychodynamic psychotherapy in

an outpatient training clinic. The therapists were psychologists in psychoanalytic psychotherapy training. The instruments were a social-demographic form, the Child Behavior Check List, the Friends and Family Interview and the clinic's discharge note. Results: We found that presenting a secure attachment style, an insecure avoidant style, not presenting relationship problems, thinking problems neither conduct problems were predictors variables of treatment's adherence. A low self-esteem, not presenting depressive neither anxiety symptoms and presenting relationship or conduct problems showed to be non-adherence predictors. The somatic complains were associated to dropout. Discussion: The implications of these findings are discussed.

**Discussants:** Marcia Olhaberry, Pontificia Universidad Católica de Chile, Santiago;

**Panel**  
Psychotherapy  
integration

Organizer: Michael Katz,  
Icahn School of Medicine  
at Mount Sinai, New  
York, NY, USA

**Adherence, Flexibility, and Technique Diversity in the Implementation of Psychotherapies**

Most psychotherapy studies investigating the relationship between technique and process or outcome have an underlying assumption that all patients within the same treatment condition receive the same therapeutic techniques. However, it has been argued that this assumption may not accurately represent the complexity of the therapeutic process. In this panel, we will present three studies tackling questions regarding treatment implementation, adherence, flexibility, and technique diversity, across different modalities. This will be followed with a discussant, Dr. Sharon Ziv-Beiman, linking together these three presentations conceptually. First, Dr. Roei Chen will review methodologies to operationalize and measure Therapeutic Technique Diversity (TTD), present a new TTD index, and discuss findings highlighting the importance of TTD to treatment outcome. Ms. Rocío T. Manubens will then discuss the findings of a recent study regarding cognitive interventions adherence effects in early stages of cognitive integrative therapy. And Dr. Michael Katz will introduce the findings of a cluster analysis study of adherence and flexibility in dynamic therapy, as well as new findings regarding specific cognitive-behavioral interventions that seem to differentiate the clusters. Finally, Dr. Sharon Ziv-Beiman will discuss the implications of these three presentations, common themes, and future areas of exploration in this field.

**Therapeutic technique diversity as an important and consequential characteristic of the therapeutic technique.** *Roei Chen, Bar Ilan University; Sharon Ziv-Beiman, Academic College of Tel-Aviv*

To date, most psychotherapy studies investigating the association between therapeutic technique and treatment outcomes addressed the therapeutic technique as a unique, theory-specific, factor. For example, in randomized control trials there is an underlying assumption that all clients within the same treatment condition (e.g., Psychodynamic/ Cognitive-behavioural/ Interpersonal) receive the same therapeutic techniques, and clients of different treatment conditions receive different therapeutic techniques. However, leading researchers (e.g., Castonguay, 2013; Krause & Lutz, 2009; Stiles, 2009) have argued that such assumptions may not accurately represent the complexity of the therapeutic process. In fact, previous investigations have shown that clients within the same treatment condition in the same study (or within the same treatment orientation in different studies) may experience different therapeutic techniques (e.g., Hardy et al., 1998). Similarly, it has been shown that clients of different treatment conditions in the same study (or different therapy orientations in different studies) may experience similar therapeutic techniques (e.g., Castonguay, 2013). It has been suggested that these findings may represent therapists' responsiveness to the situation and to clients' characteristics and needs. As such, these findings echo different models of common factors in psychotherapy and reflect the importance of psychotherapy integration. According to these views, it may be important to investigate different characteristics of the therapeutic technique, which may appear across a wide

range of therapy orientations and may be associated with treatment outcomes (Castonguay, 1993). In the current presentation we would like to present one such characteristic of the therapeutic technique; namely, therapeutic technique diversity (TTD). TTD reflects the extent to which therapists use multiple therapeutic techniques drawn from multiple therapy orientations. We will review different methodologies to operationalize and measure such diversity and will present a new and slightly different index. Specifically, we will focus on Shannon's entropy index (1948) as a measure of TTD. We will then present different findings which highlight the importance of TTD in terms of therapy outcomes.

**Cognitive interventions adherence effects on the early stages of a naturalistic cognitive integrative therapy.** *Rocío Manubens, Universidad de Buenos Aires, Argentina; Andrés Roussos, Universidad de Buenos Aires, Argentina; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina*

**Aims:** The present study aims to assess the effects of therapists' adherence to cognitive interventions in a naturalistic cognitive-integrative treatment. **Methods:** 94 patients diagnosed with emotional disorders completed the Outcome Questionnaire (OQ.45) and Alliance Negotiation Scale (ANS) after each of the first four sessions of psychotherapy. Meanwhile, their therapists completed the Comparative Psychotherapy Process Scale (CPPS) to measure cognitive interventions in the same time-frame. To analyse adherence effects we conducted hierarchical linear models (HLM) with a three-level structure (i.e., repeated measures nested within patients nested within therapists), disaggregating between- and within-patient effects of interventions and including cross-level interactions of those components. **Results:** The models showed not significant main effects of adherence to cognitive interventions on either the between-patient or the within-patient component on early alliance or outcome. However, there was a significant cross-level interactive effect of the between- and within-patient adherence effect on early alliance,  $y = -0.11$ ,  $SE = 0.05$ ,  $p = .02$ . Patients in treatments with a greater level of cognitive adherences benefited from reductions in that adherence. When predicting outcome, the same interactive effect approach significance,  $y = 0.04$ ,  $SE = 0.02$ ,  $p = .06$ . **Discussion:** Results will be discussed in terms of their clinical implications, particularly focused on the relevance of adherence flexibility for early alliance and outcome.

**Flexible how? Clusters of Technique Flexibility in Dynamic Therapy, and the Specific Cognitive-Behavioral Interventions that Differentiate them.** *Michael Katz, Icahn School of Medicine at Mount Sinai, New York, NY, USA; Mark Hilsenroth, Adelphi University, New York, USA; Michael Moore, Adelphi University, New York, USA; Jerold Gold, Adelphi University, New York, USA*

In a recent publication (Katz et al., 2020), we used cluster analysis, a mixed dimensional-categorical design (Ward, 1963), to provide profiles of technique adherence and flexibility in psychodynamic therapy to examine the relationship between such profiles and outcome. Forty-six outpatients were consecutively enrolled in individual psychodynamic psychotherapy and received a DSM-IV Axis I diagnosis of a depressive spectrum disorder. Patients were assessed pre- and posttreatment through self-report of depressive symptoms. Treatment was videotaped, two early sessions were independently rated for use of PI (psychodynamic-interpersonal) and CB (cognitive-behavioral) techniques with excellent interrater reliability ( $ICC > .75$ ). Mean technique ratings were calculated per case. A hierarchical cluster analysis was then used and produced a 3-cluster solution instead of the predicted 4-cluster solution: (1) Adherent and Minimally Flexible, (2) Somewhat Adherent and Somewhat Flexible, and (3) Adherent and Somewhat Flexible. While all clusters demonstrated improvement in symptoms, it appears that psychodynamic therapists who incorporate CB techniques should be mindful of doing so at the expense of their primary modality. Minimally technique-flexible therapists seem to cluster as a group that is focused on adherence and not necessarily limited in overall technique use

and engagement. However, adherent and somewhat flexible therapists appear to have significantly higher rates (85%) of clinically significant change compared to either less flexible or less adherent therapists (45% and 38%, respectively). In this presentation, I will be introducing the findings of this recent cluster analysis study, alongside new post-hoc analyses of this sample that have not been presented before, where we looked at which specific CB techniques seem to be acting as the primary source of differentiation between the different clusters in terms of CB technique use. We thus conducted a nominal logistic regression with cluster membership as the dependent variable and the 5 CPPS-CB items that were shown to have significant differences between the clusters as the predictors. Our aim was to examine what CBT intervention/s do the best at differentiating the 3 clusters. The findings indicate that item 11 on the CPPS (“the therapist explains the rationale behind his or her technique or approach to treatment”) was the only CB item to remain significant within the logistic regression, over and beyond the impact of the other 4 CB items included in the regression model. Given the direction of the difference in outcome between the clusters, this finding provides further support for the importance of providing an explicit focus and clear rationale of the psychodynamic therapy model to patients.

**Discussants:** Sharon Ziv-Beiman, Academic College of Tel-Aviv;

**Panel**  
Personality

**Advances in psychopathology, psychosocial correlates and processes of change in personality difficulties**

Personality pathology will increasingly incorporate the assessment of process-based variables, such as maladaptive trait domains, functioning, emotional and socio-cognitive changes. The present panel challenges traditional conceptions of psychopathology and puts forward advances in measurement, theory and research questions relevant to psychotherapy research for personality pathology.

**Personality functioning, mentalizing and emotion dysregulation in pandemic times: what can we learn for psychotherapy?.** *Jana Volkert, University Hospital, Heidelberg, Germany; Julia Holl, University Hospital, Heidelberg, Germany; Anna Georg, Universität Heidelberg; Svenja Taubner, University of Heidelberg, Germany*

Background: Since the first-ever outbreak of the coronavirus pandemic was recorded in Wuhan in late 2019 a global emergency situation has prevailed (Ahmed et al., 2020). For everyone's mental health, this global crisis poses a potential threat. While personality structure is regarded to be at the foundation of most psychopathological manifestations, mentalizing is considered a potential protective factor for experiencing psychological adversity, closely related to difficulties in emotion dysregulation and as a common factor across psychotherapies. But psychotherapy and experimental studies investigating the mediational effects of the mentalizing capacity are currently lacking. The goal of this study is to examine the extent to which the relationship between personality functioning and psychopathology is mediated by the mentalizing ability of an individual, emotional dysregulation capacity and pandemic-related adversity. Method: This is a currently ongoing prospective, longitudinal study with a baseline sample of N > 5,000 participants recruited via a diverse range of online and social media platforms in German-speaking countries. Measures include the PID5BF+ for personality functioning, MentS for mentalizing, DERS-SF for emotional dysregulation, PHQ-9 and GAD-7 for symptom severity and a pandemic-related adversity composite score. Structural equation models using the R packages Lavaan and semPlot are conducted for data analyses. Results: Data collection is currently ongoing and findings will be presented at the conference. Results will be discussed with regard to the current theoretical conceptualization of the mentalizing model and implications for the psychotherapeutic work.

**Changes in expressed self-contempt in borderline personality disorder during a two chair dialogue task.** *Hélène Beuchat, Institute of Psychotherapy, Lausanne, Switzerland; Loris Grandjean, Institute of Psychotherapy, Lausanne, Switzerland; Jean-Nicolas Despland, Institute of Psychotherapy, Lausanne, Switzerland; Chantal Martin-Soelch, University of Fribourg, Switzerland; Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland*

Background: self-contempt is an affective process that plays a role in the experiential elaboration of self-critic (Kramer & Pascual-Leone, 2016; Whelton & Greenberg, 2005). Self-contempt is associated with anger, since people that are prone to anger show more self-contempt (Kramer & Pascual-Leone, 2016). Patients with borderline personality disorder show a greater reactivity to sadness and anger than people with anxiety disorder and controls (Kuo, Neacsiu, Fitzpatrick, & MacDonald, 2014). Investigating expressed self-contempt during the two-chair dialogue task (Greenberg, 2015), that allows to highlight participants' self-criticism is thus appropriate. Objectives: We assume that self-contempt measured with a valid hetero-observed scale during the two-chair dialogue decreases during the course of a brief treatment in borderline personality disorder. We assume that the level of expressed self-contempt will be higher in borderline patients than in control participants during the two-chair dialogue. Methods: N=60 participants with a diagnostic of borderline personality disorder have been recruited and underwent the two-chair dialogue emotional task pre and post treatment. n=20 control participants did the same evaluation. Both groups answered to manipulation checks during the task. Results: Independent raters analyzed the video-taped interviews and compared the levels of borderline symptomatology measured using the ZAN-BPD (Zanarini, 2003) with the level of expressed self-contempt pre and post treatment for borderline personality disorder and at two different time points for control participants. Discussion: Investigating mechanisms of change is important in order to improve treatment and to better understand borderline personality disorder. Conceptualizing self-contempt as a mechanism of change in borderline personality disorder might contribute to this important task.

**Change in Emotional Arousal in Clients with Borderline Personality Disorder during a Brief Treatment.** *Loris Grandjean, Institute of Psychotherapy, Lausanne, Switzerland; Hélène Beuchat, Institute of Psychotherapy, Lausanne, Switzerland; Jean-Nicolas Despland, Institute of Psychotherapy, Lausanne, Switzerland; Thomas Berger, University of Bern, Switzerland; Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland*

Background: Emotional arousal, which is part of emotional processing (Greenberg & Pascual-Leone, 2006), can be described as "a short-term (phasic) increase in some process that can be viewed as involving an excitatory process – usually in behaviour or physiological activity" (Fowls in Sander & Scherer, 2014, p. 50). It is a combination of expressive displays (postures, gestures, facial and vocal expressions) and bodily responses (comprising changes in the somatic and autonomic nervous system as well as in the endocrine and immune system) following a stimulus (Hamm, Schupp, & Weike, 2003). Methods: Participants were a sample of thirty clients diagnosed with a Borderline Personality Disorder (BPD) randomly attributed to a 4-month brief psychiatric treatment (n=15) or to a 4-month treatment as usual (TAU, n=15). During treatment, participants underwent psychological assessments at three time points (intake, 2 months, and discharge). We evaluated emotional arousal via an observer-rated scale (Client Emotional Arousal Scale-III; Warwar & Greenberg, 1999a) and explored its change during the brief treatment. The main outcome measure is the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD; Zanarini, 2003) whereas secondary outcomes measures include the Outcome Questionnaire-45 (OQ-45; Lambert et al., 2004), the Borderline Symptom List (BSL-23, Bohus et al., 2009) and the Difficulties in Emotion Regulation Scale (DERS, Gratz & Roemer, 2004). Results: We assessed symptoms and arousal at all-time points and examined whether change on these measures related to initial symptom change (as measured with the ZAN-

BPD). Preliminary result will be presented related to our hypothesis that emotional arousal demonstrates a 'sweet spot' (neither too high nor too low) leading to client therapeutic change. Discussion: In the treatment of BPD clients, optimal emotional arousal best predicts therapeutic change. Not only under but also over-regulation of emotions can prove unhelpful. Fully understanding the role of emotional arousal in the treatment of BPD will deepen our theoretical conceptualization of this disorder and improve our outcomes for treating this disorder.

**Preliminary Findings on Differential Effects of Psychological Interventions in Online and Face-to-Face Settings on DSM-5 and ICD-11 Maladaptive Trait Domains In Progress.** *André Kerber, Freie Universität, Berlin, Germany*

While mental health treatments have proven to be effective for a range of mental health problems, there is comparably little research on its effects on personality disorders or difficulty (PD). New dimensional conceptualizations of PD such as the ICD-11 PD model enabling the cost- and time-effective dimensional assessment of severity and style of PD constitute a promising tool to investigate PD, not only as a treatment endpoint but also as a predictive or influencing factor for mental health treatments. In this study, we investigated the effects in two different mental health treatment settings (online and face-to-face [FTF]) on the reduction of maladaptive personality traits as well as the interaction between maladaptive personality patterns and the response on primary endpoints (i.e., psychological distress). Results indicate that both treatment settings have comparable within-group effects on the reduction of distress symptoms, while the treatment in the FTF setting seems to have a stronger impact on the reduction of maladaptive traits. Further, reduction of maladaptive trait expressions was a reliable predictor of treatment response in the FTF setting while explaining less variance in the online setting. Beyond the promising findings on the utility of maladaptive trait change as an outcome measure, this talk discusses possible applications as an information source for treatment decisions.

**Discussants:** Brin Grenyer, University of Wollongong, Australia;

**Panel**  
Alliance

**Advances in research on interpersonal synchrony**

During psychotherapy and related social interactions, patient and therapist, interviewer and interviewee, members of families and couples tend to spontaneously synchronize their body movements, and even their physiological processes. In the therapy session, adequately synchronized interpersonal processes may lead to a functional therapeutic process, better alliance and favorable outcome. This panel presents four studies, each tapping a different aspect of dyadic interpersonal processes relevant for psychotherapy. We also suggest new methodological developments and applications of synchrony measures. The first study focuses on physiological synchrony in psychotherapy sessions, examining the coupling of respiratory behavior and cardiac activity by different methods of synchrony estimation. The second study addresses the cardiac synchrony arising between romantic partners and its relational meaning as assessed by self-report measures of empathy and relationship satisfaction. The third study focuses on the social synchrony of people with autism spectrum disorder and machine-learning methods to support diagnostic classifications based on synchrony. The fourth presentation elaborates on ways to extend synchrony computation to multi-person contexts and to more complex time series. These presentations are expected to shed light on new developments which can extend the range of synchrony research in psychotherapy.

**Temporal coupling in psychotherapy session: Analysis of physiological synchrony.** *Deborah Meier, University of Bern, Switzerland; Wolfgang Tschacher, University of Bern, Switzerland*

The embodiment approach offers the opportunity to integrate information from

body and mind in order to explore and understand human dynamics - for example within psychotherapy. Solid evidence has established nonverbal synchrony, the temporal coordination of two or more individuals, as an expression of social interaction. The study by Tschacher and Meier (2019) investigated physiological synchrony during psychotherapy and its association with subjective evaluations of the therapy session. The sample consisted of 55 individual therapy sessions (mean duration = 51 min, SD = 8.6 min) of one therapist and four patients. The analysis of nonverbal synchrony was based on segment-wise cross-correlations (SUSY - Surrogate Synchrony), which provide a global synchrony measure for a whole session. Results indicated that physiological synchrony during psychotherapy was present in client's and therapist's respiration, heart rate and heart rate variability. Physiological synchrony was further linked to session report questionnaires. Based on a reanalysis of the current data, we also propose a method to estimate local moments of high synchrony.

**Should our hearts beat together? Cardiac synchrony as an entry point to understand dyadic co-regulation in couples.** *Joana Coutinho, Universidade do Minho, Braga, Portugal; Alfredo Pereira, Universidade do Minho, Braga, Portugal; Patrícia Oliveira-Silva, Universidade Católica, Porto; Deborah Meier, University of Bern, Switzerland; Wolfgang Tschacher, University of Bern, Switzerland*

Classical studies with couples have shown that the degree to which romantic partners' autonomic responses are coordinated, represented by their pattern of physiological synchrony, seems to capture important aspects of the reciprocal influence and co-regulation between spouses. We will present a study in which we analyzed couple's cardiac synchrony as measured by heart rate (HR) and heart rate variability (HRV). For that a sample of twenty-seven couples (N = 54) performed a structured interaction task in the lab where they discussed positive and negative aspects of the relationship. During the interaction, their cardiac measures (HR and HRV) were recorded using the Biopac MP-150 data acquisition system. Additional assessment, prior to the lab interaction task, included self-report measures of empathy (Interpersonal Reactivity Index and Interpersonal Reactivity Index for Couples) and relationship satisfaction (Revised Dyadic Adjustment Scale). Synchrony computation was based on the windowed cross-correlation of both partner's HR and HRV time series and, in order to control for random synchrony, surrogate controls were created using segment-wise shuffling. Our results confirmed the presence of cardiac synchrony during the couple's interaction when compared to surrogate testing. Specifically, we found evidence for negative (anti-phase) synchrony of couple's HRV and positive (in-phase) synchrony of HR. Further, both HRV and HR synchronies were associated with several dimensions of self-report data. Our work suggests that cardiac synchrony, particularly the direction of the co-variation in the partners' physiological time series, may have an important relational meaning in the context of marital interactions. Keywords: Physiological Synchrony; Romantic Relationships; Heart Rate; Heart Rate Variability; Surrogate synchrony (SUSY)

**Beyond dyadic synchrony.** *Wolfgang Tschacher, University of Bern, Switzerland; Deborah Meier, University of Bern, Switzerland*

Current psychotherapy research shows that interaction is represented, next to verbal exchange, also by movement and physiology – in short, therapeutic interaction is, like any social interaction, embodied. Nonverbal behavior is increasingly becoming acknowledged as a field in clinical research. Recent studies found that patient and therapist, interviewer and interviewee, and spouses of romantic couples spontaneously synchronize their behaviors and physiological activations during interaction. Such synchrony has been studied almost exclusively using dyadic time series and dyads of individuals. Yet how about couple, family, and group therapy? How about systems monitored by more than two time series? This presentation will discuss methods by which

physiological synchrony can be quantified in multi-person systems and more complex multi-variable processes. The approach is based on windowed cross-correlation (SUSY – Surrogate Synchrony), where in a further step the multiple dyadic synchronies are aggregated within the larger system. This method was first applied to study the synchronized behavior of groups, in this case, audiences attending music concerts. Another project aimed at motor coordination in a dyadic dance task, where participants were asked to converse solely without words, and their movements were motion-captured by 22 time series per dyad. In both projects, the aggregated synchrony findings were meaningfully associated to self-reports of the respective participants, here the music appreciations of audiences and emotion regulation in the dancers. The results will be discussed in light of their straightforward applications to multi-person psychotherapy as well as dyadic psychotherapy with differentiated motion capture monitoring and/or multi-channel physiology.

**Panel**  
Alliance

Organizer: Giorgio  
Tasca, University of  
Ottawa, Canada

**Alliance Ruptures and Repairs in a Group Context**

Whereas there is growing research and clinical literature on alliance rupture and repair in individual psychotherapy, there is almost no research and very little theoretical writing on the role of alliance ruptures and repairs in small group contexts (psychotherapy, supervision, and training groups). A complicating factor is that groups embody multiple levels of relationships and interactions thus making theory development and research challenging. This panel of four empirical papers explores the concept of alliance rupture and repair in a group context. The first paper by Burlingame and colleagues presents the results of a meta-analysis that points to the need for a deeper and more nuanced understanding of the alliance in group therapy. The second paper by Tasca and colleagues (Garceau et al.) is an empirical case study focused on coding alliance ruptures and repairs embedded in the complex set of relational interactions that occur in group therapy. The third paper by Kivlighan and colleagues (Gullo et al.) uses response surface analysis to study ruptures in groups defined as discrepancies in how group members view their group relationships relative to other group members. In the fourth paper, Mingos and colleagues (Urmanche et al.) look at the differing experiences of safety, cohesion, and supervisory alliance in two group supervisions for alliance focused training and for cognitive-behavioral therapy. The panel Discussant, Catherine Eubanks, will explore the role of alliance ruptures and repair in the group context, and highlight possible future developments in research and theory for group therapy and group supervision.

**Therapeutic Relationship Ruptures in Group Therapy: Using the Group Questionnaire to Define Ruptures and Explore Repair.** *Gary Burlingame, Brigham Young University, Provo, USA; Rachel Lundgreen, Brigham Young University, Provo, USA*

This paper begins by summarizing findings from two recent (2018 & 2019) meta-analyses that tested two of the most common relationship constructs in the group literature—cohesion and alliance. The findings lead to a discussion on similarities and differences in these two constructs ability to predict outcome in group treatment. A brief presentation on an empirically derived measure of therapeutic relationship—Group Questionnaire (GQ)—follows along with how it operationalizes relationship rupture using items from commonly used relationship measures—alliance, cohesion, empathy and group climate. Findings from a recent randomized clinical trial on rupture are reviewed with particular attention on those that appear to be responsive to repair versus those that are more resistant. We end by presenting preliminary findings on similarities and differences in cohesion, alliance and climate predictive relationship with outcome using data from 69 therapy groups offered in three university counseling centers. Findings are compared to recent research along with clinical considerations.

**Bond and Work Ruptures in Group Counseling.** *Gianluca Lo Coco,*

*University of Palermo, Italy; Dennis Kivlighan, University of Maryland, College Park, USA; Cecilia Giordano, University of Palermo, Italy; Maria Di Blasi, University of Palermo, Italy; Francesca Giannone, University of Palermo, Italy; Salvatore Gullo, University "N. Cusano", Rome*

Objective: To explore the immediate effects of interpersonal ruptures, defined as negative discrepancies in how group members view their: (a) bonds/work in a session and their average bonds/work across all sessions, (b) bonds/work in a session and group-as-a-whole bonds/work, and (c) the member's average bonds/work across all sessions and group-as-a-whole bonds/work. Method: 232 counseling students (199 women and 33 men, average = 22.78, SD = 3.51) participated in one of thirteen, 10-session, interpersonal growth groups. Group members completed the Group Questionnaire and a checklist of intimacy enhancing interpersonal behaviors, at the end of each session. Three-level (members within groups and sessions within members), polynomial regressions and response surface analyses were used to examine discrepancies in ratings of bonds/work. Results: Bond discrepancies were unrelated to intimate behaviors in a session. However, as the negative discrepancy increased, between the group member's average work and the member's work in a session, intimate behaviors decreased. Also as the negative discrepancy between group-as-a-whole's work and group member's work in a session increased, intimate behaviors decreased. Conclusions: The findings show that member-to-session ruptures and group-to-session ruptures have a negative effect on group member's task engagement and need to be recognized and addressed by the group leader.

**Finding the Balance: Alliance, Group Cohesion, and Session Impact in AFT and CBT Group Supervision.** *Adelya Urmanche, Adelphi University, New York, USA; Mary Minges, Mount Sinai Beth Israel; Catherine Eubanks, Yeshiva University, New York, USA; Bernard Gorman, Adelphi University, New York, USA; Chris Muran, Adelphi University, New York, USA*

Aim: To explore the relation between the experience of safety in group supervision, the supervisory alliance, supervision impact (depth, smoothness), and supervisory group cohesion in two group supervision modalities, alliance focused training (AFT) and CBT. AFT actively focuses on alliance ruptures and negative process. This study aims to determine if there is a difference in the above variables, or their relation to one another, between AFT and CBT, a supervision model that does not actively focus on alliance ruptures and negative process. Method: Participants were clinical psychology interns, and advanced-level psychology externs and psychiatry residents training at a large metropolitan medical center in New York City who reported on their group supervision experience, CBT (N = 38) or AFT (N = 45). After completion of their training participants reported on group safety, depth and smoothness (Session Evaluation Questionnaire; Stiles et al., 1994), supervisory alliance (Working Alliance Inventory-Short; Tracey and Kokotovic, 1989), and group cohesion (Group Climate Questionnaire; MacKenzie, 1983). A mixed model, general linear models, and correlation analyses were used to explore differences between groups and relationships between variables. Results: There were no differences between reports of alliance for trainees in AFT and CBT group supervision, both groups reported high alliances with their supervisors. Trainees in CBT reported significantly higher experiences of safety and smoothness in supervision, while trainees in AFT reported significantly more intergroup conflict, greater group engagement and a deeper supervision experience. Discussion: Results suggest that while supervision safety and smoothness are important, a certain level of discomfort and risk-taking may facilitate a more engaging and meaningful learning experience. As overall alliance scores are high, we can hope this suggests both trainees in CBT and AFT had positive training experiences in which they felt they were developing as therapists. However, the AFT group found their experience of training deeper, and more engaging than those in CBT – pointing to the importance of specifically targeting negotiating the therapeutic alliance as meaningful for trainees.

**Is the Rupture Resolution Rating System (3RS) Useful to Code Group Therapy Interactions? An Empirical Case Study.** *Camille Garceau, University of Ottawa, Canada; Livia Chyurlia, University of Ottawa, Canada; Danielle Baldwin, University of Ottawa, Canada; Tali Boritz, University of Toronto, Canada; Paul Hewitt, University of British Columbia, Vancouver, Canada; David Kealy, University of British Columbia, Vancouver, Canada; Ingrid Sochting, University of British Columbia, Vancouver, Canada; Sam Mikail, University of Waterloo; Giorgio Tasca, University of Ottawa, Canada*

**OBJECTIVE:** Despite the known association between alliance ruptures and outcomes in individual therapy, there is almost no research on the topic in group therapy. Group therapy is inherently more complex such that interactions occur at multiple relational levels including: member-to-member, member-to-therapist, and member-to-group. Ruptures may occur at any of these levels, and therapists or group members may initiate repair strategies. We used an evidence-based case study to evaluate for the utility of the Rupture Resolution Rating System (3RS) in group therapy. **METHOD:** Interactions of 8 members with perfectionism and two therapists in a middle session of group therapy were coded with the 3RS, as were the relational level of the group interactions, and the actor and target of rupture or repair behaviors. Perfectionism outcomes were assessed pre- and post-treatment. **RESULTS:** Members' perfectionism showed clinically meaningful improvement pre- to post-treatment. The coded group therapy session was marked by both withdrawal and confrontation ruptures at each relational level of the group, with half of all ruptures occurring between members. Therapists initiated most of the repair strategies, but members initiated about one third of repairs. **CONCLUSIONS:** The 3RS is useful to code ruptures and repair strategies in a group context. Modifications were necessary so that the relational level of group interactions and the target of the behavior (member, therapist, group) were concurrently coded. This concurrent coding strategy makes use of the richness of 3RS coding, accounts for the complexity of group therapy interactions, and may be useful to inform clinical practice and research.

**Discussants:** Catherine Eubanks, Yeshiva University, New York, USA;

**Panel**

Quantitative & qualitative method

Organizer: João Tiago Oliveira, Universidade do Minho, Braga, Portugal

**Ambivalence, Resistance and Engagement: The interplay between intra and interpersonal tensions in psychotherapy**

Research shows that both patient's engagement with the treatment and resistance/reactance to change are crucial dimensions for the success of the treatment. In fact, both constructs are strictly associated with the assumption that patient is an active self-healing agent in therapy. On one hand, engagement with therapy reflects on the patient's motivation for change, readiness to change, feelings of belonging to the therapy and therapist, the acknowledgment of the benefits of changing, as well as some objective indicators such as homework compliance, which are intimately related to success in psychotherapy. On the other hand, resistance to change consists of interpersonal tensions that emerge from the dyadic interaction between the patient and the therapist, leading to poor outcomes and early dropout of therapy when it is not overcome. Although the importance of patient involvement and resistance to the therapeutic process are widely recognized, both constructs are in need of further study. In the first paper the authors present data on the ambivalence between- and within-patient effects on psychological distress. In the second paper, the therapist-patient interpersonal complementarity in dropout and sudden gain cases are explored. The third paper presents the relationship between patient ambivalence levels and alliance ruptures. Finally, in the fourth presentation the authors present the feasibility and engagement effect of a virtual reality app that allows for the tailored exploration of personal meanings and self-identity as part of a treatment protocol for depression in young adults.

**Disentangling within- and between-patient effects of ambivalence toward**

**change on psychological distress.** *João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; William Stiles, Miami University, Oxford, USA; Miguel Gonçalves, University of Minho*

Ambivalence towards change is a patient variable characterized by an inner tension that results in alternating movements towards and away from change and in a subjective feeling of inability to change coupled with distress. In sessions, it must be managed by the therapist; otherwise, ambivalence can result in resistance/reactance to therapist's interventions. Research suggests that if not overcome, such ambivalence often leads to poor outcomes. Therefore, learning more about the patterns of patients' ambivalence in therapy and its association with outcomes can contribute to a better understanding of treatment failure. Aim: In this study we analyzed the longitudinal progression of ambivalence across treatment in a sample of patients presenting depression, anxiety and/or obsessive-compulsive disorders. Method: The sample consisted of 116 patients treated with the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. Ambivalence towards change and psychological distress were assessed at the beginning of each session using self-report questionnaires. Data was analyzed using Hierarchical Linear Modeling. Results: Results suggested that ambivalence levels tended to decrease during treatment following, on average, a log-linear pattern. Higher levels of patient's ambivalence over the course of therapy were associated with higher psychological distress (i.e., between-patient effects). Greater session-by-session negative fluctuations of patients' ambivalence (i.e., reductions from patients' mean) were associated with lower clinical severity during acute treatment (i.e., within-patient effects). Associations were not influenced by treatment phase. Discussion: This study highlights the importance of paying attention on the patient's ambivalence levels not only at the beginning but also at the working phase of the treatment.

**Patient-Therapist Interpersonal Complementarity in dropout and sudden gain cases.** *Rui Braga, Universidade do Minho, Braga, Portugal; Pedro Lopes, Universidade do Minho, Braga, Portugal; Maria João Ribeiro, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; João Tiago Oliveira, Universidade do Minho, Braga, Portugal*

Research suggests that when ambivalence towards change emerge in psychotherapy, the probability of interpersonal tensions between patient and therapist increases. Given the harsh consequences that could result from the inability to identify and appropriately manage these conflicts during therapy, empirical studies about interpersonal complementarity in poor-outcome cases can provide important insights on how to promote engagement and successfully deal with ambivalence in psychotherapy. Aim: In this study we explore the associations between patient's ambivalence and interpersonal complementarity before and after a sudden gain (SG) and before a dropout. Method: The Interpersonal Transactions Scale-8 was used to analyse 14 cases (dropouts=7, SG=7) considering three moments during therapy: the first session, the session before the event (dropout or SG) and the session of the dropout and after the SG (n=42). The patients, presenting emotional disorders (anxiety and/or depressive disorders), were treated with the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders. Results: Preliminary graphical inspection suggested that correspondence increases in SGs whereas it tends to decrease in dropouts. Cross-correlations suggested a positive association between patient dominance and the WAI. Discussion: Results will be discussed in the light of the possible impact of interpersonal complementarity in both SGs and dropout cases.

**Ambivalence and Alliance Ruptures in Treatment for Addictive Disorders: Comparing Mindfulness and Motivational Interviewing.** *Samuel Podell,*

*Adelphi University, New York, USA; João Tiago Oliveira, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho; Adelya Urmanche, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

**Aims:** Both client ambivalence and the therapeutic alliance have been shown to have an impact on the therapeutic process. Within addiction treatment, the relationship between the two concepts has been shown to be influenced by the content of the session (specifically, active substance use). The goal of this study is to further explore the relationship between client ambivalence and alliance ruptures, comparing an addiction psychotherapy modality that explicitly targets client ambivalence (Motivational Interviewing) and one that does not (mindfulness-based psychotherapy). **Methods:** The analyses are conducted on 6 single-session demonstration videos available through the American Psychological Association (APA). Three sessions feature William R. Miller conducting Motivational Interviewing, and three sessions feature G. Alan Marlatt conducting mindfulness-based psychotherapy. The 6 patients are all men presenting with an addictive disorder. Client ambivalence was measured using the Ambivalence Coding System (ACS) and alliance ruptures are measured using the Rupture Resolution Rating System (3RS). **Results:** Descriptive and process analyses will be conducted analyzing the two coding schemes and their respective conceptual lenses. Findings will compare and the relationship between ambivalence and alliance ruptures in two different psychotherapy approaches, adding to the scant literature on the intersection of content and process in treatment for addictive disorders.

**Tailored virtual reality for self-identity exploration: An engaging tool in psychotherapy for young adults with depression?.** *Adrian Montesano, Open University of Catalunya; Alejandro García-Gutiérrez, Universitat de Barcelona, Spain; Miquel Alabernia, Universitat de Barcelona, Spain; Guillem Feixas, Universitat de Barcelona, Spain*

**Background:** The improvement of psychological treatments for depression in young adults is a pressing issue highlighted in the literature. Its relevance is determined not only because young adults are underrepresented in research, but also because of its function in preventing chronic severe mental health disorders. Engagement is considered a key factor for a good therapeutic outcome, and even more significantly in young clients. In this sense, virtual reality is particularly suited to engage young adults in the therapy process. As part of a larger trial, in this study we focus on the development and pilot testing of Explore Your Meanings-EYME, a virtual reality app that allows for the tailored exploration of personal meanings and self-identity as part of a treatment protocol for depression. EYME immerses clients in a virtual 3D scenario where they can visualize their personal meanings and their relationship with the most significant people of their life. During the exploration of such scenario, therapy objectives and ambivalence towards change are addressed. **Aim:** To evaluate and enhance the feasibility and engagement effect of EYME for identity exploration in depressed young adults. **Methods:** A pilot testing of the therapeutic use of EYME was carried out with 10 cases of young adults with a diagnosis of depression. The repertory grid technique was applied to create the tailored 3D virtual scenario with EYME. Client satisfaction and feasibility were based on exit interviews. Engagement and therapy progress were tracked session-by-session with the Session Rating Scale 3.0, and the CORE-OM, respectively. The Beck Depression Inventory-II was used to assess clinical reliable change after therapy. **Discussion:** Descriptive and process analyses will be conducted to explore engagement, satisfaction and improvement scores. We expect that EYME will be well accepted and that will motivate clients to set up meaningful therapy objectives. We expect EYME to contribute to widen the repertoire of technology-based psychotherapeutic interventions.

**Discussants:** Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland;

**Panel**

Process and outcome

Organizer: Erkki  
Heinonen, University of  
Oslo, Norway**Barriers and gateways to healing: Negative self-associations, emotion regulation, and self-compassion as predictors of psychotherapeutic outcome in depression and anxiety**

How does recovery from emotional disorders happen in psychotherapy? Various proposals exist on how change occurs or fails to occur. The centrality of both cognitive and emotional processes is commonly recognized, but so is also that change may not occur similarly for all patients. Hence, this panel looks at how patients' different cognitive and emotional characteristics – and their change during psychotherapeutic treatment – may facilitate or hinder recovery. The treatments represent both standard and integrative forms of cognitive-behavioral therapy. In the first paper, Krieger et al. present on how patients' implicit and explicit negative self-associations, assessed at the end of treatment, predict depressive symptoms over a 1-year follow-up. In the second paper, going into the actual process of therapy, Fernandez-Alvarez et al. examine how depressed and anxious patients' capacity for emotional regulation and its change predict treatment outcomes. Finally, Heinonen et al. discuss how depressed patients' differences in self-compassion affect their outcomes – and whether self-compassion seems more important for some patients than others. Implications for further research and clinical practice will be discussed.

**Discrepant negative self-associations as risk factors for depressive deterioration after outpatient psychotherapy.** *Tobias Krieger, University of Bern, Switzerland; Marie Koditek, University of Bern, Switzerland; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland*

**Aim:** This paper examines the discrepancy between implicit and explicit negative self-associations (NSA) after cognitive-behavioral psychotherapy for depression as a predictor of long-term outcome. **Methods:** One hundred and twenty patients completed an Implicit-Association Test relating the self with depressive attributes and a self-report questionnaire with identical item content, at the end of time-limited outpatient depression psychotherapy. At post-treatment and at 3-, 6-, and 12-month follow-up, patients completed the BDI-II. We used different strategies to operationalize implicit and explicit NSA discrepancies and three-level hierarchical linear models to analyze the effects. **Results:** We found significant interactive effects of discrepancy between implicit and explicit NSA and the direction of the discrepancy on long-term outcome. In patients with a greater explicit than implicit NSA (a damaged self-esteem pattern) a greater absolute discrepancy was associated with worse long-term outcome in terms of depressive symptoms at the end of follow-up and rate of change during follow-up. Consistently, with an alternative method, we found that a damaged self-esteem discrepancy pattern was associated with worse estimated depression scores at the end of follow-up. **Discussion:** Our results support the notion that a discrepancy between implicit and explicit NSA may pose a risk factor for deterioration after psychotherapy for depression.

**Within- and between-patient effects of emotion regulation on outcome in a naturalistic sample of psychotherapy patients with emotional disorders.** *Javier Fernandez-Alvarez, Fundación Aiglé, Buenos Aires, Argentina; Beatriz Gomez, Aigle Foundation; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina*

**Aim:** Ample evidence supports the efficiency of psychotherapy to treat emotional disorders. However, there is scarce literature testing mechanisms of changes longitudinally and in naturalistic settings. Among the myriad of candidates, emotion regulation (ER) is of particular interest for its transtheoretical and transdiagnostic nature. Specifically, to shed light into this crucial area of research we aimed to explore the between and within-patients' effects of ER on outcome. **Methods:** We recruited 207 patients with depressive or anxiety symptomatology from a clinical center. Patients underwent a cognitive

behavioral integrative psychotherapy. ER and symptomatology were measured with the Outcome Questionnaire 30 (OQ-30) and the State Difficulties of Emotion Regulation Scale (DERS-S). We conducted two-level conditional models analyzing the effect of ER in each of the outcome variables. First, the effects of the overall level of ER over the outcome variables (between-patient). Second, the effects of fluctuations in ER over the outcome variables (within-patient). Results: The model showed significant between-patient effects on symptomatology of ER,  $\gamma_{01} = 1.06$ ,  $SE = 0.05$ ,  $t(207) = 22.46$ ,  $p < .001$ . Furthermore, this model presented significant within-patient effect on the OQ score of ER,  $\gamma_{10} = 0.70$ ,  $SE = 0.04$ ,  $t(97) = 18.39$ ,  $p < .001$ . Discussion: This study represents an initial longitudinal exploration of ER as a mechanism of change in a naturalistic setting. In light of the results, it is possible to ascertain that ER precedes symptomatologic change at the individual level (within-patient effects), even when adjusting for the effect of stable patients' characteristics (between-patient effects).

**Pre-treatment interpersonal problems as moderators of between- and within-patient effects of self-compassion on treatment outcome in depression.** *Erkki Heinonen, University of Oslo, Norway; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Jari Lipsanen, University of Helsinki; Tobias Krieger, University of Bern, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland*

Aim: A lack of self-compassion is associated with depression, and its increases in turn with greater psychotherapeutic outcomes. However, little is yet known of whether self-compassion and its increases matter especially for certain groups of depressed patients, such as those suffering from particular interpersonal problems. Methods: 149 depressed adult outpatients were randomized to standard (CBT) or integrative (with emotion-focused components) cognitive-behavioral (EBCT-R) therapy, lasting a maximum of 22 sessions. Interpersonal problems were patient-rated at baseline with questionnaire. Self-compassion and treatment outcome – i.e., depressive symptoms and global psychiatric symptoms – were also patient-rated with questionnaires at baseline, after 7th and 14th sessions, and at post-treatment. Hierarchical linear models were used. Results: Both between- and within-patient effects of self-compassion on treatment outcome were observed; and further, seen to be moderated by interpersonal problems. Higher self-compassion or in-treatment increases in self-compassion attenuated the negative impact of total interpersonal problems on outcome prognosis. Finally, specific interactions of self-compassion with certain domains of interpersonal problems, but not others, were observed. Discussion: A patient's greater self-compassion, relative to other patients, may be a protective or treatment-facilitating factor that suggests likely better therapy outcomes. However, increases in self-compassion may also be especially important for patients suffering from certain interpersonal problems. Implications for research and practice are discussed.

**Discussants:** Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland;

**Panel**  
Therapist training and development

Organizer: Ulrike Willutzki, Witten/Hedecke University

**Becoming a psychotherapist: First Steps into the profession**

While there is wide consensus that extensive training is necessary in order to work as a psychotherapist, trainees' preconditions and training practices are very diverse. This diversity and the lack of common reference points make it difficult to draw conclusions from psychotherapy training research (Hill & Knox, 2013). The collaborative, multisite, and multinational study of therapist development in psychotherapy training programs of the Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD; Orlinsky et al., 2015) was designed to provide a framework for comparisons between different training practices and the longitudinal analysis of trainee development. Data from therapists-in-training from 11 countries collected with the Trainee-Basic-Information-Form (TBIF) and

the Trainee-Current-Practice Report (TCPR) for longitudinal evaluation of psychotherapy trainees' development are being used (Orlinsky, Strauss, Rønnestad et al., 2015). Paper 1 will present an analysis of psychotherapy trainees' pathways into the profession. Paper 2 looks at trainees' self-acknowledged strengths and limitations when they begin to work with patients. Paper 3 examines trainees' attachment styles and their impact on therapists' in-session feelings and difficulties experienced in their work. Paper 4 will analyse trainees' self-evaluation of their professional development in relation to training duration, supervision, and personal therapy in an Italian sample. Hill, C. E., & Knox, S. (2013). Training and supervision in psychotherapy. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change* (pp. 775–811). John Wiley & Sons. Orlinsky, D. E., Strauss, B. et al. (2015). A collaborative study of development in psychotherapy trainees. *Psychotherapy Bulletin*, 50(4), 21–25.

**Psychotherapist Trainees' Pathways into the Profession.** *Ulrike Willutzki, Witten/Hededecke University; Michael Helge Rønnestad, University of Oslo, Norway; David Orlinsky, University of Chicago, USA; Erkki Heinonen, University of Oslo, Norway; Armin Hartmann, University of Freiburg, Germany*

Aim: Psychotherapy is respected almost worldwide as profession – at the same time professional pathways into psychotherapy (and training) vary considerably between countries and therapeutic subcultures. Moreover there is wide variability between psychotherapists-in-training, with some of them entering the training at an early age whereas others choose to become psychotherapists after a different, sometimes related professional career. There are hints that training experiences resp. professional development may be different for trainees depending on their life experience resp. experience in other professions (Rønnestad & Skovholt, 2012), but there is no descriptive analysis of such pathways into the profession (Hill & Knox, 2013). Thus we have no basis to sensibly contrast different subgroups in order to find out whether psychotherapists' preconditions impact a) their entry into the profession, b) their training choice, and/ or c) are associated with different trajectories and experiences in the course of their training. The presentation aims to identify psychotherapists' pathways patterns from different nations. Methods: 846 therapists-in-training from 11 countries, participating in the SPR Interest Section in Therapist Training and Development (SPRISTAD) Study, described their pathways into the profession: Educational background and level, prior work experiences (both non-clinical and clinical) as well as prior clinical training, prior resp. current experiences as patient as well as prior experiential practice. Starting from a categorization of relevant dimensions, pathway patterns are being described and cluster-analysed. Psychotherapists-in-training from different countries and age groups are compared. Discussion: The categorization of pathway patterns provides a starting point to analyse training experiences longitudinally. References Hill, C.E. & Knox, S. (2013). Training and Supervision in Psychotherapy. In M.J. Lambert (Ed.), *Handbook of Psychotherapy and Behavior Change* (p. 775-811). New York: Wiley. Rønnestad, M.H. & Skovholt, T. (2012). *The Developing Practitioner*. New York: Routledge.

**“I am empathic and a good listener...but...don't like conflict, and struggle with boundaries” - Self-acknowledged strengths and limitations of therapists beginning professional training.** *Thomas Schröder, University of Nottingham, UK; S. Choudary, University of Nottingham, UK; David Orlinsky, University of Chicago, USA*

Aim: Personal and professional self-awareness is prized by most therapists as a keystone of reflective practice. Self-knowledge, essential for beginning therapists, should develop further during training, possibly observable by the longitudinal SPRISTAD study; however, baseline self-awareness will both shape and constrain further development, potentially providing useful information for trainers. Relevant initial data are collected in the Trainee Background Information Form (TBIF) by two open-ended questions, eliciting current strengths and limitations for effective therapeutic work. Method: Responses to

these questions, addressed in the Development of Psychotherapists Common Core Questionnaire (DPCCQ) to clinicians at all career levels, were previously explored by Joo et al. (2005) in South Korea and by Bhola et al. (2012) in India using consensual qualitative analysis. Themes identified in those studies scaffolded the initial coding frames for use in the present content analyses of mainly European trainees. Using an existing DPCCQ sample of UK therapists, (N = 337) coding manuals for both items were developed iteratively. Responses to both narrative questions collected with the TBIF in different countries (e.g., Austria, Finland, Germany, Italy) were translated into English, checked for accuracy by native bi-lingual speakers, and independently coded according to the manuals by two trained raters, with discrepancies resolved by discussion. Results: The final coding manuals reveal components of strengths and limitations. IRR was estimated by independent ratings of a DPCCQ subsample (kappa = .73). We report descriptive analyses for all available SPRISTAD data (n > 800) Discussion: We highlight differences between national samples and consider training implications. ----- Bhola, P., Kumaria, S. & Orlinsky, D.E. (2012) Looking within: self-perceived professional strengths and limitations of psychotherapists in India. *Asia Pacific Journal of Counselling and Psychotherapy* 3(2), 161-174, DOI: 10.1080/21507686.2012.703957 Joo, E., Bae, S.H. & Orlinsky, D.E. (2005) Korean psychotherapists' self-report on strengths and limitations in practice: An exploratory qualitative study. *European Journal of Scientific Research*, 5(2), 41-53

**Psychotherapist Trainees' Attachment Styles Influence Perception of Difficulties in Practice and In-Session Feelings.** *Marie-Kristin Apel, University Witten/Herdecke; Erkki Heinonen, University of Oslo, Norway; David Orlinsky, University of Chicago, USA; Ulrike Willutzki, Witten/Heddecke University*

Aim: As a close relationship, the therapeutic relationship can be presumed to activate not only the patient's, but also the therapist's attachment representations. While some studies have shown therapist's attachment style to associate, e.g., with therapeutic alliance and outcome, its closer connection to therapeutic process still remains relatively little investigated. Method: 283 therapists-in-training from 11 countries, participating in the SPR Interest Section in Therapist Training and Development (SPRISTAD) Study, self-rated their attachment style in personal life with the Experiences in Close Relationships (ECR) questionnaire; and their in-session feelings and difficulties with patients with items developed in the SPRISTAD study. Regressions analyses were conducted. Results: Regarding in-sessions feelings, more anxiously attached trainees reported statistically significantly more frequent Boredom, whereas avoidantly attached therapists showed a substantial trend towards less frequent Flow; neither type of attachment insecurity predicted Anxiety. Further, more frequent self-experienced difficulties in practice were predicted by greater attachment anxiety. Discussion: The current results on therapist trainees extend previous findings on therapists' attachment styles influencing their practice. In particular, anxiously attached trainees may apparently build greater distance to the therapy process and, in line with this, also report significantly more frequent difficulties with patients. Accordingly, such trainees might benefit from more focus on their interactional patterns in training. However, to understand the implications of the findings, further research should also explore connections between trainee self-experiences and other observational perspectives (such as patients' and supervisors') on therapy process and outcome.

**Trainees' self-evaluation of their development as psychotherapists: Early results of a longitudinal study.** *Irene Messina, Universitas Mercatorum, Rome; David Orlinsky, University of Chicago, USA*

Aim: Therapist development in psychotherapy training is receiving a growing interest in psychotherapy research. As part of the SPRISTAD collaborative international study of training and development, preliminary research in Italy has shown differences between trainees at different years of training in cross-sectional comparisons, but stronger conclusions about training effectiveness

require longitudinal designs. The present study presents initial longitudinal data collected in Italy to explore psychotherapy trainees' perception of their development over time. Methods: The Trainee Current Progress Report (TCPR) devised for the collaborative SPRISTAD study was used to collect data from a group of 76 trainees in four different Italian training institutes. Training varied in duration from 1 to 2 years, and in the number of longitudinal evaluations (all trainees completed the questionnaires 4 times). Independent variables included training duration, quality of supervision, and personal therapy. Dependent variables included: trainee reported development, perceived clinical skills, and perceived difficulties in practice. Repeated-measures regression analysis was used with trainees and training institutes as random factors, to test the effect of training duration, quality of supervision, and personal therapy. Results: Most dependent variables were significantly predicted by training duration. Experiencing support in supervision was predictive of most dependent variables. Personal therapy only predicted trainees' perception of their overall change. Discussion: The study provided encouraging results regarding the effects of training duration and supervision on trainees' experiences of development, and confirmed the sensitivity of TCPR as an instrument to measure longitudinal change.

**Panel**  
Depression

Organizers: Louis Castonguay, Penn State University, University Park, USA; Michael Constantino, University of Massachusetts Amherst; Larry Beutler, Palo Alto University, USA;

**Bringing clinicians and researchers together: Integrating research on and clinical implementation of principles of change in the treatment of depression**

One strategy to foster the improvement of psychotherapy is to develop new collaborations between practitioners and researchers. The goal of the current panel is to present the fruits of a partnership aimed at offering an alternative to the traditional and unidirectional dissemination of research, whereby clinicians are passive recipients, or consumers, of scientific findings. With the aim of creating a new pathway of evidence-based practice, this partnership attempt to move the field beyond the metaphor of a "bridge," which typically limits collaboration to the exportation and importation of knowledge to and from different settings. In contrast, rather than connecting science and practice as if they stand on different banks of a river, this panel strives to confound the two activities in order to create a new unified landscape of knowledge and action. It does so by bringing together researchers and clinicians together, with the dual tasks of (1) delineating empirically based principles of change that have been linked to client's improvement (or lack of thereof), and (2) illustrating how experienced therapists from different theoretical orientations implement such principles in their clinical practice with cases of varying complexity and presentation. Furthermore, the panel will engage researchers and clinicians in exchanges about theoretical convergences, clinical helpfulness, and future research directions regarding these principles of change.

**Revisiting empirically based principles of change.** *Louis Castonguay, Penn State University, University Park, USA; Michael Constantino, University of Massachusetts Amherst; Larry Beutler, Palo Alto University, USA*

The first presentation will describe the overarching goal of a new pathway of collaboration between researchers and clinicians through the presentation of, and discussion about, unique and complementary types of knowledge. The first type of knowledge, provided by researchers, was a list of empirically based principles of change that could serve to improve the efficacy and efficiency of psychotherapy. The second type of knowledge, delivered by practitioners, were descriptions of how these principles are implemented in day-to-day clinical practice. Exchanges of perspectives between clinicians and researchers were then presented to better understand the place and helpfulness of the principles across different treatment approaches, as well as to generate suggestions about possible combinations of principles and future research. The first talk of the panel will also present the list of principles that resulted from an extensive review of empirical literature and that were organized within the 5 clusters or categories: • Prognostic principles, which tell us about types of clients that are

more or less likely to benefit from treatment. • Moderating principles, which inform us about how to adjust our interventions to maximize efficacy based on certain client characteristics and prognostic factors. • Process principles, which describe ways of client being, feeling, or acting in sessions that either facilitate or interfere with change. • Relationship principles, which describe elements of the client-therapist relationship that either facilitate or interfere with change. • Intervention principles, which describe therapist behaviors and strategies that either facilitate or interfere with change.

**Implementing principles of change in clinical routine: A cognitive behavioral perspective.** *Benjamin Johnson, RICBT Cognitive Behavioral Therapy and Coaching*

As a participant in a new partnership between clinicians and researchers, the author will first describe his reaction to a list of empirically based principles of change, as well as his task of demonstrating how he implements such principles in his clinical practice. Based on three cases of depression, he will provide examples of such implementation within his cognitive behavior therapy perspective. He will then discuss some implications of the empirically based principles of change, especially regarding the therapist effects and training. At the end of the panel, he will also engage in a discussion with practitioner and researcher colleagues about of the convergences and divergences the implementation of principles, as well as their respective experience in working together on the book project.

**Implementing principles of change in clinical routine: A cognitive behavioral analysis system of psychotherapy perspective.** *Dina Vivian, Stony Brook University, USA*

As an experienced clinician and supervisor in cognitive behavioral analysis system of psychotherapy (CBASP), the author will describe how she implements some of empirically based principles of change with specific cases of depression (with or without comorbid substance abuse and personality disorder). Like her cognitive behavioral therapist colleague on this panel, she will also describe her initial reaction to being invited to join a new partnership between researchers and practitioners, both in terms of her view of principles of change and the task of describing their clinical use. After describing implications of principles of change toward the improvement of the effectiveness and training of therapists, she will join a discussion about points of commonality and complementarity across diverse theoretical orientations, as well as the experience of clinicians and researchers regarding the process and outcome of their collaborative venture.

**Panel**

Client effects

Organizer: Barry Farber,  
Columbia University,  
New York, USA

**Changes in Psychotherapy as a Result of the COVID-19 Pandemic**

The COVID-19 pandemic has significantly, and perhaps permanently, altered the traditional ways in which psychotherapy is conducted. Much has changed, including the ways in which therapists and patients meet, dress, and self-disclose. The four papers on this panel present varied perspectives on the changes in patients' and therapists' experiences as result of the transition to teletherapy. The paper by Ort & Farber ("Teletherapy during COVID-19") focuses on client perceptions of the changes wrought by teletherapy, finding that whereas most clients perceive their therapists as equally warm and interested while doing teletherapy, some also report feeling less connected to their therapists. Capone et al.'s paper ("Trainees' supervision experiences and needs in the divisive political atmosphere at the beginning of the COVID-19 pandemic") found that most trainees believe the current political atmosphere affects patients to some degree, and certain patients to a great degree, especially minority populations. In Bekes et al. paper ("Therapists' experiences and attitudes toward remote therapy during the COVID-19 pandemic"), the majority of therapists felt as confident and competent in online sessions as in-person treatment; however, younger and less experienced therapists were less confident and more anxious

about providing therapy remotely. In Newman and Farber's paper ("A Qualitative Investigation of Therapist Self-Disclosure During the Early Transition to Teletherapy"), 60% of therapists cited an increase in general self-disclosure in the interest of mitigating patients' anxiety. Taken together, these papers suggest the importance of identifying changes in therapeutic practice that affect both therapist and patient experiences of the work.

**Teletherapy during COVID-19.** *Daisy Ort, Columbia University, New York, USA; Barry Farber, Columbia University, New York, USA*

**Aim:** This study investigates the ways clients have experienced the transition to teletherapy as a result of the COVID-19 pandemic. **Method:** A self-report survey was completed by a large international sample (N = 2340 to date) of clients (M age = 26, primarily female) who began teletherapy with the same therapist they had been seeing in-person. The survey asks participants to compare their psychotherapy experiences on multiple dimensions (e.g.: "I feel connected with my therapist" "I disclose deeply personal information to my therapist") before and after the transition to teletherapy. **Results:** The transition to teletherapy has resulted in significant changes in client experiences and a range of associated feelings. For example, whereas most clients (75%) perceive their therapists as equally friendly, warm, and interested while doing teletherapy as they were while conducting in-person therapy, many (71%) now report difficulty reading their therapists' body language and a substantial proportion (46%) report feeling less connected to their therapists. In addition, many (53%) are now more conscious of session time and a substantial minority (36%) feel more bored during therapy. Subsequent analyses will explore clients' perceptions of the overall effectiveness and value of teletherapy, as well as how these outcomes vary by therapist and client demographic variables. **Discussion:** Teletherapy will surely remain a viable option for both patients and therapists even in a post-pandemic world. Understanding clients' perceptions of the changes wrought by this relatively new way of conducting treatment should aid therapists in modifying their practice to better meet patient needs.

**Trainees' Supervision Experiences and Needs in the Divisive Political Atmosphere at the Beginning of the COVID-19 Pandemic: A Mixed-Methods Investigation.** *Carla Capone, Chestnut Hill College; Kevin McCarthy, Chestnut Hill College, Philadelphia; Jennifer Davidtz, Nova Southeast University; Nili Solomonov, Weill-Cornell Medical College NY*

**Aims:** The present divisive political climate and global COVID-19 pandemic have changed clients' needs and how therapists must respond, with trainees likely being affected. This investigation sought to quantitatively and qualitatively identify experiences and challenges supervisees faced. **Method:** 265 trainees completed a survey online about supervision experiences during the current political climate and emerging COVID-19 pandemic. **Results:** Most supervisees stated the political atmosphere affected patients to some degree, and certain patients to a great degree, especially minority populations. Over half also reported their supervisors promoted political dialogue in their meetings. Trainees struggled most with increases in clients' stress and health care accessibility issues; emotional discussions or disagreements with clients' opinions; and treatment modifications when political reactions emerged in session. Region, training setting, or client age did not alter how politics affected therapy or training. **Discussion:** Supervisors should consider the impact of political climate on trainees and their work and development.

**Therapists' experiences and attitudes towards remote therapy during the COVID-19 pandemic.** *Vera Békés, Yeshiva University, New York, USA; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Xiaochen Luo, Santa Clara University; Tracey A. Prout, Ferkauf Graduate School of Psychology; Leon Hoffman, Icahn School of Medicine, Mount Sinai Hospital; Karl Stukenberg, Xavier University*

**Aims:** Due to the pandemic-related restrictions, therapists had to rapidly switch to provide therapy remotely at the beginning of the pandemic. This study aimed to learn about therapists' attitudes towards remote therapy at the beginning of the pandemic. **Method:** We collected data from 2,000 therapists about experiences with switching to remote therapy, the therapeutic relationship (working alliance and real relationship), confidence in their professional competence (professional self-doubt), their attitudes towards remote therapy, and their intention use it in the future. **Results:** Therapists had relatively positive experiences and have a more positive mindset towards remote therapy going forward. More specifically, compared to in-person, the majority of therapists felt similarly confident and competent in online sessions; despite technical and relational challenges, therapists felt that the therapeutic relationship with their patients remained similarly strong, emotionally connected, and authentic. However, around 15% of therapists experienced high levels of vicarious trauma; and younger and less experienced therapists were less confident and more anxious about providing therapy remotely, and more likely to experience vicarious trauma. Finally, although the majority still perceived online therapy as less effective than in-person sessions, experiences during the pandemic resulted in more positive views about online therapy compared to before. **Discussion:** Although many therapists adapted well to this forced transition to online therapy caused by the COVID-19 epidemic, younger therapists with less experience, will need help to ameliorate the challenges of working remotely amidst a global health crisis. During the conference, additional longitudinal survey data and qualitative interview data will be reported.

**A Qualitative Investigation of Therapist Self-Disclosure During the Early Transition to Teletherapy.** *Mandy Newman, Columbia University, New York, USA; Barry Farber, Columbia University, New York, USA*

**Aims:** To identify the extent to which therapists' tendencies to self-disclose changed due to the transition to teletherapy at the fore of the pandemic. **Method:** As part of study about therapist tact and dishonesty, 20 practicing clinicians were asked about how the changing circumstances of practice (as a result of the pandemic) have affected their tendency to self-disclose, including the extent to which they have been truthful in response to patients' concerns about their own and their family's health, and how honest they would be to clients if they were to become sick (COVID-19). Content analysis was used to identify themes in these responses. **Results:** Sixty percent of therapists cited an increase in general self-disclosure due to the shift to teletherapy and the pandemic; 40% reported having been truthful at a surface-level about their health and that of their family, while 35% said they have become fully forthcoming about this topic. Fifty-five percent said they would be completely honest if they were to become infected with the virus. Reasons for honest self-disclosure include mitigating patients' anxiety, and acknowledging their own sickness to destigmatize becoming ill with COVID-19. **Discussion:** The transition to teletherapy due to the pandemic has shifted self-disclosure practices for therapists, creating a practical need for honest communication about the state of their health. Implications of this boundary-pushing moment are perceived by therapists as an opportunity to model honest disclosure about distressing events, including illness, to patients.

**Discussants:** Jesse Geller, Columbia University, New York, USA;

**Panel**  
Mentalization

**Changes of Reflective Functioning in Psychotherapy**

Reflective Functioning (RF) or mentalizing is part of healthy personality functioning and has received some attention as a possible general mechanism of change in psychotherapy. However, RF is sometimes used as a moderator, a mediator as well as an outcome variable and the predictive value of either still has to be empirically demonstrated. Studies in this panel tap into these questions by presenting their results from a systematic review and original studies on changes in RF and its relation to other outcome and process variables (eating disorder symptoms, depression, interpersonal problems,

alliance, parental behaviour). Two studies will assess changes in RF in therapy sessions over the course of the whole treatment. A systematic review and meta-analysis will summarize the state of the art on how effective psychological interventions are to change RF.

**Systematic review of the effectiveness of psychological interventions at improving patients' mentalizing.** *Svenja Taubner, University of Heidelberg, Germany; Lea Kasper, University Hospital, Heidelberg, Germany; Alessandro Talia, University of Heidelberg, Germany*

**Aims:** Mentalizing is defined as the capacity to consider the behavior of oneself and others as a product of underlying mental states. A number of studies have shown that mentalizing is associated with less severe psychopathology and better therapy outcomes. It is also often assumed that psychological interventions can increase mentalizing and that this is a mediator of therapy outcome. There exist currently no systematic review exploring this hypothesis. Our current review will provide a detailed summary (and where possible a meta-analysis) of the data. **Methods:** The review was registered in PROSPERO (CRD42020197366, available from: [https://www.crd.york.ac.uk/prospero/display\\_record.php?ID=CRD42020197366](https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020197366)). We included all studies of any psychological intervention irrespective of theoretical models, age of patients, study design, as long as mentalizing was assessed. The main outcome will be measured post-intervention (and at follow-up where available) in terms of effect size or odd ratios. The Cochrane Collaboration 'Risk of bias' assessment tool will be used. **Results:** 1833 studies were identified in our systematic search of whom 227 were screened in full text. 85 studies could be included in the systematic review and will be extracted for meta-analytic analysis.

**Parental reflective functioning in relationship-focused therapy for sexual and gender minority adults and their non-accepting parents.** *Yotam Strifler, Ben-Gurion University; Rotem Boruchovitz-Zamir, Ben Gurion University, Beer Sheva, Israel; Gary Diamond, Ben Gurion University, Beer Sheva, Israel*

**Introduction:** This study examined levels and trajectories of parents' reflective functioning in the context of relationship-focused therapy for sexual and gender minority young adults and their non-accepting parents. We hypothesized that the more that parents were able to reflect upon their adult child's experience of non-acceptance, the more empathic they would be towards their child, the more committed they would be to the task of exploring their child's experiences and feelings in subsequent conjoint sessions, and the more they would respond to their adult child's disclosures in a curious, non-defensive manner. **Methods:** Three cases of parents with strong therapeutic alliances were compared to three cases of parents with poor therapeutic alliances. Parents' reflectivity was measured at 30 second intervals over the course of individual sessions with the parent. Also, parents' positive and negative responses were measured at the session-level during subsequent conjoint reattachment episodes. **Results:** Preliminary results show that parental reflectivity can reliably be measured at the level of 30-second intervals, with an ICC of approximately .7. Also, preliminary findings show that, on average, in cases with good alliance, parental reflectivity and parental behaviors were greater. **Discussion:** Parental reflectivity appears to be associated with the strength of the parent-therapist alliance, and productive, purportedly transformative parental behaviors during corrective attachment experiences.

**A longitudinal analysis of reflective functioning and its effects on psychotherapy outcome.** *Anna Babl, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Svenja Taubner, University of Heidelberg, Germany*

Psychodynamic treatment models associate treatment success with the ability to mentalize. Reflective functioning (RF) offers an empirical framework for the

assessment of mentalization, making it a promising candidate to investigate change mechanisms of psychotherapy. The present study is the first to measure RF longitudinally and aimed to examine its effects on functioning, symptomatology and interpersonal problems over the course of integrative cognitive-behavioral therapy (CBT). The effects of RF were investigated both within- and between patients using hierarchical linear modeling. Thirty-seven patients diagnosed with depression or anxiety disorders received  $25 \pm 3$  sessions of integrative cognitive-behavioral therapy (CBT) in the outpatient setting. The In-session Reflective Functioning scale, an observer-rated method, was used to assess RF in the 1st, 8th, 16th and 24th therapy session and relate it to treatment outcome. Rf significantly increased over the course of treatment. Further, it exhibited a significant within-patient effect on depressive symptoms and a significant interaction effect on interpersonal problems. This means that improvement in RF over the course of treatment is associated with less depression severity and that patients with overall higher levels of RF and with positive deviations from their own average RF over the course of treatment tend to have less interpersonal problems during psychotherapy. More longitudinal studies are desirable to gain a better understanding of RF as a change mechanism in psychotherapy.

**Implementation of MBT in day hospital program for eating disorders – a pilot study.** *Almut Zeeck, University of Freiburg, Germany; Katharina Endorf, University of Freiburg, Germany; Sebastian Euler, University Hospital Zuerich; Laura Schäfer, University of Freiburg, Germany; Inga Lau, University of Freiburg, Germany; Claas Lahmann, University of Freiburg, Germany; Armin Hartmann, University of Freiburg, Germany*

Objective: Aim of the pilot study was to evaluate the effectiveness of a day hospital program for eating disorders (EDs) after implementation of mentalization based treatment (MBT), including a comparison to a matched control group. Method: All consecutively admitted patients with an ED were included in a prospective, observational study over a period of two years. Main outcome criteria were eating and overall psychopathology, as measured with the Eating Disorder Examination Interview (EDE) and the Global Severity Index of the SCL-90-R (self-report). Changes in the capacity to mentalize (reflective functioning / RF), in difficulties with affect regulation and interpersonal problems were assessed at admission, discharge and a three months follow-up by self-report (RFQ, DERS, IIP). Results: 38/40 patients could be included. The program led to significant reductions in eating and general psychopathology. There was significant improvement in RF (uncertainty scale of the RFQ), in difficulties in emotion regulation and interpersonal functioning. However, there was no advantage in comparison to a matched control group (AN-subgroup: BMI; BN-subgroup: EDI-2 bulimia subscale). ED symptoms showed a slight renewed increase after discharge, while BMI further increased. A change on the RFQ Uncertainty scale was predictive of change in overall psychopathology, but not ED symptoms. Drop-out rate was 13.2%. Patients assessed MBT-interventions positively. Conclusion: Results point to the effectiveness of the program. Whether there is an advantage compared to other specialized programs and if there are specific mechanisms of change has to be shown by further research.

**Panel**  
Assessment

Organizer: Samuel Nordberg, Reliant Medical Group, Massachusetts, US

**Clinical Feedback Systems: Digging Deeper**

Clinical measurement and systematic feedback offer promising methods for improving psychotherapy process and, subsequently, outcome. This panel reviews several studies examining methods for evaluating feedback with more depth and in novel populations. Each paper discusses or directly examines the impact of clinical feedback on psychotherapy outcomes such as pre-post change, alliance change, dropout, fidelity, and out-of-session work. Promising new measurement approaches are introduced and discussed.

**Challenges in Investigating the Effective Components of Feedback from**

**Routine Outcome Monitoring (ROM) in Youth Mental Health Care.** *Maartje van Sonsbeek, Pro Persona Research, Netherlands*

**BACKGROUND:** Studies on feedback in youth mental health care are scarce and implementation of feedback into clinical practice is problematic.  
**OBJECTIVE:** To investigate potentially effective components of feedback from Routine Outcome Monitoring (ROM) in youth mental health care in the Netherlands through a three-arm, parallel-group, randomized controlled trial in which a literature-based, multi-faceted implementation strategy was used.  
**METHODS:** Participants were randomly allocated to three conditions (basic feedback about symptoms and quality of life; basic feedback supplemented with clinical support tools; discussion of the feedback of the second condition with a colleague while following a standardized format for case consultation) using a block randomization procedure, stratified by location and participants' age. The youth sample consisted of 225 participants (mean age = 15.08 years; 61.8% female) and the parent sample of 234 mothers and 54 fathers (mean age of children = 12.50 years; 47.2% female). Primary outcome was symptom severity. Secondary outcomes were quality of life and end-of-treatment variables. Additionally, we evaluated whether being Not On Track (NOT) moderated the association between condition and changes in symptom severity. **RESULTS:** No significant differences between conditions and no moderating effect of being NOT were found. This outcome can probably be attributed to limited power and implementation difficulties, such as infrequent ROM, unknown levels of viewing and sharing of feedback, and clinicians' poor adherence to feedback conditions. **CONCLUSIONS:** The study contributes to our limited knowledge about feedback from ROM and underscores the complexity of research on and implementation of ROM within youth mental health care.

**Enhancing the effect of psychotherapy through systematic client feedback in outpatient mental healthcare: a cluster randomized trial..** *Bram Bovendeerd, University of Groningen, Netherlands*

Objective Systematic client feedback (SCF), the regular monitoring and informing of patients' progress during therapy to patient and therapist, has been found to have effects on treatment outcomes varying from very positive to slightly negative. Several prior studies have been biased by researcher allegiance or lack of an independent outcome measure. The current study has taken this into account and aims to clarify the effects of SCF in outpatient psychological treatment. Method Outpatients (n=1733) of four centers offering brief psychological treatments were cluster randomized to either treatment as usual (TAU) or TAU with SCF based on the Partners for Change Outcome Management System (PCOMS). Primary outcome measure was the Outcome Questionnaire (OQ-45). Effects of the two treatment conditions on treatment outcome, patient satisfaction, dropout rate, costs, and treatment duration were assessed using a three-level multilevel analysis. DSM-classification, sex, and age of each patient were included as covariates. A study of therapist characteristics was also conducted to examine the role of these characteristics in the use and interpretation of CFS. Presentation In this presentation the preliminary results on treatment outcome (in terms of patient satisfaction, drop-out, effectiveness of treatment and cost-effectiveness) will be presented, as well as therapist-characteristics that may affect the use and interpretation of CFS. Keywords Systematic client feedback, PCOMS, Outpatient psychological treatment, Implementation strategy.

**Therapist responsiveness to patient feedback on needs in psychotherapy: Impact on alliance and treatment outcomes..** *Samuel Nordberg, Reliant Medical Group, Massachusetts, US*

Aim: Clinical feedback systems (CFS) offer the promise of real-time adjustment to meet a patient's needs. While it has long been hypothesized that feedback improves psychotherapy outcomes due to adjustments made by the therapist, little is known about the process of adjusting psychotherapy to respond to

feedback, and the impact adjustments may have on treatment outcomes. The current study examined patients' requests for changes to aspects of the therapy process on subsequent ratings of those process variables, ratings of the therapeutic alliance, and overall symptom-reduction. Method: Several domains of patient requests for adjustments in the therapy process were measured by the Norse Feedback clinical feedback system: focus on cognition, focus on emotions, focus on the therapeutic relationship, amount of formality/informality, use of exercises and structure. The current study will examine longitudinal data on patients in routine outpatient psychotherapy to evaluate: (1) do patients who request changes to the therapy process at time n subsequently report their requests as resolved in time n+x; (2) does resolution of process requests impact the therapeutic alliance, and; (3) does resolution of process requests impact the overall symptom change during the course of therapy? Results: These analyses are currently being developed and are in-process.

**Discussants:** Samuel Nordberg, Reliant Medical Group, Massachusetts, US; Bram Bovendeerd, University of Groningen, Netherlands; Maartje van Sonsbeek, Pro Persona Research, Netherlands;

**Panel**  
Feedback

Organizer: Jaime Delgadillo, University of Sheffield, UK

**Clinical trials of personalized treatment selection and adaptation approaches**

Even if they have similar symptomatology (e.g. major depressive disorder), mental healthcare patients are often heterogeneous in other important features. Furthermore, their response to treatment is partly influenced by their individual circumstances (e.g. socioeconomic status) and characteristics (i.e. symptom severity, interpersonal functioning, personality, age, comorbid health problems). In this context, therapists are faced with the challenge of selecting available treatments / techniques and adapting these to individual circumstances. To meet this challenge, contemporary studies aim to optimally match patients to treatments, to monitor response to therapy, and to adapt treatment in a way that is sensitive to individual circumstances. This session will bring together an international panel of researchers that will present the results of four large-scale prospective clinical trials that aimed to personalize mental healthcare using stratified treatment selection, routine outcome monitoring, feedback technologies, and personalized selection of treatment strategies.

**StratCare: a randomized controlled trial of stratified treatment selection vs. stepped care.** *Jaime Delgadillo, University of Sheffield, UK; Michael Barkham, University of Sheffield, UK; Kieran Fleck, Lancashire Care NHS Trust, United Kingdom; Zachary D. Cohen, University of California, Los Angeles; Robert J. DeRubeis, University of Pennsylvania, Philadelphia, USA; Shehzad Ali, Western University, Canada*

Objective: This study compared the cost-effectiveness of a stratified treatment selection approach versus stepped care psychological interventions for depression & anxiety symptoms. Methods: This was a multi-site, pragmatic cluster randomized controlled trial. 30 therapists were randomized to a StratCare (n=15) or a control group (n=15). Those in the StratCare group were trained to use an artificial intelligence programme which recommended either low or high intensity therapies for each patient at the time of initial assessments. Therapists in the control group recommended stepped care as per usual practice. In total, n=1455 patients were assessed, of whom n=950 were eligible and accessed treatment. The rate of cases with post-treatment reliable and clinically significant improvement (RCSI) in depression (PHQ-9) was compared between groups using logistic regression adjusted for intake severity. Results: Stratified care had significantly higher RCSI rates (52.4% vs. 45.1%; ~8% adjusted difference; Odds Ratio = 1.45 [1.08, 1.94] p = .01). Secondary analyses indicated that this effect was especially pronounced for patients who accessed low-intensity treatments (around 16% difference in RCSI), since stratified care helped to adequately filter more complex cases towards high-intensity treatments, resulting in a more suitable sample of patients who tend to respond

optimally to brief and low-intensity interventions. Discussion: Stratified care has potential to improve the effectiveness of routinely available psychological treatments.

**Enhancing routine feedback to prevent self-harm within inpatient care.** *Andrew Page, University of Western Australia, Perth; Geoff R. Hooke, University of Western Australia and Perth Clinic, Perth; Michael Kyron, University of Western Australia, Perth*

Objective: The current study assesses the extent to which an enhanced feedback system has resulted in a reduction of self-harm within an inpatient setting. In addition, it explores ways to improve routine feedback systems to inform clinical staff. Methods: Patients within an inpatient psychiatry facility reported their suicidal thoughts daily. From a sample of 20,220 unique inpatient visits over a 6-year period, 9,104 were randomly selected and matched in terms of diagnosis (Affective Disorder = 6,091, Anxiety Disorder = 2,425, Personality Disorder = 588, 74% Female, Mage = 40.3 years) for equal periods before and after feedback. Results: The enhanced feedback period was associated with a reduction in total self-harm incidents over a 3 year period (OR = 0.64). Daily changes in self-reported feelings of burden, belonging and psychological distress were significantly associated with next-day self-harm (PPV = 21.2%, Sensitivity = 71.3%, Specificity = 80.5%). Discussion: Risk assessments early in admission can be complimented through the daily monitoring of suicidal thoughts and interpersonal and mood risk factors. Short-term fluctuations can be used to alert clinical staff of patients potentially at-risk of self-harming. Although prediction is not perfect, it helps narrow down the allocation of limited clinical resources while patients are still in psychiatric care. Implementing sophisticated routine feedback systems, and identifying the right information to feed back to clinicians is a necessary step forward in reducing self-harm within a psychiatric setting.

**The effect of feedback-informed cognitive behavioural therapies on treatment efficiency and dropout, and exploring therapist characteristics as moderators.** *Pauline Janse, Pro Persona, The Netherlands; Kim de Jong, Leiden University, Netherlands*

Objective: A previous quasi-experimental carried out by our research group showed that intensive feedback had a positive effect on treatment efficiency (Janse et al., 2017). The design of this previous study limits the generalizability of the results. The present randomized controlled effectiveness trial evaluated the effect of progress feedback on treatment duration, symptom reduction, and dropout in individual cognitive behavioral therapies (CBTs). A control condition where CBT was combined with low-intensive monitoring of progress was compared to an experimental condition where CBT was combined with a high-intensive form of feedback. Methods: Data of 368 outpatients (57.9% female, mean age 41.4 years, SD = 12.2) in secondary care were analyzed using multilevel analyses. Treatment duration was assessed with the number of sessions clients received. Symptom reduction was measured with the Symptom Checklist Revised. Possible moderators of the effect of intensive progress feedback on outcome were explored. Results: Clients achieved the same amount of symptom reduction in significantly fewer sessions in the high-intensive feedback condition. Additionally, dropout was significantly lower in the high-intensive feedback condition. Post hoc analyses assessing clients' diagnoses as a possible moderator showed that clients with personality disorders (mainly Cluster C) achieved more symptom reduction in fewer sessions when high-intensity feedback was provided. Also, a high degree of implementation within the experimental condition was associated with fewer treatment sessions. Discussion: In sum, the use of high-intensive client feedback reduced treatment duration and reduced dropout of CBT. Thus, feedback-informed CBTs seem to be a promising adaptation of conventional CBT.

**Evidence-based personalized recommendations in clinical practice: A Prospective evaluation of a clinical decision support system.** *Wolfgang Lutz, Universität Trier, Germany; Anne-Katharina Deisenhofer, Universität Trier, Germany; Julian Rubel, University of Giessen, Germany; Björn Bennemann, Universität Trier, Germany; Julia Giesemann, Universität Trier, Germany; Kaitlyn Poster, Universität Trier, Germany; Brian Schwartz, Universität Trier, Germany*

Objective: This talk will present the results of a prospective randomized-controlled trial (RCT) investigating the effects of a digital decision support and navigation system, which includes two components of patient-specific recommendations: 1) a clinical strategy recommendation and 2) adaptive recommendations for patients at risk for treatment failure. The presentation will focus on the development and prospective testing of the decision and navigation system also called the Trier Treatment Navigator (TTN). It will also discuss implementation issues that arise when such systems are applied in routine care. Methods: The development sample consisted of 1234 patients treated at the outpatient center at the University of Trier. The prospective randomized-controlled trial (RCT) consisted of 538 patients in an CBT outpatient clinic. Patients were randomized to either having access to the decision support system (intervention group, IG; n = 335) or not (treatment as usual, TAU; n = 203). Results: The prospective evaluation showed a differential effect size of about .3, when therapists followed the recommended treatment strategy in the first ten sessions. Moreover, the linear mixed models revealed therapist symptom awareness and therapist attitude and confidence as significant predictors of outcome as well as therapist-rated usefulness of feedback as a significant moderator of the feedback-outcome and the not on track-outcome associations. However, no main effects were found for feedback (IG vs. TAU). Discussion: The results demonstrate the importance of prospective studies and the high quality implementation of digital decision support tools in clinical practice. Implication for practice and clinical training will be discussed.

**Panel**

Therapist effects

Organizer: Attà Negri,  
University of Bergamo,  
Italy

**Clinical utility of countertransference identification**

When correctly identified and managed, countertransference could represent an opportunity rather than a hindrance in the psychotherapeutic process because it can help to understand the clinical encounter with that specific patient. Countertransference, therefore, can become a useful tool for guiding and tailoring the therapeutic relationship to the specificities of patient's functioning and to the aims of the ongoing relationship. This panel will present three studies that investigated different aspects of countertransference identification that can improve daily clinical practice. In particular, Abargil and Tishby will propose a new protocol, based on the previous literature, for identifying prototypical countertransference reactions and will give some evidence about the relationship between countertransference, alliance and outcome; Tanzilli, Gualco and Lingiardi will present a study on the predominant countertransference patterns in the psychotherapy with adolescents presenting three subtypes of narcissistic personality disorder and their relationship with therapeutic alliance; Rocco, De Bei, Negri and Filippini's presentation will highlight the necessity to use different sources and perspectives to identify the conscious and non-conscious parts of countertransference and their different impact on session outcome.

**A countertransference behavior coding protocol.** *Maayan Abargil, Hebrew University, Jerusalem, Israel; Orya Tishby, Hebrew University, Jerusalem, Israel*

Aim: Countertransference is a key therapeutic concept, which has been recognized as an essential component in psychotherapy. On the one hand it contributes to a deeper understanding of the patient, but on the other hand, it may have a negative effect on therapy. Countertransference management can help control the implications of countertransference, thus facilitating therapy outcome. The study we present had three aims: (1) to test a new coding protocol of countertransference prototypes, based on a work by Jeff Hayes, on the basis

of prototypical countertransference reactions defined by Hofsess and Tracey (2010), (2) to examine the relationship between countertransference behaviors during psychotherapy sessions, rupture and repair, patients' experience of therapist attunement, emotion regulation and symptom change, (3) to examine to what extent does therapists' awareness of their countertransference moderate countertransference behavior or the relationship between countertransference behavior and therapy process and outcome. Methods: The data analysis was based on 46 subjects diagnosed with moderate depression and/or anxiety, that completed 15-16 sessions of Supportive-Expressive Therapy. Countertransference was assessed using the therapists' Core Conflictual Relationship Themes with their parents and with their patients. Therapists' awareness was coded using a semi-structured interview developed for this study. Process and outcome were measured through self-report questionnaires. Patients and therapists completed study questionnaires before and after every session. Results and discussion: Research is still in progress. We expect to find factors that reflect different types of countertransference behaviors. We also expect that countertransference awareness will moderate the relationship between countertransference behaviors and treatment outcomes.

**Therapist responses and therapeutic alliance in the psychotherapy of adolescent patients with narcissistic personality disorder: An empirical investigation.** *Annalisa Tanzilli, Sapienza University of Rome, Italy; Ivan Gualco, Center for Individual and Couple Therapy, Genoa, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy*

Aim: Although the clinical literature on countertransference reactions and therapeutic alliance with adolescent patients with personality pathology is quite extensive, the corresponding empirical literature is limited. This study examined these relational variables in psychotherapy with adolescent patients with three subtypes of the narcissistic personality disorder (NPD). Methods: Fifty-eight clinicians completed the Psychodiagnostic Chart-Adolescent (PDC-A) of the Psychodynamic Diagnostic Manual (PDM-2), the Shedler-Westen Assessment Procedure-II for Adolescents (SWAP-II-A), the Therapist Response Questionnaire for Adolescents (TRQ-A), and the Working Alliance Inventory (WAI), to provide a comprehensive diagnostic assessment of adolescent patients in their care as well as to evaluate countertransference patterns and quality of alliance in their treatment. Results: The grandiose narcissistic subtype was negatively associated with warm/attuned therapist response and positively associated with angry/criticized and disengaged/hopeless responses. The fragile subtype was positively associated with overinvolved/worried response. The high-functioning/exhibitionistic subtype was negatively associated with angry/criticized response. Moreover, the grandiose subtype was positively related to lower quality of therapeutic alliance, that was negatively related to the high-functioning/exhibitionistic subtypes. No significant association was found between therapeutic alliance and the fragile subtype. Moreover, the empirically founded prototypes of therapist responses to adolescent patients with NPD subtypes strongly resembles theoretical-clinical accounts. Discussion: This study provides a nuanced view of countertransference reactions evoked by adolescent patients with specific NPD subtypes, and extends knowledge on therapeutic alliance in their treatment. Therapists could use the information derived from the therapeutic relationship to generate clinically meaningful diagnosis of adolescent patients and promote therapies tailored on their core psychological features.

**The impact of countertransference awareness on counselling sessions outcome.** *Diego Rocco, University of Padova, Italy; Francesco De Bei, Sapienza University of Rome, Italy; Attà Negri, University of Bergamo, Italy; Luca Filipponi, University of Padova, Italy*

Aim: For the psychodynamic approach, being aware and managing countertransference are core therapeutic competencies. Research has

demonstrated the negative effect of the unmanaged countertransference on outcomes of all kind of psychotherapy. We focused on the relationship between countertransference when measured by therapists and external observers and its impact on session quality. Methods: We analyzed 69 counseling sessions, held by 23 in-training psychotherapists with 23 patients. We used the Therapist Response Questionnaire and three external observers (who used the Countertransference Behavior Measure) to measure psychotherapists' countertransference. We rated the session impact perceived by patients and psychotherapists using the Session Evaluation Questionnaire and by patients through the Session Impact Scale. Results: Psychotherapists' and observers' ratings of countertransference correlated but on different dimensions. Moreover, considering the Countertransference Behavior Measure and the Therapist Response Questionnaire as predictors of session quality, only countertransference behavior scores of the external observers were able to predict the evaluation of the session impact. Discussion: These results indicate that an external evaluation is able to grasp aspects of countertransference that a psychotherapist is probably not aware of and therefore have a negative impact on the session. The awareness of countertransference and its management have a significant impact on the perceived session quality. From a methodological point of view, it is necessary to adopt various perspectives to investigate countertransference. Future research should confirm these results on a sample of experienced psychotherapists.

**Discussants:** Jeff Hayes, Penn State University, University Park, USA;

**Panel**

Organizer: Ulrike Dinger,  
University Hospital,  
Heidelberg, Germany

**Common and specific processes in dynamic psychotherapy – advances in the study of alliance, agency and insight.**

What drives change in different therapeutic schools? The current panel focuses on three potential change factors in dynamic psychotherapy: Alliance, agency, and insight. To this end, the presentations include longitudinal studies either in samples of insurance-financed, long-term psychotherapy in Germany or in an RCT of dynamic versus cognitive-behavioral psychotherapy in the US. The first presentation (Volz et al., 2021) examines the role between alliance and symptomatic outcome in a naturalistic studies of German longterm-outpatients in a university training clinic. In a structured equation framework, a specific focus is directed towards the considered time interval between measurement occasions. The second presentation (Huber et al., 2021) introduces the concept of therapeutic agency and investigates its effect on alliance and outcome in 20 session of German outpatients. The third presentation (Jennisen et al., 2021) presents a secondary analysis of data from a randomized controlled trial in a community mental health clinic in the U.S. In this study, insight is assessed via observer ratings from session tapes and then used to predict subsequent outcome in both dynamic and cognitive-behavioral psychotherapy. The fourth presentation on the same RCT sample explores predictors of insight with innovative regression analytical methods.

**Intraindividual Dynamics between alliance and symptoms: why time matters..** *Matthias Volz, University Hospital, Heidelberg, Germany; Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Henning Schauenburg, University Hospital, Heidelberg, Germany; Ulrike Dinger, University Hospital, Heidelberg, Germany*

Objective: The association between alliance and therapy success is one of the most investigated process-factors in psychotherapy research. However, even studies using advanced statistical methods typically estimate effects only for specific time periods. With this, it remains unknown how magnitude and direction of effects depend on the considered time interval, resulting in limited comparability across studies. The current study examines the influence of time on the relationship between alliance and symptom severity while controlling for stable between-person differences. Method: Alliance (WAI-SR) and symptom severity (SCL-K11) were assessed every fifth session in N = 650 patients

receiving up to 100 weekly sessions (Mode = 55; M = 41.03; SD = 27.23) of individual psychotherapy in a German outpatient clinic. Bivariate continuous-time structural equation modeling (CT-SEM) was used to estimate within-person cross- and auto-effects. Results: CT-SEM analysis revealed significant reciprocal within-person cross-effects with a stronger effect of SCL-K11 on WAI-SR ( $a_{21}$ ) than vice versa ( $a_{12}$ ). Influence of both cross-lagged effects increased for longer time intervals with the highest effect for intervals of 40 sessions ( $a_{21} = -.47$ ;  $a_{12} = -.19$ ). Conclusions: Reciprocal within-person effects between alliance and symptom severity depend on the considered time interval. While we found significant influence for all time intervals, the relative size of reciprocal effects increased for intervals up to 40 weekly sessions. Applying CT-SEM analysis on longitudinal data of the alliance-outcome association expands conventional cross-lagged panel analyses by assessing how the relationship unfolds over time. This allows the comparison of results across studies, which are based on different time intervals.

**Agency and Alliance as Change Factors in Psychotherapy.** *Julia Huber, University Hospital, Heidelberg, Germany; Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Henning Schauenburg, University Hospital, Heidelberg, Germany; Ulrike Dinger, University Hospital, Heidelberg, Germany*

Objective: This study examined the reciprocal effects between therapeutic agency, working alliance, and symptoms during psychotherapy. We aimed to predict symptom improvement by previous changes in either agency or alliance. In addition, we examined whether alliance development was predicted by previous changes in agency. Method: A sample of 386 patients in psychodynamic outpatient psychotherapy answered the Therapeutic Agency Inventory (TAI), the Working Alliance Inventory-SR (WAI-SR), and the Symptom Checklist-K11 (SCL-K11) after sessions 1, 5, 10, 15, and 20. Dynamic panel models were estimated using structural equation modelling. Associations were tested while controlling for autoregressive effects and differentiating within-person changes over time from between-person differences. Results: Increases in agency predicted subsequent symptom improvement. Similarly, increases in alliance predicted subsequent symptom improvement. For agency and alliance, we found a more complex pattern with varying reciprocal effects over time. Conclusions: Findings show evidence for agency and alliance as curative change factors in psychodynamic psychotherapy. The study supports the importance of both agency and alliance and further suggests that both mechanisms may need to be balanced in successful psychotherapies

**Insight as a Mechanism of Change in Dynamic Therapy for Major Depressive Disorder.** *Simone Jennissen, University Hospital, Heidelberg, Germany*

Aim: This study aimed to investigate change in insight over the course of psychotherapy, as well as the specificity of insight as a change mechanism in dynamic treatments. Method: A total of 100 patients received up to 16 sessions of either cognitive or dynamic therapy for major depressive disorder in a randomized clinical trial. Assessments of insight (Insight into Conflictual Relationship Patterns scale) and depression severity (Hamilton Depression Inventory) took place at the beginning of treatment, at month 2, and month 5. Results: Patient insight significantly improved over the course of dynamic treatments. Gains in insight from the beginning to month 2 of treatment were a significant predictor of improvements of depressive symptoms from month 2 to month 5 of treatment in the dynamic, but not in the cognitive treatment group. Conclusion: Results provide support for insight as a change factor in dynamic therapies. Better self-understanding of dysfunctional interaction patterns could help patients to find more adaptive ways of behaving, to form more satisfying relationships, and to improve their depressiveness.

**Who Gains More Self-Understanding in Psychotherapy? Pretreatment**

**Patient Predictors of Change in Insight.** Maximilian Orth, University Hospital, Heidelberg, Germany

**Aim:** The aim of this study was to investigate whether pretreatment patient factors are linked to the development of insight (i.e., increased self-understanding) in psychotherapy. Specifically, interpersonal problems, baseline symptom severity, and sociodemographic characteristics were explored as predictors of change in insight, aiming to identify factors predisposing individuals for a slower or faster acquisition of insight. **Method:** Data came from a randomized clinical trial of cognitive and dynamic therapy for major depressive disorder (N = 100). Pretreatment patient predictors were assessed at baseline. Observer ratings of insight into maladaptive relationship patterns were assessed three times across treatment. **Results:** Interpersonal problems at baseline and patient race predicted change in insight, whereas baseline symptom severity did not. Results tentatively suggested that change in insight was impeded by interpersonal problems only in cognitive, but not in dynamic psychotherapy. **Conclusion:** Relational factors may be key for shaping trajectories of insight acquisition in psychotherapy. Identifying risk factors for poor insight development helps researchers and insight-oriented clinicians become more attuned to the needs of vulnerable patient groups.

**Discussants:** Fredrik Falkenström, Linnaeus University, Sweden;

**Panel**  
Assessment

Organizer: Maxwell  
Levis, VA

**Conflict Analysis: Inpatient, online, and psychoeducational implementations**

This panel evaluates the benefits of Conflict Analysis (CA), a personalized psychotherapeutic assessment and intervention. CA combines wellness-based diagnostic functions with self-analytical tasks. Leveraging client responses, CA automatically generates detailed feedback and framework for changes. CA is based on the Formal Theory of Behavior, a theoretical model that evaluates stress/response patterns. CA guides clients to shift towards optimal stress/response dynamics. CA is available in manualized, self-guided online, and psycho-education formats. Findings suggest that CA is an efficacious therapeutic and diagnostic tool. Panel supports further exploration of CA in in-person, online, and psychoeducational contexts. Maxwell Levis, PhD, will address utilization of CA with inpatient U.S. veterans, presenting results from a RCT (n=15) study. Results suggest that patients randomized to CA experienced significant improvements in psychopathology, wellbeing, and insight when compared to those randomized to mindfulness condition. Albert Levis, MD, will introduce Conflict Analysis framework and present a clinical case-study. "Betty", a 41-year-old Caucasian woman suffered from intense conflicts in the workplace and was treated for 2-years. Presentation reviews the evolution of her conflict resolving patterns. Presentation highlights her dominant relational pattern, associated anxieties, and subsequent shift towards more moderate behavioral patterns. Melissa Levis, Theodore Canter, Noam Canter, Montgomery Singer, and Gavriel Levis will highlight CA's usage in psychoeducational contexts. They will discuss pilot implementation of CA with high school students (n=20) and present a sample case-study. Outcome measures include satisfaction surveys and qualitative feedback. Presentation demonstrates how CA aids mental health awareness and brings self-knowledge to the classroom.

**Anger, Aggression, and Conflict Resolution: RCT Comparison of Online Conflict Analysis and Mindfulness with Inpatient Veteran Population.** Maxwell Levis, VA

Feelings of anger, aggression, and intense conflict have been widely cited among Veterans returning from deployments in Iraq and Afghanistan. Responding to these symptoms, this randomized-control-trial compares the benefits of Conflict Analysis (CA), a personalized conflict resolution-focused intervention, and mindfulness-based-stress-reduction for Veterans receiving inpatient mental health treatment. CA is designed to help patients learn about

their patterns of dealing with conflict and how to improve upon these patterns, regardless of specific diagnoses. Past research suggests that CA leads to increased motivation for change, and insight, and wellbeing. While elevated levels of conflict have broad associations with negative health outcomes, lessening conflict is associated with improved mental and physical health outcomes. Participants (n=15) were receiving care at a Veteran Health Administration (VHA) hospital in Northern New England. Participants were randomized to either CA or mindfulness-based-stress-reduction condition. Mindfulness-based interventions were selected as a comparison-control because of wide usage within VHA system. Both interventions were web-based, self-guided, and brief (completed in 2.5 hours). Study evaluated outcome scales measuring stress, anger, insight, and interpersonal conflict, before, after, and two-weeks after intervention. Participants also answered query about interventions' diagnostic and therapeutic value. Results suggest that while both interventions offered benefits, participants in CA condition experienced significantly more improvement in insight and interpersonal conflict. Participants in CA condition also rated experience as significantly more diagnostic and therapeutic than those in mindfulness-based condition. Limitations include sample size, self-report design, and other concurrent therapeutic interventions. Evidence supports expanded investigation of CA as stress-reduction resource for inpatient populations.

**Conflict Analysis as a Psychoeducational Intervention with High School Students.** *Theodore Canter, Oberlin College; Melissa Levis, Aalborg University, Denmark*

Presentation evaluates the implementation of Conflict Analysis (CA) as a self-guided wellness-based intervention for high school students. CA is an interactive tool that bridges diagnostic frameworks and therapeutic techniques. It combines self-report questionnaires, drawing, narrative writing, and self-reflection. CA provides personalized wellness-based diagnostic information and blueprint for personal growth. Student leaders from Oberlin College, Bronx Science, Choate, and Burr and Burton co-facilitated this initiative and will be leading presentation. A brief version of CA was developed and introduced into a New England high school. This version was designed for non-clinical young adult populations. Participants were juniors and seniors. Participants (n=20) attended 1-hour group workshop and then completed 1-hour self-guided intervention. Upon completion, students completed a query addressing CA's diagnostic and therapeutic value. Participation was voluntary and students could stop at any point. Given small sample size, the study used simple descriptive statistics to evaluate measure changes over time. Qualitative data was also investigated. Presentation highlights case-study of "Magdalena", a randomly selected 18-year-old Caucasian female participant. Data suggest participants found CA to be highly accessible, personally relevant, and non-stigmatizing. Magdalena's case-study presents anxieties associated with adolescence, family conflicts, and sexual development. Intervention helped Magdalena identify her stress/response pattern, address the intensity of insecurities, and develop insight and increased motivation for change. Presentation demonstrates how CA aids mental health awareness among students and brings self-knowledge to the classroom in a meaningful and accessible format. CA's Limitations include influence of completing intervention within school, time constraints, sample size, and self-report design.

**A Long-Term Therapy Outcome Study Utilizing Formal Theory's Diagnostic Categories and the Conflict Analysis Battery.** *Albert Levis, Museum of the Creative Process*

The Conflict Analysis Battery (CAB) generates a metaphorical language that is meaningful for the patient and measurable for the therapist. It allows the ability to identify patient's relational disposition, self-identity, inner conflicts, conflicts in relations, and conflicts in performance via charting patterns in creativity. This paper showcases the CAB treatment record of "Betty", a 41-year-old Caucasian

woman. The case is analyzed by observing 33 standardized creative prompts, completed over the course of her 2-year therapy. The prompt consisted of drawing two animals and writing down their conversation. Betty consistently selected a black cat as the protagonist. Themes addressed traumatic relationship with her mother, husband, therapist, fellow group therapy members, and reflected her difficulties and personal growth. Prompts generated record of interpersonal dominance and need for leadership and mastery. Betty's dominance led to consistent difficulties with her mother and in relationship with therapist. Paper identifies four phases of growth: trauma of sibling rivalry and maternal rejection, vindictive behavior towards her mother, reconciliation with mother, and acceptance of responsibility for her dominance. Paper establishes continuity between sessions, detecting and modifying a relational lifetime pattern. We recognize relational categories as key pathogenetic syndromes. Support for assertiveness is needed for individuals who are overly submissive, support for regulation is needed for individuals suffering from demandingness and competitiveness. Paper clarifies Betty's dominance dynamics, accounting for psychogenesis and psychotherapeutic needs: experiencing rejection as violence and over-reacting eliciting anxiety as paranoid fears addressed by power management therapeutic interventions such as immunization to feelings of rejection by introducing tolerable rejections, welcoming episodes of anger without feeling destroyed or vindictive, being honest in needing respect and feeling hurt, tolerating stressful emotions by thinking positively, providing approval and tolerating criticism.

**Panel**  
Routine Outcome  
Monitoring

Organizer: Christian  
Moltu, Western Norway  
University of Applied  
Sciences

**Contextual and clinical approaches to implementing routine outcome monitoring and clinical feedback – bottom up stakeholder perspectives**

Implementing routine outcome monitoring to deliver measurement-based care has been reported across clinical settings to be a significant organizational challenge, despite a literature evidencing the contribution of such approaches to enhanced patient outcomes when used well. The implementation context is complex, with a multitude of relevant stakeholders: patients/clients, therapists, management and researchers. These stakeholders may use and value outcome monitoring and feedback differently depending on their roles, and thus have varied needs, experiences, and expectations for a successful implementation. Adding further complexity, uniform operationalization of feedback's working mechanisms are in their infancy - making collaborative learning across clinics and systems challenging. This panel will introduce four projects or applications from different settings, to inform important discussions in the area: What are important clinical functions of routine monitoring and feedback for different stakeholders, and how can differing perspectives on implementation processes be meaningfully integrated to inform the development of operational guidelines for measurement-based care? How can feedback be integrated into clinical processes in practice?

**Cross-cultural leadership perspectives on the use of clinical feedback in mental health.** *Susan Douglas, Vanderbilt University, Nashville, USA; Nisha Bala, Vanderbilt University, Nashville, USA; Bram Bovendeerd, University of Groningen, Netherlands; Maartje van Sonsbeek, Pro Persona Research, Netherlands; Runar Hovland, Western Norway University of Applied Science; Christian Moltu, Western Norway University of Applied Sciences*

Measurement-based care (MBC), or using clinical feedback from routinely collected data to support clinical and administrative decision-making, is a key ingredient to improving mental health care. However, implementation rates for MBC are generally low and likely related to the complexity of integrating measurement into individual clinician's workflow and overall organizational processes. For organizations seeking to adopt or improve use of MBC, there is a balance to consider between the benefits of MBC for patient care and the resources needed to integrate this evidence-informed tool into practice. There is also a need for research that goes beyond simple acceptability and use to better understand how contextual and organizational factors influence MBC

implementation. Here, we present results from a multinational qualitative study of how intra- and extra-organizational characteristics influence the everyday use of MBC in clinical practice, supervision, and program improvement. Nine mental health agencies in three countries participated in the study: two in the Netherlands, three in Norway, and four in the United States. Semi-structured interviews with managers and leaders were coded in two waves: (1) for content related to implementation strategies and barriers, and (2) for themes guided by Normalization Process Theory, a social practice framework commonly used to explore the diffusion of innovations in medical settings. Interviews were adapted to include questions about use of MBC with telehealth due to the COVID-19 pandemic.

**Patients' experiences with routine outcome monitoring and clinical feedback systems.** *Stig Magne Solstad, District General Hospital of Førde, Førde, Norway; Gøril Kleiven, District General Hospital of Førde, Førde, Norway; Louis Castonguay, Penn State University, University Park, USA; Christian Moltu, Western Norway University of Applied Sciences*

**Background.** Routine outcome monitoring and clinical feedback systems (ROM/CFS) are meant to enhance psychological therapies by providing feedback about patients' status and progression in therapy. As with psychotherapy itself, ROM/CFS does not appear to be effective for all patients. We therefore need to know more about the mechanisms and processes of ROM/CFS. Most previous research on ROM/CFS has taken a quantitative approach, and the perspective of researchers, therapists or service providers. The patient perspective is needed for a full understanding of the mechanisms and processes of ROM/CFS, and qualitative research is well suited for this purpose. The talk will present the results from a research project on patients' experiences with ROM/CFS. The goal of this project was to summarize and expand upon the qualitative research literature on patients' experiences with ROM/CFS, by approaching it as a therapeutic and interpersonal process. **Method.** The first part of this research project was a systematic literature search and meta-synthesis of the existing qualitative literature on patients' experiences with ROM/CFS. The second part was a qualitative, video-assisted interview study investigating the experiences of 12 patients from a mental health outpatient clinic in Norway, with the use of interpersonal process recall (IPR) interviews and subsequent follow-up interviews. Data were analysed using systematic text condensation (STC) and resulted in two overarching themes with respective subthemes. **Results.** The meta-synthesis resulted in four meta-themes: (1) Suspicion towards service providers, (2) Flexibility and support to capture complexity, (3) Empowering patients, and (4) Developing collaborative practice. The evaluation of quality revealed great variation between studies, and most of them used some form of retrospective interviewing, less suitable for exploring ROM/CFS as a process. The interview study resulted in two domains of experience with respective subthemes, presented in two empirical papers. The first domain was patients' experiences with answering a CFS, and consisted of the following themes (1.1) Triggering reflections, emotions and self-awareness, (1.2) Ambivalent and ambiguous self-presentation, and (1.3) Potential for feeling understood and talking about what matters. The second domain concerned patients' experiences with using ROM/CFS in therapy sessions and consisted of another three themes: (2.1) Explicit vs. implicit use of information, (2.2) Directing focus towards or away from therapeutic topics, and (2.3) Giving and receiving feedback. **Discussion.** The results from the meta-synthesis and the interview study correspond to each other, and to more recent studies on patients' experiences with ROM/CFS. The interview study provides further nuance and examples of helpful and hindering processes. The limitations and transferability of the findings from this research project are discussed, and their implications for further research, practice and training.

**Feedback in group psychotherapy: experiences of patients and clinicians.** *Marjolein M. W. Koementas-de Vos, GGZ Noord-Holland-Noord, Heerhugowaard, The Netherlands; Marjolein van Dijk, GGZ Noord-Holland-*

Noord, Heerhugowaard, The Netherlands; Bea Tiemens, Radboud University, Nijmegen, Netherlands; Kim de Jong, Leiden University, Netherlands; Cilia Witterman, Radboud University, Nijmegen, Netherlands; Annet Nugter, GGZ Noord-Holland-Noord, Heerhugowaard, The Netherlands

Feedback-informed treatment (FIT) seems to be effective in individual psychotherapy, especially for patients who are not doing well during treatment. Results of feedback-informed group treatment (FIGT) are mixed. It is unclear which elements of FIGT are helpful and what the underlying mechanisms of action are. The aim of this qualitative study is to investigate the use of feedback in group psychotherapy and to optimize a FIGT tool by observations of group sessions (K = 5), interviews with patients (N = 7) and interviews with clinicians (N = 9) about the use of the tool. A grounded theory approach was used for analysis. The results showed that FIGT influences experiences by patients, clinicians, the group and the relations between them. Patients only mentioned benefits, while clinicians were also concerned about their ability to discuss stagnation in patients' progress in a motivational way and about possible negative competitive feelings among group members. Suggestions for optimizing FIGT are to discuss the feedback in a more comprehensive way with the group, using a visual display of the feedback for the group as a whole, offering more support for clinicians and providing the opportunity for personalized, specific and flexible feedback.

**Implementation and ROM/CFS training as clinical skills: lessons learned from the Norse Feedback action research program.** *Christian Moltu, Western Norway University of Applied Sciences; John Mellor-Clark, District General Hospital of Førde, Førde, Norway; Stig Magne Solstad, District General Hospital of Førde, Førde, Norway; Andrew McAleavey, Weil Cornell Medical College; Runar Hovland, Western Norway University of Applied Science; Samuel Nordberg, Reliant Medical Group, Massachusetts, US*

Norse Feedback is a system for routine outcome monitoring and measurement-based clinical feedback developed bottom up to deliver to patients' and clinicians' reported needs, and evolving iteratively through a practice-research network, an action research program, and formal grants researching organizational and clinical application. Based on a breadth of implementation experiences and research data across multiple clinical settings, a core duality is emerging between those stakeholders understanding routine measurement having administrative/empirical purposes, and stakeholders understanding routine measurement to be a clinical process seeking to engage client feedback. The presentation will summarize these experiences across different research projects, and suggests potential clinical conceptualizations to help guide future studies. These include: routine measurement supporting discrete processes of a) collaborative case conceptualization, b) establishing goals, c) consolidating change, and d) alliance work – all of which will be discussed and illustrated with clinical video vignettes. The presentation proposes that studying discrete clinical measurement functions in addition to global uptake of measurement can be one fruitful avenue in merging clinical and implementation research approaches.

**Discussants:** James F Boswell, University at Albany, State University of New York;

#### **Panel**

Depression

Organizers: Corina Aguilar-Raab, Heidelberg University, Germany; Friederike Winter, University

#### **Current trends in contemplative and psychotherapy research**

Contemplative practices have long entered psychotherapy research. Current trends go a step further: In addition to important influencing variables and elaborate mixed-method approaches, multi-person settings are also being investigated. Furthermore, especially considering the Corona pandemic and the changing, increasingly digital life situation, the links between mindfulness, Internet use as well as psychopathology play an important role. In the first presentation, two studies will be presented that focus on the influence of personality functioning (PF) as a vulnerability factor for emotional-dysregulation

Hospital, Heidelberg,  
Germany;

on contemplative skills and how PF can be enhanced by mindfulness-training. One focus here is the combination of quantitative and qualitative methods, especially micro-phenomenological interviews complete the findings and will be discussed in detail. In two further presentations, different facets of the effects of a compassion-based group-training for depressed couples will be highlighted: First, actor-partner effects related to the association between compassionate-love and depressive symptoms of longitudinal data will be presented. Second, moderation effects of empathy and practice time on the effects of the training are analyzed. Compassion is also referred to as empathic concern and will be discussed in more depth from the perspective of interpersonal regulation strategies in the context of depression. The final presentation will focus on abusive Internet use and the associated risk for depression and anxiety in a Chilean adult sample: Mindfulness as a transdiagnostic factor for the development of psychopathology will be examined in the concluding remarks. The panel will provide an opportunity to discuss the current trends of contemplative interventions within psychotherapy research.

**Acknowledging Vulnerability in Contemplative Research.** *Sebastián Medeiros, Pontificia Universidad Católica de Chile - Departamento de Psiquiatría; Alejandra Vásquez-Rosati, Laboratorio de Fenomenología Corporal, Chile; Carla Crempien, Pontificia Universidad Católica de Chile, Santiago; Nicole Kohen, Pontificia Universidad Católica de Chile; Pía Nitsche, Pontificia Universidad Católica de Chile; Millenium Institute for Research in Depression and Personality. Chile; Manuela Pacheco, Millenium Institute for Research in Depression and Personality, Chile. mepacheco/at/uc.cl*

Early life adversity can disrupt the development of personality functioning (PF) in terms of vulnerability to stress and emotion dysregulation. The relationship between PF and inherent contemplative skills and their enhancement through mindfulness practices has been partially addressed. Furthermore, there is a gap in understanding subjective experience of change occurring in contemplative learning. We discuss results from two studies that assess the impact of PF in contemplative skills and practice while acknowledging individual vulnerability. First, in a cross sectional study of subjects seeking psychological support, we observe negative correlations between PF and dispositional mindfulness (DM). Regression analyses show PF explains 39% of dispositional mindfulness. Secondly, results from a mixed methodology longitudinal study show enhancement of PF and contemplative skills (DM, self compassion and interoceptive awareness) after an mindfulness intervention. The moderating effect of PF in the cultivation of self-compassion is discussed from a clinical perspective. Data from micro-phenomenological interviews (pre-post intervention) are presented to give voice to participants' change in forms of relating with emotional difficulty. Micro-phenomenological analysis suggests participants develop accurateness in recognizing and differentiating emotions and bodily sensations, allowing them to connect with their own needs and to communicate feelings. We explore how contemplative studies are nourished from mixed methodology research, including first person perspectives and early trauma sensitive approaches towards understanding mechanisms of change and transformation.

**Actor and partner associations between compassionate love and depression: A compassion-based intervention.** *Corina Aguilar-Raab, Heidelberg University, Germany; Friederike Winter, University Hospital, Heidelberg, Germany; Marc N. Jarczok, University Hospital Ulm, Germany; Beate Ditzen, University Hospital, Heidelberg, Germany; Marco Warth, Heidelberg University, Germany*

Depression effects not only intra- but also interpersonal aspects, especially in romantic relationships. Compassion can be regarded as empathic concern in the face of suffering – and includes seeking to bolster the well-being of the other – which seems to be impaired in depression. The aim of the study was to distinguish actor and partner effects of depression and compassionate love in

mixed sex couples and to differentiate effects for a clinical sub-sample participating in a compassion-based intervention. N = 124 heterosexual couples participated in the study, with female partners having a depressive disorder (DCs) or being non-depressed (NDCs). DCs were randomly assigned to a treatment- (compassion-based intervention) or a Treatment-as-Usual -control group. We examined the degree of compassionate love and depression cross-sectionally and longitudinally pre- and post-intervention using an actor-partner-interdependence model. Results show mixed findings for women and men and for actor and partner effects, respectively. Exploratively, we examined both direction of effects, with again mixed results. Given heterogeneous findings, we will discuss the role of empathic interpersonal emotion regulation in depression and how this can be effectively addressed in interventions including the social context.

**The moderating effect of empathy on the effects of a compassion-based group intervention for couples with depression.** *Friederike Winter, University Hospital, Heidelberg, Germany; Marco Warth, Heidelberg University, Germany; Marc N. Jarczok, University Hospital Ulm, Germany; Beate Ditzen, University Hospital, Heidelberg, Germany; Corina Aguilar-Raab, Heidelberg University, Germany*

Previous research underlines the positive impact of compassion on depression and psychopathology. Being compassionate with oneself or others includes cognitive, emotional, motivational and relational aspects and has been shown to increase prosocial attitudes and behavior. Along with compassion, which can also be termed empathic concern, is different from empathy. Along with other relational constructs such as relationship satisfaction and social support, compassion and empathy have been shown to be impaired in depression. Further, a depressive disorder seems to burden close partners. The Social Interaction in Depression (SIDE) Study has examined the effects of a compassion-based training for couples in a group setting. Preliminary results had shown promising but mixed results on the reduction of depressive symptoms and partner burden and the increase of relationship quality. The aim of this study was to replicate these findings in the full sample of the study and to understand more comprehensively how factors such as empathy but also practice time influence the outcome. N = 55 couples were recruited in private practices, the Heidelberg University Hospital and in public. Couples with the female partner being diagnosed with a depressive disorder were randomly assigned to ten weekly sessions of a compassion-based training (CBCT) or a treatment as usual group (TAU). Longitudinal effects of the training on self and observer-ratings of depression in women and the burden in partners were analyzed in multilevel models controlling for levels of empathy at baseline and the nested nature of the data. The influence of practice time on the effects of the training were investigated. The effects of training related to depressive symptomatology, partner burden, and relationship quality were more pronounced for the depressed women than for the non-depressed men. Empathy and practice time were shown to moderate the longitudinal effects of the compassion training. Empathy is discussed as an important construct for the social impact of depression. As an interpersonal regulation strategy, empathic concern extends one step further and is discussed especially in the context of psychopathology and its interpersonal context. The influence of practice time on outcome is discussed along with the specific aspects of the dyadic nature of the data and the group setting of the training.

**"Present" in different places: the role of problematic use of the internet on mindfulness, depressive, and anxious symptoms.** *Cristóbal Hernández Contreras, Universidad Adolfo Ibáñez. Millennium Institute for Depression and Personality Research*

The current events associated with the COVID-19 pandemic have sped up out process of digital migration. Most of our lives are now being coordinated and spent through digital media via computers, smartphones, or other devices. This

has indeed made it easier to keep in touch with our loved ones, maintain social contact, and work remotely from home. However, there is increasing evidence of a potentially harmful effect of our usage of internet-based digital technologies. As such, it has been associated with increased levels of depression and anxiety, among other mental health problems. In this case, the internet affords a virtually endless stream of different contexts to get synchronized with. This information overload is associated with decreased levels of mindfulness, a transdiagnostic factor for psychopathology, and a target of different psychotherapeutic practices. However, the structural relations between internet use, mindfulness levels, and psychopathology are still poorly understood. Through structural equation models, the present study aims to model these relationships with a sample of adults from Chile, using self-report questionnaires and an online sampling procedure inquiring about mindfulness, anxiety, depression, internet addiction, and specific behaviors on the Internet associated with the development of uncontrolled use of it. It is expected that our results will facilitate our understanding of the effects of digital technologies on affective transdiagnostic factors of psychopathology. By doing this, we expect to facilitate the translation of results from psychopathological science into psychotherapy research and practice. Implications for psychotherapy research will be discussed.

**Discussants:** Corina Aguilar-Raab, Heidelberg University, Germany;

#### **Panel**

Change process

Organizer: Eugénia Ribeiro, University of Minho

#### **Dyadic collaborative interaction: Contributes to understanding processes of change in cognitive behavior therapy**

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 to clarify in-session micro-processes of change as well as the client's progress throughout therapy. 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 study aiming to compare the therapeutic collaboration profile over the course of two clinical cases, a dropout and a good outcome completer, both followed in CBT; the second paper presents a comparative case study aiming to analyze how therapeutic collaboration and assimilation of problematic experiences evolve in two complete CBT good and poor outcome cases; the third paper presents a comparative case study aiming to understand how the therapist accommodated their interventions immediately after the client's expression of risk to manage it in two complete cases, a recovered and an unrecovered, both followed in CBT. keyword: Dyadic collaborative processes

**Dyadic interaction analysis: A comparative study of a dropout and a good outcome completer..** *Ângela Ferreira, Universidade do Minho, Braga, Portugal; Cátia Cardoso, Universidade do Minho, Braga, Portugal; Eugénia Ribeiro, University of Minho; Inês Sousa, Universidade do Minho, Braga, Portugal*

The quality of therapeutic interaction, namely the collaborative involvement between therapist and client, is an important predictor of the therapy gains and a critical factor in the client's decisions regarding the discontinuation of therapy. Aim: In the current study, we aim to analyze the interactive processes between therapist and client, comparing the therapeutic collaboration profile over the course of two clinical cases, a dropout and a good outcome completer, both followed in CBT. Methods: The Therapeutic Collaboration Coding System has been used to micro-analyze the dyad's therapeutic collaboration. According to this system, each therapist intervention is coded as supporting or challenging and each client response is coded as validation, invalidation, or ambivalence. Two judges code independently the videotaped sessions, using the ANVIL

program, and differences are resolved through consensus and posterior auditing. Through the State-Space Grids approach and Hidden Markov Models, we will analyze the interaction patterns, namely the states the dyad share at a given point in time, as well as the probability of staying in the same state or going to a different state. Results: The process of analysis is ongoing. We expect that the therapeutic collaboration profile will be different from dropout and good outcome completer cases. Specifically, we expect less flexibility (or rigidity) from the dropout profile (i.e. less fluctuation and dispersion and more stability regarding the states), when compared with a good outcome completer profile. Discussion: Findings will be discussed in terms of their empirical, and clinical implications.

**Therapeutic collaboration as a facilitating process of problematic experiences assimilation: a comparative case study.** *Raquel Queiroz, Universidade do Minho, Braga, Portugal; Eugénia Ribeiro, University of Minho; Fernanda Serralta, Universidade do Vale do Rio dos Sinos; Vânia Silva, Universidade do Minho, Braga, Portugal; Cátia Cardoso, Universidade do Minho, Braga, Portugal; Ângela Ferreira, Universidade do Minho, Braga, Portugal; Isabel Basto, Instituto Universitário da Maia; William Stiles, Miami University, Oxford, USA*

Background: Therapeutic Collaboration Model proposes that the quality of the dyad's interaction is significantly related to the client's change throughout therapy. Aims: This comparative case study aimed to analyze how therapeutic collaboration and assimilation of problematic experiences evolve in two complete Cognitive Behavioral Therapy good and poor outcome cases. Method: Both clients were diagnosed with major depression and they were treated by the same therapist. We used the Therapeutic Collaboration Coding System (TCCS) to micro analyze therapists and clients' interactions. We used the Assimilation of Problematic Experiences Scale (APES) to rate the clients' progress of assimilation of problematic experiences. Results: In both cases, the therapist mostly worked in the client's Therapeutic Zone of Proximal Development (TZPD), balancing supporting and challenging interventions. Both cases progress on the assimilation of their problematic experiences, but the good outcome case achieved higher APES levels than did the poor outcome case, in the last sessions. In the latter, the therapist's interventions focused on understanding the client's problematic voice were used throughout the therapy, independently of the client's APES level. In the good outcome case, these therapist's interventions attuned to the client's problematic perspective were only observed in sessions where the client's experience was rated at the lowest APES levels; on the other hand, the therapist's interventions focused on understanding emergent changes and progress on the assimilation process were observed in higher APES levels. Discussion: The results suggest that the therapist has better adjusted her interventions to the assimilation of experiences in the good outcome case than in the poor outcome case.

**When the therapist's interventions triggered an experience of risk on client within a manualized Cognitive-Behavioral Therapy approach: A multiple case study..** *Cátia Cardoso, Universidade do Minho, Braga, Portugal; Ângela Ferreira, Universidade do Minho, Braga, Portugal; Gysele Melo, Universidade do Minho, Braga, Portugal; Eugénia Ribeiro, University of Minho*

Aim: Driven by the Therapeutic Collaboration Model, we focused on therapeutic exchanges where clients showed the inability to pursue the therapists' proposals to move further into change by a sense of risk on their self-experience. A previous study developed within non-manualized Cognitive-Behavioral Therapy (CBT) showed that these types of exchanges are quite common, although occurring across the entire process, its highest proportion was distributed within sessions of the working phase. Its successful management did not always occur immediately being extended over several exchanges. Immediately after its occurrence, the therapist tended to pursue the main proposal of pushing clients to move further. In this study, we aimed to analyze the phenomena within a

manualized CBT approach, observing how the therapist accommodated her interventions immediately after the client's expressions of risk to manage them. Method: We analyzed two complete cases, a recovered one across 16 sessions and an unrecovered one across 20 sessions, both conducted by the same therapist and followed by the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. Through the Therapeutic Collaboration Coding System, we coded the entire therapeutic exchanges of the cases, allowing us to identify 492 exchanges of interest. Results: The study analyses are still in progress, thus we are willing to present the results and discuss their research and clinical implications in the meeting.

**Panel**

Organizer: Franz Caspar, University of Berne

**Emotion Focused Therapy (EFT) in various forms – controlled trials on their effects and more**

EFT has established itself as a neo-humanistic approach with good evidence. Part of its dissemination is that variations of its original form develop. One form of variation is the application to specific disorders – which is exemplified by a contribution by Ladislav Timulak and his co-authors on the treatment of generalized anxiety disorder: They compare EFT with CBT, which, as they argue, does not appeal to all patients with this disorder. Another form of variation is the application to new groups along other lines than diagnosis: Nadia Ansar and her co-authors do not study the application of EFT to children with externalizing and internalizing symptoms. Rather they compare in a dismantling study the effects of two forms of Emotion Focused Skills Training (EFST; Dolhanthy and Greenberg, 2007), one with an experiential component/chaire work and one without. Caspar and co-authors, finally, have studied the effects of integrating some central EFT concepts and interventions into an already integrative form of CBT. Antonio Pacual Leone will discuss and comment on the three presentations, followed by general discussion. Keywords: EFT, RCT, Integration

**A comparison of emotion-focused therapy and cognitive-behavioural therapy in the treatment of generalised anxiety disorder: Post-therapy outcomes.** *Ladislav Timulák, Trinity College Dublin*

Background: Generalized anxiety disorder (GAD) is a chronic and debilitating condition characterized by high comorbidity. Cognitive-Behavioral Therapy (CBT) is an established psychological therapy for GAD. Not all clients prefer CBT as a psychological therapy. Recently, emotion-focused therapy (EFT) was developed for GAD and was tested in an open trial with promising results. The current study is a randomized controlled trial that compares the efficacy of EFT vs. an established treatment for GAD, mCBT. Method: Sixty clients presenting in a primary care psychology/counselling service were randomly assigned to two conditions: EFT and CBT. Therapy last between 16-20 sessions. The same therapists (n=10; trained in both conditions) randomly delivered both conditions. Outcomes were assessed using several measures (Generalized Anxiety Disorder-7, GAD-7; Generalised Anxiety Disorder Severity Scale, GADSS; Patient Health Questionnaire-9, PHQ-9, and the Clinical Outcome in Routine Evaluation – Outcome Measure, CORE-OM). For the current study clients were assessed prior to, and at the end of therapy. Based on findings from the initial open EFT trial with regards the optimal length of therapy, it is proposed that. Discussion: This study will report on post-therapy outcomes. It will test subject recruitment, therapist adherence to manualized treatment, and client retention rates. It will also provide estimates of comparative outcomes that can inform power calculations for any definitive trial.

**Emotion focused skills training for parents: Preliminary findings from an RCT for parents of children with externalizing and internalizing symptoms.** *Nadja Ansar, University of Oslo, Norway; Helene Nissen-Lie, University of Oslo, Norway; Stiegler Jan Reidar, Norwegian Institute of Emotion-Focused Therapy; Robert Elliott, University of Strathclyde, Glasgow, UK*

Objective: There is a need to find effective and easy-to-implement interventions to alleviate emotional problems in children. Research indicates that how parents deal with their own emotional issues play a crucial role in the development, maintenance and deterioration of emotional issues in their children. There are currently few programs targeting these mechanisms. The purpose of the present study was to investigate a parent-based intervention and its effect on the internalizing or externalizing symptoms in children were within a clinical range. Method: Emotion Focused Skills Training (EFST) (Dolhanthy and Greenberg, 2007) is a manualized parental program based on principles from Emotion Focused Therapy (Greenberg, 2010) and humanistic client-centered therapy (Elliott, 2013). Parents of 236 children aged 6-13 with externalizing/internalizing symptoms were randomly allocated to one of two conditions; one with an experiential component/chair work and one without, which makes this study a dismantling, randomized controlled trial. Parents received 2 days' group training and 6 hours of parental supervision. Feedback regarding symptoms was obtained from parents and teachers at baseline, treatment completion and at 3, 6 and 9 months follow-up. Results: Preliminary results of multilevel modeling indicate that the children's symptoms changed significantly over time after receiving EFST in both conditions. Internalizing symptoms changed more if the parents had participated in the condition with the active experiential component (chair work). There was no significant difference in externalizing symptoms caused by different conditions. Conclusion: Children's symptoms can be reduced with a short term accessible parental training program based on emotion focused principles.

**The integration of EFT elements into Bernese TAU as a valuable enrichment for the use and treatment of emotions.** *Franz Caspar, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland*

The reluctance of (integratively oriented) therapists to use emotion focused interventions in a broader sense has been seen as a consequence of lower confidence of therapists in their ability to use such interventions as competently as more traditional CBT interventions. It is thus obvious to provide additional training in EFT elements, which needs, however, to be limited, as it is added to a postgraduate training already comprising more than 1800 hours. In a study ("Improve") we have tried to mimic with EFT what happens more generally when practitioners in the sense of assimilative integration try to enrich and improve their existing repertoire without being able to profit from a full training in the added approach. A training of additional 8 days plus supervision has been provided on top of the therapists' regular training. Effects and process of an experimental condition with EFT integration have been compared to a condition which also required additional training, but is closer to Bernese TAU. Pre-postand process data of 44 EFT-enriched therapies and 42 therapies without EFT will be reported and discussed, and findings in interviews with the therapists give additional insight onto the evolving processes.

**Discussants:** Antonio Pascual-Leone, University of Windsor, Ontario, Canada;

**Panel**  
Therapist effects

Organizer: Kim de Jong,  
Leiden University,  
Netherlands

**Emotional activation of therapists during the Facilitative Interpersonal Skills performance task**

Therapists' Facilitative Interpersonal Skills (FIS) are transtheoretical relational skills that help clients in psychological and emotional distress change during psychotherapy (Anderson et al., 2018). Higher FIS in therapists has been associated with more positive treatment outcomes for clients (e.g. Anderson et al., 2009; 2016). In this panel, we will explore the hypothesis that emotional activation in therapists may be an aspect of what makes FIS predictive. In the first presentation, helpers are presented with difficult and benign stimulus clips in order to determine if these situations elicit different emotional responses. This is followed by two presentations on the non-verbal aspects (facial expression using FaceReader) of the emotional response and their relationship with FIS. In the

fourth presentation, we will assess the emotional activation (heart rate variability and skin conductance) of experienced CBT therapists during the FIS task.

**Do Helpers' Emotion and Responses Differ for Difficult versus Benign Simulated Clients?.** *Hillary Benanzer, Ohio University, Athens, USA; Tao Lin, Ohio University, Athens, USA; Suzannah J. Stone, Ohio University (Athens, OH USA); Kim de Jong, Leiden University, Netherlands; Timothy Anderson, Ohio University, Athens, USA*

Objectives: Therapists' facilitative interpersonal skills (FIS) are assessed by rating therapists' responses to brief video simulations of challenging clients and are predictive of therapeutic outcome. It is possible that therapists' FIS responses are predictive because the simulations are difficult and stimulate more difficult emotions for therapists. Therefore, we hypothesized that more difficult therapeutic video simulations differed from less difficult in regard to helpers' emotions while viewing the video simulations as well as the interpersonal skills of their intervention. Methods: Participants were administered a modified version of the FIS task, which included a set of 4 of the original videos (difficult) and 4 additional videos that were created to be less difficult (or benign). Emotions and perceived difficulty were rated by participants immediately after each client video simulation. FIS ratings of performance were rated by four trained raters using FIS-Text (Foley & Anderson, 2020). Result: Helpers perceived difficult video simulations as more difficult to respond than benign ones. Helpers showed higher levels of negative emotions ( $p = .007$ ) and anxiety ( $p = .008$ ) to difficult video clips than benign ones. No significant differences in positive emotions between difficult versus benign videos were found. Additionally, helpers provided better responses to benign videos than to difficult videos ( $p < .001$ ). Conclusion: Identifying differences of helpers' skill based on the difficulty of the simulated FIS video is useful in understanding the construct validity of FIS materials. Furthermore, understanding how helpers' emotional reactions mediate FIS ratings advance the understanding of how therapist interpersonal skills contribute to the formation of therapeutic responses.

**The relationship between nonverbal skills and interpersonal effectiveness, and the effects of therapist training.** *Yocheved Ferstenberg, Yeshiva University, New York, USA; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Jordan Bate, Ferkauf Graduate School of Psychology*

Background: Interpersonal effectiveness and nonverbal communication skills are two domains necessary for building the affective bond associated with the therapeutic alliance. The purpose of this study is to understand the relationship between interpersonal effectiveness and sensitivity to nonverbal communication of emotions, and to explore the way targeted training can enhance these skills. Methods: 40 mental health professionals and graduate trainees completed performance-based measures of interpersonal effectiveness (FIS) and nonverbal skills (DANVA-2). Participants were randomly assigned into the experimental or wait-list control group. The experimental group participated in a training workshop (FIRST) involving deliberate practice, modeled responses to video clips, and awareness-oriented roleplays. Subsequently, all participants completed the same measures again. Afterwards, the wait-list control group attended the workshop, and all participants completed the assessments a third time. Results: Data analysis is under way and results related to the following hypotheses will be presented: 1.) levels of nonverbal and interpersonal skills will be positively correlated at each time point; 2.) participants who complete the training will show greater improvement in nonverbal emotion recognition skills and FIS compared to the control group; 3.) nonverbal emotion recognition skills at baseline will predict improvement in FIS following training, beyond baseline interpersonal skills. Discussion: This study can help to clarify the emotion recognition capacities that are related to therapists' interpersonal skills and highlight directions for improved clinical training. Accordingly, this research can contribute to theory-driven knowledge of mechanisms of change and direct

clinical training and practice by exploring techniques for skill-based improvements.

**What are the nonverbal physiological and emotional features of a therapist's internal experience that are associated with high facilitative interpersonal skills?** *Lyles Swift-Farley, New School University, New York, USA; Joshua Maserow, New School University, New York, USA; Evan Henritze, New School University, New York, USA; Timothy Anderson, Ohio University, Athens, USA; Jordan Bate, Ferkauf Graduate School of Psychology*

The FIS are transtheoretical relational skills that help people in psychological and emotional distress change and reach greater emotional and psychological well-being (Anderson et al., 2018). FIS ratings focus on the quality of therapists' verbal responses: but what of the nonverbal physiological and emotional correlates that correspond with high and low FIS performance? This presentation will outline findings from a pilot study examining the physiological profiles of clinicians with high and low FIS performance using facial analysis software. The FIS responses of 20 participants from two facilitative interpersonal and relational skills training (FIRST) studies at a large urban hospital were analyzed using the Noldus FaceReader, which identifies emotions — happiness, disgust, fear, sadness, anger, neutrality, contempt — through facial features, gaze direction and head orientation. Correspondingly, it generates data for emotional valence, levels of arousal and heart rate variability. Exploratory analyses were run in order to 1.) ascertain whether high and low performers exhibited significant differences in patterns of emotional expression, emotional valence, arousal and heart rate variability; and 2.) compare those who improved significantly in their FIS as a result of the training and those who did not demonstrate significant change, in order to explore whether changes in FIS were associated with changes in the patterns of emotional expression, valence, arousal and heart rate. Finally, results of an analysis using FaceReader to detect empathic self-awareness will be reported by assessing the correspondence between self-reported empathy (Interpersonal Reactivity Index) and degree of affective matching with the simulated patient vignettes of the FIS.

#### **Physiological Response of Therapists During the FIS Performance**

**Task.** *Kim de Jong, Leiden University, Netherlands; Noha Yassen, Leiden University, Netherlands; Kane Steggles, Leiden University, Netherlands; Tom Seinen, Erasmus University Medical Center, Rotterdam, Netherlands*

Background: Therapists' facilitative interpersonal skills (FIS) have been found to be predictive of differences between therapists in treatment outcomes. Less is known about the underlying mechanism of action. In this study, we hypothesize that due to the challenging nature of the FIS performance task, therapists who have stronger emotional activation might have more trouble obtaining a high score on the task. Methods: In this study, 93 experienced CBT therapists working in outpatient mental health care participated in a study to investigate therapists' physiological response to the FIS performance task. The FIS performance task measures therapists' use of common relational skills (e.g. empathy, building expectations) by rating therapist responses to video simulations of challenging client-therapist interactions. Therapists' heart rate, heart rate variability (HRV) and skin conductance were used as measures of emotional activation. Data were analysed with multilevel modelling. Results: Data still need to be analyzed, but we hypothesize that therapists with lower HRV and higher skin conductance obtain higher scores on the FIS task. Discussion: More research is needed to better understand under which circumstances therapists are best able to perform optimally, and what skills therapists need in order to provide the best possible therapy for their clients.

**Panel**  
Change process

**Enactments, Impasses, and Stalemates in the Psychotherapy Process**  
Nowadays, we have an extensive empirically-anchored knowledge of the nature of and coping with ruptures in the therapeutic collaboration. However, negative

Organizer: Andrzej Werbart, Stockholm University, Sweden

sequences in the therapeutic process comprise several additional phenomena, such as different forms of enactments, impasses, and stalemates. In this panel we approach such phenomena from three different perspectives. The first study aims at an empirical investigation of associations between patient-therapist interpersonal behaviors in initial diagnostic interviews with patient psychodynamics, therapist countertransference behaviors, and the development of a therapeutic relationship. The primary theoretical interest is in enactments and countertransference behavior as well as their antecedents and consequences though. The second study explores the therapists' experiences of deadlocks and their resolution in the psychotherapy process, applying the qualitative method of Interpretative Phenomenological Analysis. The third study is based on clinical case material illustrating how a psychodynamic understanding of ruptures can be combined with progress monitoring and cognitive and behavioral techniques. Taken together, these three studies demonstrate how systematic quantitative and qualitative research, as well as clinical research, can contribute to bridging the gap between psychotherapy research and clinical practice, and between different psychotherapeutic orientations.

**Patient-Therapist Interpersonal Behaviors in Diagnostic Interviews: Association with the Initial Therapy Process.** *Christian Sell, University of Kassel*

Psychodynamic approaches have traditionally placed great weight on the diagnostic and prognostic value of initial interviews. According to concepts such as scenic understanding, much of the patient's core conflictual problems will be unconsciously and mutually enacted during these first encounters with the therapist. This study aims at an empirical investigation of this proposed association between patient-therapist interpersonal behaviors with patient psychodynamics, therapist countertransference behaviors, and the development of a therapeutic relationship. We conducted observer ratings on video recordings of N = 85 psychodynamic diagnostic interviews. A group of four raters used the Interpersonal Transaction Scales (ITS-8) to assess patient as well as therapist interpersonal behaviors according to the Interpersonal Circumplex model. Statistical analysis shall then explore the association of these interpersonal behaviors, as well as of interpersonal complementarity, with other variables relevant to the therapeutic process. These variables cover the perspective of the patient, the therapist, and the therapeutic dyad: for each patient conflicts and levels of structural integration were rated according to the Operationalized Psychodynamic Diagnosis system (OPD-2), therapist countertransference behavior was rated with the Inventory of Countertransference Behavior – Observer (ICB-O), and alliance ruptures were assessed with the Rupture Resolution Rating System (3RS). Interrater reliabilities and internal consistencies were found to be acceptable for all instruments. All ratings were applied by different groups of raters (ITS-8, ICB-O, 3RS) or certified raters (OPD-2).

**Deadlock in Psychotherapy: A Phenomenological Study of Eight Psychodynamic Therapists' Experiences.** *Andrzej Werbart, Stockholm University, Sweden; Emma Gråke, Stockholm University, Sweden; Fanny Klingborg, Stockholm University, Sweden*

Problematic interactional patterns between client and therapist involve several phenomena, such as different forms of ruptures, enactments, impasses, and stalemates. This study explores psychodynamic therapists' experiences and understanding of deadlock in the psychotherapy process. Interviews with eight experienced therapists were analyzed applying the Interpretative Phenomenological Analysis (IPA). Generally, the therapists described the deadlock as a negative process, blocking the progress of therapy. The deadlock confronted them with unfulfilled expectations of closeness and connection, as well as unwelcome feelings and wishes, and evoked self-doubt and questioning of their own professional role. The therapists experienced a loss of agency and

reflective capacity in the encounter with the client. We found an elusive quality of something absent and incomprehensible in the therapists' experiences. Resolution of deadlock interacted with therapists finding a constructive role in the therapeutic relationship and being able to give meaning to their experiences. We conclude that the therapists need to be observant of their experiences of deadlock and talk to others about them. The knowledge of deadlocks as natural phenomena in the therapy process that can be recognized, addressed, and worked with must be more widely diffused and should be an integral part of psychotherapy education and training.

**Using Psychodynamic Formulation of Ruptures to Inform Behavioral Interventions and Repair.** *Victoria Lemle Beckner, University of California, San Francisco, USA*

Therapists who work from CBT or "third wave" behavioral approaches (ACT, DBT, FAP) often struggle with understanding and repairing ruptures that may stem from enactments or other long-standing but unconscious interpersonal processes. This may be due to the way therapists from these approaches formulate what is happening in the therapeutic relationship when things go awry: they take a client's words and actions at "face value" rather than strive to understand the client's experience as a coherent but often unconscious expression of historically developed maladaptive beliefs, feelings and behaviors. Integrating this more psychodynamic formulation has the potential to be quite helpful to CBT and behavioral therapist, and does not require that the interventions themselves be psychodynamic in nature, but rather could inform more effective behavioral interventions. Case material will be presented to illustrate how a psychodynamic understanding of rupture has been combined with progress monitoring data and cognitive and behavioral techniques to facilitate repair and growth. There will also be a broader, theoretical discussion of what these approaches can teach each other in working with therapeutic ruptures and enactments.

**Discussants:** Louis Castonguay, Penn State University, University Park, USA;

**Panel**

Depression

Organizer: Dana Atzil-Slonim, Bar Ilan University

**Enhancing the treatment of depression with novel technologies**

Depression is the leading cause of disability worldwide, increasingly affecting the lives of millions of individuals. Given the personal, societal, and economic impact of depression, there is an urgent need to optimize existing health care practices. The concurrent maturation of computerized techniques to pinpoint important information that emerges from the interaction in psychotherapy sessions, along with the emergence of machine learning techniques to analyze massive amounts of data, can lead to dramatic progress in matching specific interventions to individual patients and therefore promoting the efficacy of mental health care. This panel will focus on the possibilities of using novel technologies to enhance the treatment of depression. The first presentation by Marcus Huibers from Vrije Universiteit Amsterdam will introduce the potential of novel technologies to advance personalized mental health. Next, Dana Atzil-Slonim from Bar-Ilan University, Israel, will present a study that used computerized text analytic techniques to identify clients' and therapists' semantic change over time and examined whether these changes predict psychotherapy gains. The third presentation, by Björn Bennemann and Wolfgang Lutz from Trier University, will present a study that used ML algorithms to predict dropout from psychotherapy. The fourth presentation, by Lorenzo-Lorenzo-Luaces from Indiana University, USA, will present a study that used ML with passive social media data to track vulnerability to depression. These presentations, and the discussion that will follow them by Jaime Delgado from the University of Sheffield UK, are expected to shed light on possibilities and the main challenges in using computational methods to analyze psychotherapy data.

**Enhancing the treatment of depression with novel technologies:  
Introduction to the symposium.** *Marcus J.H. Huibers, Aalborg University,*

## *Denmark*

Depression is a global health problem, increasingly affecting the lives of millions of individual Europeans and societies as a whole. While available treatments are effective on average, individual responses vary greatly and many patients do not benefit from these treatments because they receive the wrong type of psychological and/or pharmacological therapy. Personalized or precision medicine aims to facilitate a better match between the individual patient and the treatment he or she needs to get better, either by predicting and selecting the best available treatment or by adapting the treatment itself to the needs of the individual. Novel statistical technologies such as artificial intelligence (AI) and its subdomain of machine learning, but also more innovative ways to collect a wealth of data with a high potential in terms of predictive value without putting a large burden on the patient, have enormous potential to contribute to the goals of personalized medicine and transform (mental) healthcare, improve clinical outcomes, and reduce costs. As an introduction to this symposium, the speaker will present an overview of the PsychSelector 2020 proof-of-concept, drafted and designed by a large international consortium of leading psychotherapy researchers in the field and other experts. The ultimate goal of PsychSelector is to develop a scalable and user-friendly digital diagnostic decision tool that produces digital phenotypes for treatment selection in depression, in order to match patients with depression to the psychological therapy they will benefit most from. PsychSelector capitalizes heavily on recent advances in smart diagnostics, artificial intelligence and health innovations such as Serious Gaming and Voice Analysis that open up new possibilities for the improvement of clinical practice in real-life settings.

### **Detecting moments of semantic change and examining their ability to predict psychotherapy gains.** *Dana Atzil-Slonim, Bar Ilan University*

Depression is the leading cause of disability worldwide, with more than 264 million affected. Given the personal, societal, and economic impact of depression, there is an urgent need to optimize existing health care practices. To date, research has primarily relied on subjective self-reports to identify patients' mental states, treatment processes, and outcomes. These subjective measures are the building blocks of mental-health research, and the outcome of treatment cannot be studied without them. However, these assessment methods also have critical shortcomings, including the extent of participants' insights and motivational profiles. By contrast, the analysis of non-verbal cues, combined with discourse parameters, may be key to identifying individual profiles that could be predictive of outcome. To identify these non-verbal signals in psychotherapy interactions, researchers rely on skilled clinicians coders to quantify this information obtained in videotaped sessions. However, observational human coding is labor-intensive, limiting the amount of data that can be analyzed and thus restricts the generalizability of results to real-world clinical practice. The mental health field could thus be enriched by more objective and flexible methods that can handle copious data and tap the rich information that takes place during psychotherapy sessions. One extremely promising avenue is to harness automated text analytic techniques to pinpoint important information that emerges from the interaction in psychotherapy sessions. In the current study, our goal was to detect clients' and therapists' semantic change over time and to examine whether these moments of change are predictive of psychotherapy gains. This involved training neural predictors of change using time-sensitive representations and data on static states and change points as input. Textual data of 873 psychotherapy sessions from a sample of 58 clients treated by 52 therapists were analyzed. Before each session, clients self-reported their distress levels. The findings are expected to demonstrate the advantages of using textual measures to capture nuanced processes in psychotherapy sessions and their ability to predict gains in the treatment of depression.

### **Predicting dropout in outpatient psychotherapy with machine learning**

**algorithms.** Björn Bennemann, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany

Aim: Dropout is a known problem in the psychotherapeutic process and has important implications for the patient and the healthcare system. Therefore, it is important to identify patients who are at risk of premature termination. Method: Data from 2043 patients treated by 172 therapists at the University of Trier's outpatient center were analyzed. To predict dropout, data were divided into a training and a test sample. Random allocation of cases to training and test samples was carried out multiple times to ensure that results were independent of subsample characteristics. With the help of various machine learning algorithms/ensembles and the R package caret, a model was generated using the training data, which provided dropout probabilities. In the test sample, models were evaluated in terms of specificity/sensitivity (AUC) and the Brier-score. Afterwards, the models were compared. The model that performed best on average was selected. Results and Discussion: A model created by an ensemble of an elastic net and a boosting algorithm delivered the best prediction results and identified nearly 60% correctly as dropout-cases (base rate 30%). Furthermore, large differences between the models generated by different machine learning algorithms were found, indicating that different algorithms are not equally suited to these kinds of predictions.

**Can we use social media to monitor vulnerability to depression?** Lorenzo Lorenzo-Luaces Velncia, Indiana University; Lauren Rutter, Indiana University; Krishna Bathina, Indiana University; Marijn ten Thij, Indiana University; Johan Bollen, Indiana University

Most efforts to track patient outcomes in psychotherapy as well as to predict symptom change are hampered by a reliance on patient self-report. There is increased awareness that passively-sensed data from technology could be used to characterize vulnerability to depression and other common mental disorders. We used data from the social media account of individuals who self-identified as having a diagnosis of depression to characterize cognitive vulnerability (N=9,998), as indexed by the use of lexical markers of cognitive distortions, and differences in circadian activity, of depressed vs. non-depressed individuals (n=9, 479). Depression was associated with elevated levels of cognitive distortions, particularly personalizing, emotional reasoning, and overgeneralizing. Similarly, depression was associated with an altered pattern of circadian activity that was higher later in the night and lower early in the morning. These findings suggest that social media can be used to characterize depression-related phenomena.

**Discussants:** Jaime Delgado, University of Sheffield, UK;

**Panel**  
Evidence-based  
psychotherapies

Organizer: Antje Gumz,  
Psychologische  
Hochschule Berlin

**Everything online? What do patients and staff want and need in times of Corona?**

The SARS CoV-2 pandemic has had a major impact on the health care system, most obviously in the increased work-related stress for hospital personnel but also more indirectly in the conduction of psychotherapy sessions. Here, video-based treatments were the cause of intensive debates more than ever. It was the starting point for a trend reversal. In this panel, we will explore the different consequences of the Corona pandemic, focusing on the questions of what patients and staff need to cope with the barriers and burden of the pandemic. We will present data on various formats of online treatment, putting particular emphasis on client satisfaction. The panel opens with a close inspection of the support needs of hospital staff in times of maximum workload. In a nationwide study, existing support tools and barriers to their use were examined across different professional groups in university hospitals. The purpose of the project funded by the German Ministry of Research is to develop a low threshold, interdisciplinary, web-based Employee Assistance Program which provides information and support to the staff of all University Medical Centers in

Germany. The panel then turns to question of how the pandemic has affected psychotherapy practice. The second presentation reports on a qualitative study on how psychodynamic therapists as well as patients undergoing psychodynamic therapy experienced the change from traditional to video-based treatment. Barriers for online treatment will be specified. The third presentation ties in here. It demonstrates the results of a quantitative study examining therapist variables which contribute to stronger or weaker satisfaction with online therapy (e.g. affinity for technology, attachment or therapeutic style). The fourth presentation focuses on how patients experience a different format of remote treatment: guided self-help. Guided self-help programmes became increasingly popular even before the pandemic as they facilitate treatment with flexibility in regard to time and location. The fourth paper presents the results of a study investigating the efficacy of an internet-based adaptation of the Unified Protocol for anxiety, depressive, and somatic symptom disorders. It will also discuss how patients used the programme to overcome difficulties and anxieties caused by Covid-19.

**Employee Assistance Program for the German University Medical Centers Hospitals - UMC-EAP.** *Manfred Beutel, Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Mainz, Germany; Dirk Rose, Institute for Work Social and Environmental Medicine, University Medical Center Mainz, Germany; Marian Tolksdorf, Institute for Work Social and Environmental Medicine, University Medical Center Mainz, Germany; Peter Kegel, Institute for Work Social and Environmental Medicine, University Medical Center Mainz, Germany; Tina Mülder, Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Mainz, Germany*

Since March 2020 the SARS CoV-2 pandemic has strongly increased work-related stresses for the medical hospital staff. Fear of contagion of self and next-to-kin, lack of protective and personnel resources and helplessness caring for isolated and dying patients are compounded by reorganization of teams and work requirements. Additional acute private and family-related concerns regarding the care for children and relatives and reduced social contact under the conditions of lockdown may add to the stress and reduce work ability. Human Resources Management (Evi Pan) in the framework of the National COVID-19 Research Network aims at maintaining work ability of employees of clinics in Germany. Comprehensive, web-based offers of the hospitals may provide targeted information, support and counselling, reduce the stresses of the medical staff and maintain health and work ability of employees. The Employee Assistance Program for all employees of the German University Medical Centers UK-EAP is based on a nationwide, interdisciplinary Employee Assistance Program (EAP), which has offered at a low threshold telemedical and personal diagnostic, counselling and crisis intervention to over 3000 employees from an aviation company. Occupational medicine and psychosomatic telephone hotlines have also been provided for the employees of the University Medical Center of Mainz, Germany. We will report results from a nationwide survey of staff from occupational medicine, hygiene, psychosomatic medicine, and psychiatry regarding needs offers of support programs for medical staff, including use and barriers. This is supplemented by an anonymous online survey of medical staff of University Medical centers. The purpose of the project funded by the German Ministry of Research (BMBF) is to develop a low threshold, interdisciplinary, web-based and comprehensive EAP providing information regarding local support, but also reducing fears of stigmatization by providing anonymous counselling if desired.

**Video treatments in psychodynamic psychotherapy - A qualitative interview study with patients and therapists.** *Alena Leukhardt, Sigmund Freud University Vienna; Alla Kirsha, Sigmund Freud University Vienna; Maximilian Heider, Sigmund Freud University Berlin; Christiane Eichenberg, Sigmund Freud University Vienna*

Introduction: In the course of the corona crisis, video-based treatments have

undergone a trend reversal (Eichenberg, 2020). It can be assumed that the switch from traditional psychotherapy to the video-based setting has an impact on the therapeutic relationship and thus on the therapeutic process. A systematic examination and reflection of the therapeutic transition is therefore essential in order to be able to discuss indication and contraindication in a justified and differentiated manner (Eichenberg & Hübner, 2018). This study examines whether and, if so, to what extent psychodynamic therapies were influenced by the switch from traditional treatment to video-based treatment (and back again) during the corona crisis. In addition, factors that are related to not using videotelephony in order to bridge the temporary risk situation were ascertained. Methods: With the aim of gaining a broad first thematic insight, an exploratory qualitative research design was implemented. Group-specific, semi-structured interviews were used to examine how the change from traditional treatment to the video-based setting and its influence on the therapeutic relationship had been experienced by therapists (n = 12), therapists in training (n = 12), and patients (n = 12). Further, factors related to the non-use of video therapy were investigated within each group. Results: Results show that the majority of participants, therapists as well as patients, prefer traditional treatment over video therapy and assessed the effectiveness of video treatments as worse compared to the traditional setting. Nevertheless, most participants highlighted the need to enable video therapy in the current situation in order to avoid therapy interruptions. Conclusion: The results indicate specific barriers for therapists and patients, which have to be further differentiated in order to obtain well-founded indications and contraindications for video therapy. Keywords: Psychodynamic psychotherapy, video therapy, therapeutic process, therapeutic relationship

**Psychotherapy in times of COVID-19: Satisfaction with online vs. face-to-face therapy.** *Franziska Marie Lea Beck-Hiestermann, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Denise Kästner, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Antje Gumz, Psychologische Hochschule Berlin*

Background: The social restrictions during the COVID-19 crisis led to many therapists providing therapy online. Initial research findings show that a stable and positive therapeutic relationship from the patient perspective can also be implemented in an online setting. It is however so far not sufficiently well-known, how content therapists with the medium online therapy are and which therapist variables contribute to stronger satisfaction or discontent. Aim: This online survey study aims to 1) report on the experiences of currently 146 therapists (ongoing survey) who transitioned to providing online therapy during the pandemic, 2) aspects of the satisfaction with online vs. face-to-face offers and 3) variables as potential predictors of satisfaction (age, low affinity for technology, guideline procedures, therapeutic experiences, basic assumptions of the therapist about psychotherapy, attachment style, therapeutic style) and competence experience were assessed. Methods: On the one hand, the difference in satisfaction with online therapy and face-to-face therapy is focused on using single factor variance analysis with measurement repetition. On the other hand, potential predictors of satisfaction are explored using multiple regression analysis. Results & Discussion: Recruitment of test persons is almost completed; data analysis will start soon. The presentation will discuss the results available so far against the background of the increasing importance of online therapy. Keywords: Online-Therapy, therapeutic relationship, Covid-19, satisfaction

**Unified Protocol as an Internet-based Intervention for Emotional Disorders.** *Carmen Schaeuffele, Freie Universitaet Berlin; Christine Knaevelsrud, Freie Universität, Berlin, Germany; Babette Renneberg, Freie Universitaet Berlin; Johanna Böttcher, Psychologische Hochschule Berlin*

Introduction: The Corona pandemic called for flexible (mental) health care, with

Internet-based guided self-help treatments aiming to fill this treatment gap (e.g., Andersson et al., 2020; Wind et al., 2020). Applying a transdiagnostic treatment protocol online amplifies this potential by targeting a wide range of disorders and comorbidity. The Unified Protocol (UP) as a transdiagnostic intervention has primarily been applied in the treatment of anxiety disorders and in face-to-face settings. Methods: The current study investigated the efficacy of a 10-week internet-based adaptation of the UP for a range of emotional disorders. N=132 participants were randomized to treatment or waitlist control. Results: Treatment effects were found for symptom distress, satisfaction with life, positive/negative affect and markers of anxiety, depression, and somatic symptom burden (within-group Hedges'  $g = 0.32-1.38$  and between-group  $g = 0.20-1.11$ ). Patients indicated high satisfaction with treatment. Treatment gains were maintained at 1- and 6-month-follow-up. Subgroup analyses showed comparable effects in participants with anxiety and depressive disorders. Discussion: The results strengthen the potential of the UP as a low-threshold internet-based treatment for alleviating symptom distress across emotional disorders. Advantages and limitations of the programme in regard to coping with the particular challenges of the pandemic will be discussed. Keywords: internet-based treatment, transdiagnostic, Unified Protocol

## Panel

Organizer: Eric Sauer,  
Western Michigan  
University

### **Examining the Effects of Therapist Attachment-Related Behaviors and Client Perfectionism on the Process and Outcome of Psychotherapy**

The purpose of this panel is to provide a brief review of 3 empirical attachment studies that contain a common theme. That is, how do therapist and client attachment dynamics impact psychotherapy process and treatment outcome across time? The main draw of these studies is that each utilized novel ways to measure/conceptualize therapist and/or client attachment. In the 1st paper, we explored latent classes of clients based on intake indicators of adult attachment, perfectionism and psychological distress. Latent profile analyses based on factor scores for the five intake indicators clearly supported four reliable client groups. In this paper, we will also report different patterns of subsequent distress during treatment for the classes, and evaluate time-invariant moderators of those patterns. In paper 2, the author will extend the literature with the use of an innovative, recently validated transcript-based instrument (i.e., Therapist Attunement Scales; TASC) that reliably determines therapist attachment style by measuring moment-by-moment discursive, relational behavior within a single psychotherapy session (Talia et al., 2018). This quantitative study will utilize a naturalistic, longitudinal, and correlational design and will be analyzed through hierarchical linear modeling. In paper 3, the author will describe how she used the transcript-based Therapist Attunement Scales (TASC; Talia & Muzi, 2017) and Patient Attachment Coding System (PACS; Talia & Miller-Bottomo, 2014) to examine how therapist attunement is associated with client attachment, the working alliance, and client psychotherapy outcome.

**How Client Perfectionism and Attachment Dimensions Arrive in Therapy: A Search for Reliable Client Groups.** *Kenneth Rice, Georgia State University; Eric Sauer, Western Michigan University; Char Houben, Western Michigan University; Kristin Roberts, Western Michigan University; Jonathan Hook, western michigan university; Clarissa Richardson, University of Idaho*

We explored latent classes of clients based on intake indicators of adult attachment, perfectionism and psychological distress. At intake, adult clients seeking therapy at a psychology training clinic (N = 375) completed the Experiences in Close Relationships Scale (Brennan et al., 1998) to measure adult attachment orientations of Avoidance and Anxiety, and the Short Almost Perfect Scale (Rice et al., 2014) to measure perfectionistic strivings (Standards) and perfectionistic concerns (Discrepancy). Psychological distress was measured with Outcome Questionnaire (Lambert et al., 1996) at intake and prior to each of the next 6 sessions. Latent profile analyses based on factor scores for the five intake indicators supported four reliable client groups. Class 1 clients (23.8% of the sample) had relatively lower attachment insecurity, approximately

average strivings and lower perfectionistic concerns, and lower distress. Class 2 clients (8.8%) presented with higher attachment insecurity, considerably lower strivings but moderately elevated perfectionistic concerns and distress. Class 3 clients (52.8%) had average levels of attachment security, perfectionistic concerns, and distress, and slightly elevated strivings. Class 4 clients (14.6%) were similar to Class 2 in that they also presented with attachment insecurity and distress, but were substantially higher than Class 2 in their strivings and perfectionistic concerns. We will also report different patterns of subsequent distress during treatment for the classes, and evaluate time-invariant moderators of those patterns. Results have implications for the use of the SAPS and ECR as screening and treatment planning instruments for use in university training clinics and counseling centers.

**Examining the Relationship Between Therapists' Attachment-Related Characteristics and the Outcome of Psychotherapy.** *Char Houben, Western Michigan University*

Although psychotherapy researchers have gleaned a greater understanding about how client attachment orientations influence the outcome of psychotherapy, relatively few studies (Dozier, Cue, & Barnett, 1994; Lopez & Brennan, 2000) have investigated the effect of the therapist on the outcome of psychotherapy. Two recent meta-analyses (Baldwin & Imel, 2013; Johns et al., 2019) found that therapists account for approximately 5% of the variance in client outcomes. Although 5% may seem small, the effect size is approximately five times greater than that attributable to differences between psychotherapy modalities (Wampold & Imel, 2015). Although this effect size is meaningful, what still remains relatively unexplored is what therapist characteristics predict this variation. Steel, MacDonald and Schroder (2018) found that therapists' attachment orientations are associated with the working alliance and psychotherapy outcomes. Moreover, therapists' mentalization capacity may also play a significant role in therapeutic success (Cologon, Schweitzer, King, & Nolte, 2017; Koenigsberg et al., 2000). In this study we will extend the existing literature with the use of an innovative, recently validated transcript-based instrument (i.e., Therapist Attunement Scales; TASC) that reliably determines therapist attachment style by measuring moment-by-moment discursive, relational behavior within a single psychotherapy session (Talia et al., 2018). This quantitative study will utilize a naturalistic, longitudinal, and correlational design and will be analyzed through hierarchical linear modeling. Perhaps the most important implication of the future use of this revolutionary measure points to its implications on training therapists. If secure therapists are indeed more effective, perhaps we can teach therapist trainees to attune to their clients in secure ways during their sessions.

**The Effects of Therapist Attachment on the Process and Outcome of Psychotherapy.** *Kristin Roberts, Western Michigan University*

Therapist attachment orientations are associated with therapeutic relationships and client outcomes (Steel et al., 2018). Despite this, little is known about how therapists use in-session attachment-related communication with clients. In this study, we will use the transcript-based Therapist Attunement Scales (TASC; Talia & Muzi, 2017) and Patient Attachment Coding System (PACS; Talia & Miller-Bottomo, 2014) to examine how therapist attunement is associated with client attachment, the working alliance, and client psychotherapy outcome. The quality of "working alliance," or the underlying change-inducing relationship between therapist and client is regarded by some as the single most important process variable in contemporary psychotherapy research (Sexton & Whiston, 1994). In fact, the working alliance, measured early in therapy, has been consistently linked to a range of positive therapy outcomes (see Horvath & Symonds, 1991 and Martin et al., 2000 for meta-analytic reviews) across a variety of different interventions (Horvath & Luborsky, 1993). Yet, despite its moderately strong association with positive therapeutic outcomes, surprisingly few studies have examined how particular therapist attachment orientations

interact with client attachment style and impact the working alliance and/or counseling outcome.

**Discussants:** Jeff Hayes, Penn State University, University Park, USA;

**Panel**

Organizer: Markus Moessner, University Hospital, Heidelberg, Germany

**Exploiting the Public Health Potential of Internet-based Interventions**

Internet-based interventions proved their efficacy for a variety of disorders in different contexts. More and more interventions are being implemented into routine care. Despite strong evidence for their efficacy, their implementation into routine care faces challenges. The reach of internet-based interventions is far below their potential reach, especially in routine care adherence is often poor, and there are still disorders and target populations that lack convincing proof of efficacy. In this panel, we will present four papers that aim at optimizing the public health impact of internet-based interventions. A simulation study that investigates the potential public health impact of implementing internet-based interventions in different service areas will identify promising target areas, an online experiment that compares different video-based strategies to increase help-seeking will provide valuable information on how we can increase the reach of these interventions. A randomized factorial trial, that investigates the effects of four factors on adherence and outcome of an internet-based intervention for adults with mild to moderate depression, will increase our understanding of the factors that are crucial when providing internet-based interventions in routine care. Finally, we will present first results from an RCT that investigates the efficacy of an internet-based intervention for Social Anxiety Disorder in a sample of children and adolescents (ages 11 to 17), an understudied age group. The papers presented in this panel will provide valuable guidance on how to exploit the public health potential of internet-based interventions in routine care.

**Long Term Depression Management: A Modeling Study.** *Maximilian Wilhelm, University Hospital, Heidelberg, Germany; Stephanie Bauer, University Hospital, Heidelberg, Germany; Johannes Feldhege, University Hospital, Heidelberg, Germany; Markus Wolf, University of Zurich, Switzerland; Markus Moessner, University Hospital, Heidelberg, Germany*

Objective: Depression is associated with substantial disability burden for those affected, their relatives, and has large economic consequences for the whole health care system. Despite the massive effort of clinicians, researchers, and policy makers, depression is a highly prevalent disorder. Its course is often recurrent or chronic. Therefore, strategies to alleviate the burden of suffering from major depression are urgently needed. Statistical models can help to understand how changes in the health care system affect the overall disease burden of depression. By investigating which improvements in the current care system (change in parameter settings) might have the largest effects on the population's burden of suffering, a model can provide a basis for discussion and decision making. Method: A Markov-Chain model is applied to estimate the impact of health care services on the overall disease burden of major depression. The disease burden is measured as average life time spent in depression. Model parameters include reach and effectiveness of primary, secondary, and tertiary prevention, as well as the time until treatment utilization. Results: The study presents the relation between changes in the current health care system for depression and the burden of suffering on a population level. The recurrent nature of depression magnifies the potential of long term depression management. Discussion: This study illustrates promising starting points to foster the impact of services on the burden of suffering in the care for major depression. Most promising starting points will be highlighted and discussed.

**Evaluating two Short Video-Interventions for the Promotion of Professional Help-seeking for Bulimia Nervosa in Youth: An online-Experiment.** *Diana Lemmer, University Hospital, Heidelberg, Germany; Markus Moessner, University Hospital, Heidelberg, Germany; Stephanie Bauer,*

*University Hospital, Heidelberg, Germany*

**Aim:** To evaluate the efficacy of two short animated video interventions which aim to improve help-seeking intentions and related attitudes with regard to bulimia in youth. Intervention 1 aims at destigmatization and an improved mental health literacy. Intervention 2 aims to induce positive outcome expectancies for help-seeking. **Methods:** We aim to recruit n=240 youth aged 14 to 25 years, with n=80 participants in each experimental group (control, intervention 1, intervention 2). Participants are randomized to one of the experimental groups in a permuted block design. An audiovisual bulimia vignette is presented in all experimental groups. No further video is shown to the control group, whereas an additional, short intervention video is presented in each of the intervention groups. Intervention effects on help-seeking intentions (GHSQ), stigma (USS), attitudes towards help-seeking (IASMHS), and barriers to help-seeking (BDH) will be examined via analyses of covariance. Furthermore, we assess the likeability of the videos. **Results:** This is an ongoing study. Preliminary results will be presented at the conference. We expect higher professional help-seeking intentions and more positive/ less negative attitudes toward help-seeking in the intervention groups compared to the control group. **Discussion:** We expect our findings to shed light on the effectiveness of different strategies for the promotion of mental health help-seeking in youth. They may inform bulimia awareness campaigns and interventions.

**Does Human and Automated Support Improve Outcome and Adherence in an Internet-based Self-Help Intervention for Depressive Symptoms?.** *Oliver Bur, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Steffen Moritz, Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf; Jan Philipp Klein, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland*

**Background:** Many controlled trials have shown that Internet-based self-help interventions (IBIs) for depressive symptoms are efficacious. However, some studies report high dropout and low adherence rates, and some IBIs show no significant effect when delivered in routine care. Research suggests that these diverging findings might result from varying levels of human and automated support before and during the use of a self-help program. **Objective:** The present study investigated the effects of four supportive contextual factors on outcome of and adherence to a web-based self-help program for depressive symptoms. Two of four factors included human support, i.e., a diagnostic interview and personal guidance. The other two factors included automated support, i.e., a pre-intervention module using motivational interviewing (MI) techniques and automated e-mail reminders. **Methods:** The study ran a full factorial randomized trial. Adults (N=308) with mild to moderate depressive symptoms received access to a web-based self-help program based on problem-solving therapy and were randomized across four experimental factors. Each factor was either present or absent, resulting in a 16-condition balanced factorial design. The primary outcome was depressive symptoms at 10 weeks post-assessment. The secondary outcome was adherence to the program. **Results:** This presentation informs about the effects of four supportive factors on outcome of and adherence to an IBI for depressive symptoms. Implications of the results and directions for future research will be discussed.

**SOPHIE: Online-Intervention for Prevention and Treatment of Social Anxiety in Adolescents.** *Noemi Walder, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Stefanie Schmidt, University of Bern, Switzerland*

Social anxiety represents one of the most common mental health problems in adolescence and emerging adulthood. Social Anxiety Disorder (SAD) typically has its onset in early adolescence. If untreated, SAD tends to persist into adulthood and increases the risk for other mental disorders. Adolescents suffering from social anxiety report lower quality of life and psychosocial

functioning. It is therefore crucial to intervene early to avoid detrimental long-term effects. As adolescents rarely seek help and often avoid face-to-face interventions due to perceived lack of autonomy and anonymity, online-interventions hold promise for reaching adolescents who already suffer from social anxiety but do not seek help. There are only a few online-interventions available for adolescents, and none of them targets both elevated levels of social anxiety (i.e., indicated prevention) and full-blown SAD. Based on the cognitive-behavioral model of Social Phobia proposed by Clark and Wells (1995) adapted to adolescents' specific needs and evidence-based interventions for social anxiety, we developed the 8-week online-intervention SOPHIE. In this randomized controlled trial, we investigate the effects of SOPHIE compared to Care-as-usual on social anxiety as the primary outcome and on secondary outcomes (e.g., social functioning) after the intervention and at 5-month follow-up. To this aim, a sample of adolescents aged between 11 and 17 years with subclinical social anxiety or with a diagnosis of SAD is recruited. At the SPR conference, we will present the study protocol as well as preliminary results. Furthermore, we will discuss clinical implications for the prevention and treatment of SAD in adolescence.

**Panel**  
Alliance

Organizer: Gary  
Burlingame, Brigham  
Young University, Provo,  
USA

**Exploring effects of the therapeutic relationship and its predictive relationship with treatment outcome**

This panel contains four papers. The first paper briefly reviews cohesion as a predictor of treatment outcome and then presents original research on the predictive relationship of a group member's alliance to the group leader and outcome. The second paper tests the meta-analytic findings using members from 60 12-session groups that had continuous measurement of the therapeutic relationship and outcome. More specifically, differences in correlations are examined by member-member, member-group and member-leader relationship measures. The third paper examines the predictive relationship between treatment outcome and the therapeutic relationship to determine if their influence is bi- or uni-directional. Does improvement in the relationship lead to a sense of relief and improvement in symptoms? Or, does symptom improvement lead to a greater appreciation of the therapeutic relationship? The fourth paper, building upon the relationship between alliance and outcome examines successful resolution of alliance rupture considering state- and trait-like characteristics such as attachment style.

**Alliance in Group Therapy: A Meta-Analysis.** *Cameron Alldredge, Brigham Young University, Provo, USA; Gary Burlingame, Brigham Young University, Provo, USA; Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany*

Objective: Alliance is considered to be one of the oldest, most well-researched themes in psychotherapy. This article presents a brief history of alliance, its most common definitions and measures used in group treatment, and a meta-analytic review of the alliance-outcome relationship in group therapy. Method: Major databases were searched for articles published between 1969 and 2019. We conducted a random effects meta-analysis of published articles that reported the relation between alliance and treatment outcome within the group format. Results: Results from 30 studies including 3,777 patients indicate that the weighted average correlation between alliance and treatment outcome is significant  $r = .19$  ( $p < .001$ ), with a small effect size (corresponding to  $d = 0.38$ ). We found the heterogeneity of effect sizes to be significant ( $Q = 50.12$ ,  $df = 29$ ,  $p < .01$ ) and moderate ( $I^2 = 42.1\%$ ) which warranted moderator analyses. Three variables were found to moderate the alliance-outcome association (setting of care, gender composition of the group, and reporting perspective of alliance). Conclusions: With a substantial link between alliance and outcome established, the importance of therapeutic alliance rupture and repair in group therapy is discussed and treatment guidelines are outlined.

**Does the correlation between the therapeutic relationship and outcome in group change depending upon the source? An analysis of member-**

**member, member-leader and member-group relationships..** *Rachel Arnold, Brigham Young University, Provo, USA; Gary Burlingame, Brigham Young University, Provo, USA; Joseph Olsen, Brigham Young University, Provo, USA*

Objective: Therapeutic alliance, cohesion, and group climate are all important components of group therapy which may influence client outcome. Yet, due to discrepancies and limitations the literature, the relationship of these three constructs with outcome is not yet fully understood. Methods: The present study is an archival analysis on Group Questionnaire (GQ) positive bond and Outcome Questionnaire-45 (OQ-45) data that aims to elucidate the predictive relationship of therapeutic alliance, group cohesion, and climate with client outcome in group therapy. Furthermore, this study is intended to clarify past discrepancies by studying alliance, cohesion, and group climate simultaneously, as well as address limitations of previous studies by exploring the relationship with outcome over the life of a group using continuous data. Results: Results demonstrate that the OQ-45 total score has negative relationships with each of the GQ positive bond constructs (i.e., alliance, cohesion, and climate) at within-person and between-person levels of a standard multivariate correlation; there is also significant support at the between group level for cohesion and climate. However, when studying the associations between linear growth trajectories and therefore taking time into account, only alliance emerges as a significant predictor of improvement in outcome over time. In other words, alliance, climate, cohesion all predict outcome when time is ignored; however, only alliance significantly predicts outcome when time is considered. Conclusions: These results highlight the importance of the client-therapist relationship to client outcome in group therapy setting, mirroring some past research findings.

**Does symptom improvement enhance the therapeutic relationship? Or, does improvement in the therapeutic relationship enhance symptom improvement?.** *Alee Washburn, Brigham Young University, Provo, USA; Gary Burlingame, Brigham Young University, Provo, USA; Joseph Olsen, Brigham Young University, Provo, USA*

Background: Researchers and clinicians have long recognized that therapeutic relationships play a fundamental role in client symptom change during treatment. At the same time, the question of whether change in therapeutic relationships results in changed client symptoms or whether change in client symptoms results in changed therapeutic relationships is an important one to consider. To date very few studies have looked into this reciprocal relationship and the present study employs replicates one of the best—Tasca—using a different measure of the therapeutic relationship and outcome. In summary, the question that arises is whether each aspect of group therapeutic relationships impact client symptom change and/or vice versa. Method: This paper uses the same data from the second presentation. The Group Questionnaire GQ assesses three relationship constructs (positive bond, positive work, and negative relationship; Burlingame et al., 2017) across three relationship structures (member-member, member-leader & member-group). Outcome was assessed using Outcome Questionnaire (OQ) that measures general psychiatric distress. The reciprocal relationship between OQ symptoms will be examined with each subscale in the GQ which measures group therapeutic relationships (i.e. positive bonding relationship, positive working relationship, and negative relationship). Reciprocal relationship will be assessed on a session by session basis. Conclusions: We'll compare the results of our study with Tasca to determine if results generalize across measure, setting and group treatment

**Achieving Successful Resolution of Alliance Ruptures: for Whom and When?.** *Tal Ben David-Sela, Haifa University, Israel; Tohar Dolev-Amit, University of Haifa, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

Objective: Contemporary theories and the empirical literature stress the importance of successful resolution of alliance ruptures for the process and outcome of treatment. Yet, little empirical work has examined what leads to

successful resolutions. The aim of the present study was to examine which patients are more likely to achieve successful resolutions of ruptures and under which circumstances. Method: Sixty-five patients completed measures assessing their trait-like pretreatment characteristics (alliance expectations and general attachment orientation), and state-like changes in treatment (working alliance, therapist serving as an attachment figure, and the implementation of common factor techniques). Successful resolutions were coded using observer behavioral coding at four time points. Results: State-like changes, but not trait-like characteristics significantly contributed to successful resolution. Stronger working alliance and the therapist as an attachment figure, and the implementation of common factors techniques were found to contribute to successful resolutions. Conclusions: The current findings emphasize the importance of the process that occurs within treatment, and the therapeutic context in which the resolution process take place for the ability to achieve successful resolutions.

**Discussants:** Bernhard Strauß, University Hospital Jena;

**Panel**

Internet based

Organizer: Zachary D. Cohen, University of California, Los Angeles

**Facilitating Access to Psychological Care: Adapting and Developing Remote Treatment and Assessment in the Context of COVID-19**

Despite advances over the past decade in digital mental health and systematic dissemination efforts like England's IAPT initiative, many who struggle with mental health problems still lack access to evidence-based psychological care. The COVID-19 pandemic simultaneously decreased access to face-to-face treatments, while introducing a wide variety of stressors, resulting in a call-to-arms across the field to adapt existing treatment paradigms and develop novel, scalable interventions to facilitate access to care. The speakers will highlight four such efforts, discussing challenges encountered, as well as solutions and lessons learned. The first presentation will highlight a psychotherapy clinic's experience switching to video-therapy, examining patient outcome data (N=401) for individuals who received full courses of face-to-face therapy against those who switched to video-therapy. The next presentation will describe the development of a live, virtual-reality peer support intervention in which lay counselors were trained to deliver a group-based cognitive-behavioral intervention. After discussing adapting the intervention following the pandemic, the speaker will present pilot outcome data and findings from qualitative semi-structured interviews on user-experience. The third speaker will describe the development of a brief, self-guided online intervention developed in response to the pandemic, and will present data from two studies, one in US graduate students (n=263) and another in Indian college students (n=286). They will describe the process of cultural adaptation, highlighting lessons learned that could inform other efforts to develop and disseminate digital interventions. The final speaker will describe the development and validation of an online, self-report, image-based, digital version of the Hamilton-Depression-Rating-Scale.

**What is the impact of switching from face-to-face to video-based psychotherapy during the COVID-19 pandemic?.** *Susanne Edelbluth, Universität Trier, Germany; Brian Schwartz, Universität Trier, Germany; Anne-Katharina Deisenhofer, Universität Trier, Germany; Danilo Moggia, Universität Trier, Germany; Jessica Prinz, Universität Trier, Germany; Jaime Delgado, University of Sheffield, UK; Wolfgang Lutz, Universität Trier, Germany*

Background and Aim: Due to contact restrictions related to the COVID-19 pandemic, many therapists had to switch from face-to-face (f2f) to videotherapy (VT). However, the impact of switching to VT and of the pandemic itself on patients' impairment are unclear. In addition, the long-term consequences of this pandemic on mental health cannot yet be fully assessed. The present study aims to examine the effects of both switching treatment setting from f2f to VT and of this pandemic on patients' mental health. Methods: A total of N = 401 patients with depression treated with integrative CBT in an outpatient clinic in Germany are examined: n = 184 patients switched treatment setting, archival data of n =

184 nearest neighbor cases are matched to the switching group based on symptom improvement during the last three f2f sessions and n = 33 patients paused treatments because of COVID-19, receiving f2f again after this pause. Patients assessed their symptom severity at the beginning of each session and evaluated their mental health status since the spread of COVID-19. To evaluate these effects longitudinal piecewise multilevel models are fitted. Results: The piecewise multilevel models did show a constant average improvement from three sessions before until six sessions after the shift between f2f to VT. Furthermore, there was no effect differences between VT and the matched sample of f2f therapy. However for the subgroup of VT patients the handling of the Corona situation in terms general wellbeing and adaptation did interact with treatment results. Patients with a poor handling of the situation during the pandemic did also not show any progress in VT. Discussion: Results will be discussed in the context of VT and COVID-19 research, highlighting the importance of alternative remote treatment forms instead of pausing treatment. Furthermore some recommendations for VT under the circumstances of a pandemic will be debated.

**Developing and Adapting A Peer-Based Virtual Reality Cognitive Behavioral Intervention During COVID-19.** *Noah Robinson, Vanderbilt University, Nashville, USA; Steven Hollon, Vanderbilt University, Nashville, USA*

Despite recent advances in evidence-based psychotherapies, nearly two thirds of individuals with mental health disorders do not receive treatment. Peer-based interventions delivered through the Internet can be used to circumvent such barriers and expand access to intervention. We developed Help Club, a live virtual reality peer support intervention for individuals with mental health disorders. Lay counselors are trained to deliver group-based cognitive behavioral intervention by leading live sessions as anonymous avatars. Although Help Club was originally developed as an immersive virtual reality application, the COVID-19 pandemic led us to modify the application to support a 2-D desktop mode on computers. Feasibility pilot data will be presented to explore the impact of the intervention and level of immersion on mood (Positive and Negative Affect Schedule), perceived social support (Online Social Support Scale), ease of use (System Usability Scale), and qualitative experience (semi-structured interviews). Lastly, we will highlight current limitations, ethical implications and future directions of using peer-based interventions to expand the reach of psychological interventions.

**Developing, Adapting, and Evaluating the Common Elements Toolbox (COMET) during the COVID-19 pandemic.** *Akash Wasil, University of Pennsylvania, Philadelphia, USA; Tanvi Malhotra, Ashoka University; Nivedita Nandakumar, Ashoka University; Nandita Tuteja, Ashoka University; Madison Taylor, University of Pennsylvania, Philadelphia, USA; Joshua Steinberg, University of Pennsylvania, Philadelphia, USA; Rose Franzen, Children's Hospital of Philadelphia; Bhatia Avatika, Ashoka University; Robert J. DeRubeis, University of Pennsylvania, Philadelphia, USA*

The COVID-19 outbreak has simultaneously increased the need for mental health services and decreased their availability. Brief online self-help interventions that can be completed in a single session could be especially helpful in improving access to care during the crisis. Toward this goal, we developed the Common Elements Toolbox (COMET) an unguided single-session intervention designed to promote mental health and subjective well-being. COMET is based on three common elements from empirically supported psychotherapies and positive psychology interventions: behavioral activation, cognitive restructuring, and gratitude. In this presentation, we will present data from two studies of COMET. In Study 1 (n=263), we examined the acceptability and perceived utility of COMET in a sample of US graduate students recruited in March of 2019. In Study 2 (n=286), we adapted COMET for Indian college students and evaluated its impact on depressive symptoms, anxiety symptoms, and subjective well-being. In addition to presenting data from the acceptability

study and the randomized controlled trial, we will describe adaptations made in Study 1 (to improve COMET's relevance during the COVID-19 pandemic) and Study 2 (to enhance COMET's cultural appropriateness for Indian college students). We will highlight aspects of our process and lessons learned that could be useful for other mental health professionals interested in developing or disseminating digital mental health interventions. Such work has the potential to help expand access to evidence-based mental health interventions, both during and beyond the COVID-19 pandemic.

**DigiLton: Development and evaluation of an image-based digital measure of the Hamilton rating scale for depression.** *Adi Berko, University of Haifa, Israel; Tohar Dolev-Amit, University of Haifa, Israel; Avigail Bar Sella, Haifa University, Israel; Michael Sobolev, Feinstein Institutes for Medical Research, Northwell Health; Cornell Tech, Cornell University; JP Pollak, Cornell Tech, Cornell University; Sigal Zilcha-Mano, University of Haifa, Israel*

Background: The Hamilton rating scale for depression (HRSD) is considered the gold standard for the assessment of major depressive disorder. Nevertheless, it has drawbacks such as reliance on retrospective reports and a relatively long administration time. Using a combination of experience sampling method with digital and mobile health technologies, the present study aimed at developing and conducting initial validation of DigiLton, the first digital image-based assessment of the HRSD. Methods: Fifty-three well-trained HRSD interviewers selected the most representative image for each item from initial sample of images. Based on their responses, we developed the prototype of DigiLton in two versions: trait-like (DigiLton-T) and state-like (DigiLton-S). DigiLton-T collects one-time reports on general tendencies to experience depressive symptoms; DigiLton-S collects daily reports on the experience of symptoms. Using 577 responses collected in a preclinical sample (N=25), we evaluated the validity and feasibility of DigiLton, based on participant reports of DigiLton-T at baseline, and 28 consecutive daily reports of DigiLton-S, using smartphone devices. Results: DigiLton showed good convergent validity with respect to the original HRSD, as evident in high correlations between DigiLton-S and HRSD. Our combined qualitative and quantitative analyses indicate that DigiLton captured both dynamic and stable features of symptomatology, in a user-friendly monitoring process. Limitations: The main limitation of the present study is the small sample size. Conclusions: DigiLton is a promising tool for the assessment of trait and state depression and contributes to the use of digital and mobile technologies in mental health research and practice.

**Discussants:** Robert J. DeRubeis, University of Pennsylvania, Philadelphia, USA;

#### **Panel**

Change process

Organizer: Vera Regina Ramires, Universidade do Vale do Rio dos Sinos, Brazil

#### **Factors and process of change in child psychotherapy**

There is already a consensus in the literature on the importance of process and process-outcomes studies in the field of research in psychotherapy. An increasing number of researchers are focusing on this topic in children's psychotherapy. In this panel, which brings together researchers from Chile, the United States and Brazil, we will address the processes of change in children's psychotherapy, from different perspectives and based on different methodologies. Lucía Nuñez, Nicolle Anich and colleagues have directly examined the experience of the actors involved in the therapeutic process, the child, the therapist and the parents. Adopting qualitative methods, based on semi-structured interviews, Nicolle et al. developed a relational qualitative analysis, identifying five dimensions of change, mutually influenced. Lucía et al. have listened to children, therapists and parents at the beginning and end of psychotherapies, identifying three levels of change, all of them facilitated by a positive therapeutic relationship. Vera Ramires and colleagues, based on quantitative method and external observations, have analyzed the role of specific and non-specific factors in the processes of four child psychodynamic psychotherapies, and their associations with the outcomes. It was found that

both factors were associated with better outcomes, indicating some directions that the therapeutic process can take with children who present certain clinical conditions. Geoff Goodman, who has a large experience in the field, will discuss the studies, contributing to the deepening of our knowledge on these issues.

**Therapeutic relationship and process of change in child psychotherapy from the perspective of therapists, children and parents.** *Lucía Nuñez, Universidad de Chile, Santiago; Sofía Fernández, Pontificia Universidad Católica de Chile, Santiago; Nicolle Alamo Anich, Pontificia Universidad Católica de Chile, Santiago; Claudia Capella, Universidad de Chile, Santiago; Mariane Krause, Catholic University of Chile*

**Aim:** Analyse change processes and the therapeutic relationship through child psychotherapy according to the perspectives of children, parents and therapists. **Methods:** 5 psychotherapy triads participated, composed by children between 6 and 10 years old, their mothers and psychotherapists (N=15). In-depth interviews were conducted with participants at the beginning and end of the child's psychotherapy, encompassing a total of 30 interviews; they were complemented with drawings of the therapeutic change and relationship in the case of children. Grounded theory methods and guidelines for qualitative analysis of drawings were employed. **Results:** Changes in children arose in three broad levels: a) in the relationship with the therapist and therapy, b) in the relationship with parents and peers and c) in the relationship with themselves. Each level interrelated and was facilitated by a positive therapeutic relationship based on a child-play-centred interaction, and by differential contributions of therapists, children and parents. Therapists relational offer was underscored, in terms of attitude, commitment, guide and genuineness. **Discussion:** Developing a positive therapeutic relationship with children and parents is vital for the process to develop and enable changes to take place. The relational offer of child psychotherapists in terms of commitment, genuineness and child-centred playful stance is stressed, as it merges technical and relational dimensions of practice. Also, methodological innovations such as integrating multiple perspectives and using drawings for children's expression are discussed, as they support the understanding of child psychotherapy as a triadic relationship (children-parent-therapist), and the incorporation of children as informers of their therapy experience.

**Change processes in child psychotherapy: a relational qualitative analysis.** *Nicolle Alamo Anich, Pontificia Universidad Católica de Chile, Santiago; Lucía Nuñez, Universidad de Chile, Santiago; Claudia Capella, Universidad de Chile, Santiago; Mariane Krause, Catholic University of Chile*

**Aim:** To analyse the presentation and evolution of changes during psychotherapeutic processes with children. **Methods:** A descriptive and relational qualitative research was carried out with 11 therapeutic processes. Semi-structured follow-up interviews were conducted with all participants: therapists (with different theoretical orientations), children (aged 6 to 10 years old) and their parents. A total of 33 interviews were developed. The analysis was done guided by the Grounded Theory model (open and axial coding). **Results:** Change processes occurred on different levels and participants. Changes in children, parents, families and therapeutic contexts (setting) were described. These changes were grouped in five dimensions: affective, cognitive, behavioural, identity and relational. Many changes took place in an interrelated way. Changes in a dimension generated changes in other dimension (e.g. identity changes generated or influenced affective changes), and changes within a dimension generated other changes within the same dimension (e.g. expression and verbalization of emotions promoted decrease in anxious and depressive symptoms). Furthermore, changes in the parents, family, child and therapeutic context were mutually influenced (e.g. behavioural changes in the child promoted affective changes in the parents, a better relationship between parent and child generated positive affective changes in the child). **Discussion:** Developing child psychotherapy change research, focusing not only on the

results but also on the processes, is relevant, as is the integration of different perspectives for a better understanding of the complexity of change processes. The interrelated way that changes took place between dimensions, levels and psychotherapy participants, and how this finding may be considered by child psychotherapists, is discussed.

**Common and specific factors in children's psychodynamic psychotherapy and their association with outcomes.** Vera Regina Ramires, Universidade do Vale do Rio dos Sinos, Brazil; Eduardo Brusius Brenner, Universidade do Vale do Rio dos Sinos; Gabriela Ffner, Universidade do Vale do Rio dos Sinos, Brazil; Luísa Bergonsi, Universidade do Vale do Rio dos Sinos

Aim: Analyze the role of specific and non-specific factors in the process of psychodynamic psychotherapy for school-age children and their association with the results of psychotherapies. Method: Specific factors like therapists' interventions (psychodynamic [PP] or cognitive-behavioral [CBT]) and interpretation of symbolic play, and non-specific factors like therapeutic alliance (TA) and interventions focusing on reflective functioning (RF) were repeatedly measured in 204 sessions from four child psychotherapies. The outcomes were assessed based on parent's reports about children's symptoms. Discriminant analysis were used to exam the role of each factor in those therapeutic processes. Results: The effect size of the changes was high in two cases, moderate in one and low in the other case. The quality of the TA has improved significantly over time in three treatments, while the other factors have remained constant. TA was significantly correlated with RF interventions, PP interventions and importance of symbolic play. RF interventions were significantly correlated with PP interventions and importance of symbolic play. Both common factors and specific factors showed association with the outcomes, indicating that both factors of the therapeutic process were important to produce clinically significant improvements, with some differences. Discussion: In this study, both specific and non-specific factors of the therapeutic process were associated with better outcomes. The elements that stood out indicate some directions that the therapeutic process can take with children who present certain clinical conditions, providing therapists with some strategies which work out in such cases.

**Discussants:** Geoff Goodman, Long Island University Post;

**Panel**  
Alliance

Organizer: Antje Gumz,  
Psychologische  
Hochschule Berlin

**Factors contributing to change in psychotherapy**

Various factors have been shown to contribute to change in psychotherapy. In this panel, we want to discuss the topic from different research perspectives which aim to deepen our understanding of the change process in psychotherapies. The first paper looks at the therapists. It presents the results of a systematic literature review which summarizes therapist factors which are associated with the ability to build and to maintain a good therapeutic alliance as well as with lower patient dropout rates. The second paper demonstrates how specific techniques which were applied by therapists in psychodynamic and cognitive behavioural therapy sessions are associated with the implementation of common factors in those sessions as experienced by the patients. The third and the fourth paper will focus on the differential effects of how talking in psychotherapies cures and will present the results of a mixed-method project. In the context of this project, therapists and patients were asked how they describe the differential effects of "talking to each other". The resulting system of categories will be presented and related to relevant systematizations of common factors in psychotherapy. The categorial system was used to develop an inventory assessing the differential effects of talking in psychotherapy. This questionnaire, its factorial structure and psychometric criteria will be presented in the fourth paper.

**What about the therapist? A systematic review regarding therapist factors and their association with therapeutic alliance and dropout in the last 20**

**years..** Merle Longley, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Leonie Derwahl, Department of Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin; Denise Kästner, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Saskia Gries, Department of Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin; Bernhard Strauß, University Hospital Jena; Antje Gumz, Psychologische Hochschule Berlin

Current research showed that psychotherapists differ regarding their patient dropout rates as well as their ability to build therapeutic alliances. The aim of our systematic review is to summarize which therapist factors play a role in this matter, taking into consideration empirical research of the last 20 years. To search for relevant literature, we used the following databases for the period between 2000 and 2020: PsycArticles, PsycINFO, PSYINDEX and OVID MEDLINE. To structure our review, we follow the PRISMA guidelines. In the presentation we intend to provide first results of our review. Additionally, we plan to discuss implications for the practice of psychotherapy and for future research. Key words: therapist variables, dropout, alliance, systematic review

**Cross-sectional correlations of specific and common factors in psychodynamic and cognitive behavioural therapy sessions.** Hannah Marie Biel, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; David Algrner-Herzmann, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Timo Hennig, Universität Hamburg, Fakultät für Erziehungswissenschaft, Hamburg, Deutschland; Nora Rebekka Krott, Universität Bielefeld, Institut für interdisziplinäre Konflikt- und Gewaltforschung, Bielefeld, Deutschland; Bernd Löwe, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Klaus Michael Reiningger, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland

Since both, the active principles of psychotherapy and the role of specific and common factors have not been conclusively elucidated (Cuijpers et al., 2019), comprehensive research of psychotherapy processes are of high clinical relevance. In a cross-sectional study, we focused on specific techniques in psychodynamic (PDT) and cognitive behavioural therapy (CBT) sessions – according to the Comparative Psychotherapy Process Scale (CPPS, Hilsenroth et al., 2005) – and their association with common factors (global session evaluation as indicated by the SEQ-D, expectations by the PATHEV, Grawe's common factors by the Berner Stundenbogen, 2000). Therefore, 54 psychotherapists and patients answered a questionnaire following a PDT or CBT psychotherapy session. The results of the present study demonstrated positive relations both for PDT and CBT specific techniques. Additionally, while we observed positive relations between the PDT specific techniques with problem activation, motivational clarification, and problem solving (as reported by the patients), we observed positive relations as well between the CBT specific techniques and resource activation as well as problem solving (as reported by the patients). An integrative perspective on specific and common factors seems very promising in explaining the underlying mechanisms of change in psychotherapies.

**How can talking cure? Curative functions of talking in psychotherapy from patients' perspective – a qualitative analysis.** Sabine Wulf, Professur für

*Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Laurence Reuter, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Lisa Frey, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Anne Nitzsche, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Christina Windisch, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Bernhard Strauß, University Hospital Jena; Antje Gumz, Psychologische Hochschule Berlin*

Aim and method: It is an important concern of psychotherapy research to investigate how different common and specific factors contribute to change in psychotherapy. The present study, which is part of a mixed-method project funded by the Heigl Foundation, focuses specifically on the curative processes associated with verbal activities in psychotherapy. In a first qualitative study, psychotherapists (n = 11 with cognitive-behavioural, n = 12 with psychodynamic psychotherapy orientation) were asked how they describe the helping functions of "talking to each other" in psychotherapy (Marx et al., in press). They reported a wide range of curative relational, cognitive-emotional and behavioural factors associated with verbal activities. The second step was to explore how adult patients after treatment with behavioural (n = 6), psychodynamic psychotherapy (n = 5), and psychoanalytic psychotherapy (N = 5) describe the curative functions of "talking to each other" in psychotherapy. Data analysis followed Consensual Qualitative Research (Hill, 2012). Results and discussion: A system of categories was developed by which patients explain the therapeutic effects of "talking to each other." This system of categories will be presented and compared with the therapist's perspectives identified in the preceding study. Furthermore, the results will be related to relevant systematizations of common factors in psychotherapy. Perspective, the central categories described by patients and psychotherapists will be combined into a classification system. After psychometric testing, this will be used to evaluate how the functional aspects of curative "talking to each other" are related to relevant process characteristics and the therapy outcome. keywords: common factors; talking cure; language in psychotherapy

**Measuring the differential effects of talking in psychotherapy – the development of the WITMER questionnaire.** *Laurence Reuter, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Maurice Breier, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Lovis Esswein, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Sabine Wulf, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Felix Klapprott, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Nikola Bergmann, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Jelka Berger, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Antje Gumz, Psychologische Hochschule Berlin*

Background: Psychotherapy research has a main interest in understanding the mechanisms of change, and we know, that outcome can be explained best by a complex interaction of common and specific factors. Our research interest is to understand more deeply which aspects of the talking cure - as psychotherapy was defined in its beginnings - do both patients and therapists perceive as being helpful and how these aspects are related to the outcome. Method: The present study is the second phase of a mixed-method project, funded by the Heigl foundation, which aims at identifying the differential manner in which "talking to each other" mediates therapeutic change. In two qualitative studies (phase I), we asked psychotherapists and patients how they describe the helping functions of "talking to each other" in psychotherapy. We included samples from cognitive-behavioral, psychodynamic and psychoanalytic treatments. The extracted categorial system, which included a broad spectrum of relational, cognitive, emotional and behavioral functions, was used to develop the WITMER (Wirkfaktoren-Inventar des therapeutischen Miteinander-Redens, Inventory of

the differential effects of talking in psychotherapy) in the current phase II. A pre-version of the WITMER underwent cognitive pretesting. The reliability and validity of the WITMER questionnaire will be tested in a large out-patient sample in Germany. Results and Discussion: The Items of the WITMER, its factorial structure and psychometric criteria will be presented. The curative functions of talking to each other in psychotherapy, extracted from the patient and therapist perspective, will be put in relation to results from research on common and specific factors.

**Panel**  
Eating disorders

Organizers: Vittorio Lingiardi, Sapienza University of Rome, Italy; Laura Muzi, Sapienza University of Rome, Italy;

**From a Symptom-Oriented to a Person-Centered Approach in Treating Eating Disorders: How Identifying New Treatment Targets May Improve Therapy Process and Outcome**

Eating disorders (ED) are commonly associated with high psychiatric comorbidity, high mortality rates, and significant recidivism. Furthermore, ED patients typically present a history of negative therapy experiences and treatment failures, ranging from dropout to relapse (Steinhausen, 2009). To overcome these clinical challenges, most practice guidelines agree that there should be a continuum of care for ED, with therapeutic interventions chosen according to a comprehensive evaluation of patients' individual and relationship factors involved in their response to treatment (APA, 2006; NICE, 2004), over and above specific ED symptoms. Unfortunately, evidence on the role of these variables in the ED symptomatic presentation, psychotherapy process, and outcome is still scarce. The goal of this panel is to present findings from four studies that include a combination of measures of eating pathology, individual and relationship factors that could be helpful in directing treatment intensity and developing patient-tailored avenues for this difficult to treat population. The first study will employ the network analysis to explore the relevance of self-monitoring metacognition and impulse control in treating patients with binge eating disorder. The second study will examine the predictive role of several personality traits in determining therapeutic alliance and outcomes in patients with anorexia nervosa and bulimia nervosa. The third study will investigate the role of Innovative Moments (IMs) in therapy sessions of patients with bulimia nervosa and their associations with symptomatic change. The fourth study will evaluate the effects of a peer support program and a lived experience of ED in patients' self-disclosure on ED symptoms.

**Metacognition and emotional regulation as treatment targets in binge eating disorder: a network analysis study.** *Matteo Aloï, Department of Health Sciences, University "Magna Graecia" of Catanzaro, Italy; Marianna Rania, Department of Health Sciences, University "Magna Graecia" of Catanzaro, Italy; Elvira Anna Carbone, Department of Health Sciences, University "Magna Graecia" of Catanzaro, Italy; Mariarita Caroleo, Department of Health Sciences, University "Magna Graecia" of Catanzaro, Italy; Giuseppina Calabrò, Department of Health Sciences, University "Magna Graecia" of Catanzaro, Italy; Paolo Zaffino, School of Computer and Biomedical Engineering, Department of Experimental and Clinical Medicine, University "Magna Graecia" of Catanzaro, Italy; Giuseppe Nicolò, Third Centre of Cognitive Psychotherapy – Italian School of Cognitive Psychotherapy (SICC), Rome, Italy; Antonino Carcione, Third Centre of Cognitive Psychotherapy – Italian School of Cognitive Psychotherapy (SICC), Rome, Italy; Gianluca Lo Coco, University of Palermo, Italy; Carlo Cosentino, School of Computer and Biomedical Engineering, Department of Experimental and Clinical Medicine, University "Magna Graecia" of Catanzaro, Italy; Cristina Segura-Garcia, Department of Medical and Surgical Sciences, University "Magna Graecia" of Catanzaro, Italy*

**Aim:** This study aims to examine the underlying associations between eating, affective and metacognitive symptoms in patients with binge eating disorder (BED) through network analysis (NA), in order to identify key variables that may be considered the target for psychotherapeutic interventions. **Methods:** One hundred and fifty-five patients with BED completed measures of eating psychopathology, affective symptoms, emotion regulation and metacognition. A

cross-sectional network was inferred by means of Gaussian Markov random field estimation using graphical LASSO and extended Bayesian information criterion (EBIC-LASSO), and central symptoms of BED were identified by means of the strength centrality index. Results: Impaired self-monitoring metacognition and difficulties on impulse control emerged as the symptoms with the highest centrality. Conversely, eating and affective features were less central. The centrality stability coefficient of strength was above the recommended cut-off, thus indicating the stability of the network. Discussion: According to present NA findings, impaired self-monitoring metacognition and difficulties on impulse control are the central nodes in the psychopathological network of BED while eating symptoms appear marginal. If further studies with larger samples replicate these results, metacognition and impulse control could represent new targets of psychotherapeutic interventions in the treatment of BED. In light of this, Metacognitive Interpersonal Therapy (MIT) could be a promising aid in clinical practice to develop an effective treatment for BED.

**Personality as a predictor of early therapeutic alliance and therapy outcome in patients with anorexia nervosa and bulimia nervosa.** *Laura Muzi, Sapienza University of Rome, Italy; Laura Tieghi, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Giovanna Cuzzani, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Anna Franco, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Milena Montaguti, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Micaela Riboldi, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Francesca Rossi, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Michele Rugo, Eating Disorder Clinic "Residenza Gruber", Bologna, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy*

Aim: A growing body of evidence has shown that personality factors can explain meaningful variance in the course, symptomatic presentation, and recovery rates of patients with eating disorders (EDs) (Farstad et al., 2016). However, the impact of this variable on the therapeutic alliance and treatment outcomes has not yet been adequately explored. This study aimed at investigating the predictive value of a broad spectrum of personality traits in determining early therapeutic alliance and ED treatment outcomes, also controlling for baseline symptoms and DSM-5 categories. Methods: At treatment onset, a sample of 106 female patients with anorexia nervosa and bulimia nervosa treated in a residential program were evaluated using the Shedler-Westen Assessment Procedure-200—a clinician-rated measure of personality disorders and healthy personality functioning. At both intake and discharge, patients completed the Working Alliance Inventory, the Eating Disorder Inventory-3, and the Outcome Questionnaire-45. Results: Considering overall early alliance, multiple regression analyses showed that, even when controlling for intake ED symptoms and DSM-5 ED categories, paranoid, schizoid, schizotypal, and histrionic personality features predicted worse therapeutic alliance. Similar results were found when considering symptomatic change, with the avoidant and emotionally dysregulated factors as additional negative predictors of therapy outcome. Healthy personality functioning predicted better alliance and outcomes. DSM-5 categories did not show significant effects. Discussion: These findings suggest the importance to shift from a "one-size-fits-all" to a "person(ality)-centered" treatment approach (Martinez & Craighead, 2015), in which practitioners can adapt their interventions to suit the specific individual characteristics of ED patients.

**Innovative moments and the process of change in the treatment of adults with bulimia nervosa.** *Iakovina Koutoufa, NHS; Eva Conceição, School of Psychology, University of Minho, Braga, Portugal; Michael Evangeli, Department of Psychology, Royal Holloway University of London, UK; Miguel Gonçalves, University of Minho; Ross Crosby, Sanford Center for Bio-Behavioral Research Sanford Research, Fargo, ND, USA; Stephen Wonderlich, Sanford Center for Bio-Behavioral Research Sanford Research, Fargo, ND, USA; Inês Mendes, Department of Psychology, Royal Holloway University of London, UK*

Aim: Psychotherapy researchers have been increasingly interested in identifying processes of change to improve treatment outcomes. Innovative Moments (IMs) are markers in the patient narrative that oppose the assumptions of the problem. This exploratory study aims to investigate the development of IMs throughout treatment of bulimia nervosa (BN) and examine their associations with bingeing and purging frequency change. Methods: IMs were coded in 60 sessions across ten participants (five good and five poor outcome cases) in different stages of the treatment by two independent raters. Bingeing and purging frequency were also monitored in the sessions examined. Generalized Estimation Equations (GEE) investigated trajectories of IMs for good and poor outcomes cases and tested whether IM predicted symptoms change. Results: The proportion of IMs in this sample was low in comparison to previous studies. Multi-level analyses indicated that most IMs changed significantly over time. Results also showed that only Protest subtype II, describing a position of assertiveness and empowerment, in one session predicted symptom changes in the following session. Models where bingeing and purging frequency predicted IMs showed a better fit than vice versa. Discussion: Preliminary findings suggest that Protest II IMs plays a role in the process of change in BN. This study provides a novel clinical understanding of important processes in psychotherapy for BN and their association with treatment outcome.

**The utility of lived experience with an eating disorder as a therapeutic tool to facilitate client self-disclosure: An evaluation of a peer-based community support group.** *Jacqueline Patmore, Teachers College, Columbia University; Courtney Sinclair, Teachers College, Columbia University, NY, USA; Erjia Cao, Teachers College, Columbia University, NY, USA; Stephanie Ng, Teachers College, Columbia University, NY, US; Danielle Mayall, Teachers College, Columbia University, NY, US; Palak Agrawal, Teachers College, Columbia University, NY, US; Serena Gu, Teachers College, Columbia University, NY, US; Sarah Chiao, Teachers College, Columbia University, NY, US; Vanessa Kalach, Teachers College, Columbia University, NY, US*

Aim: The present study aimed to assess how a group therapy setting with group leaders and members with lived experience of an eating disorder (ED) impacted client experience and ability to self-disclose. Methods: This study was a program evaluation that collected data from group members who attended Communities of HEALing (COH) support groups. Adult female patients (N=103) with past or present ED diagnoses and were active members of the COH peer support group completed a Qualtrics survey regarding their ability to be honest about current struggles with weight and body image within the group setting. Results: Participants indicated that the main benefit of COH was "a space to be honest." Other frequently cited benefits included hearing about similar experiences of an ED. Additionally, participants reported being most comfortable disclosing ED symptoms to therapists with lived experience, followed by group facilitators, other providers, and friends or family members with a history of ED. Participants rated providers and supports without a history of ED as those with whom they would feel the most uncomfortable disclosing. Discussion: This study provides preliminary evidence that group peer mentorship is effective for facilitating disclosure of ED symptoms. Countering previous claims, these data illustrate that patients may feel more comfortable disclosing with providers and loved ones with lived experience over individuals without lived experience, thus, advocating for the use of lived experience as a potentially beneficial therapeutic tool. Further research should evaluate the implication of this increased level of comfort in disclosure on symptom reduction.

**Discussants:** Giorgio Tasca, University of Ottawa, Canada;

**Panel**  
Translational research

**From the brain to clinical practice: bridging the gap between psychotherapy research and affective neuroscience**

Organizer: Irene  
Messina, Universitas  
Mercatorum, Rome

Although the efficacy of psychotherapy has been largely demonstrated, the understanding of therapeutic change has been only partially achieved by psychotherapy research. Affective neuroscience may contribute to the clarification of mechanisms of change through the investigation of functional changes associated with psychotherapy and of neural correlates of clinically relevant phenomena. In the present panel, we propose theoretical and empirical contributions that provides new insights to the understanding of psychotherapy mechanisms on the basis of empirical investigation of brain functioning in emotion regulation, emotion dysregulation and its treatment.

**Neurobiological models of borderline personality and psychotherapy approaches.** *Karin Labek, Institute of Psychology, Innsbruck, Austria; Roberto Viviani, Institute of Psychology, Innsbruck University, Austria.*

In the clinical literature borderline personality disorder (BPD) is described by emotional and behavioural instability such as impulsivity, interpersonal problems and negative representations of self and others. We will review and present data from two current neurobiological models of BPD and discuss their relevance to psychotherapy approaches. A first model, prevalent in the literature, emphasizes affective impulsivity as a central source of symptoms, and explains it as the consequence of increased reactivity in the amygdala (which is involved in the perception and appraisal of emotional stimuli), possibly coupled with insufficient cognitive control, on exposure to emotional stimuli. A second model focuses on difficulties in interpersonal interactions and following differences in social cognition styles engaged in behavioural responses. According to this model, BPD patients are characterized by suboptimal recourse to mentalization in social interactions, and possibly enhanced emotional contagion or tit-for-tat strategies. Importantly, these cognitive styles involve semantic processes of varying degree of sophistication, rather than the contrast between bottom-up perception and failed top-down control of the first model. Neuroimaging studies of BPD targeting social cognition are providing evidence consistent with differential recruitment of associative cortical areas or areas involved with handling semantic complexity. The implications of these two models on psychotherapy approaches differ. The first model is consistent with interventions of desensitisation and improvement of effectiveness of emotion regulation strategies. The second model is consistent with interventions that increase the sophistication of representations of mental contents of others and the self, as found in specific interventions of several psychotherapy approaches.

**A meta-analysis of fMRI studies of acceptance: implications for psychotherapy models.** *Irene Messina, Universitas Mercatorum, Rome; Alessandro Grecucci, University of Trento, Italy; Roberto Viviani, Institute of Psychology, Innsbruck University, Austria.*

Emotional acceptance is an important emotion regulation strategy promoted by most psychotherapy approaches. The concept of acceptance breaks with the established tradition in affective neuroscience that describes emotion regulation and psychotherapy effects in terms of cognitive control. Such form of regulation, indeed, is much closer to a "let it be" non-interference attitude toward emotions, thoughts, and bodily reactions associated to emotions. Thus, it suggest the existence of regulatory processes which goes beyond cognitive control. In present study, we adopted a coordinates-based meta-analytic technique to obtain a quantitative summary of previous fMRI studies of acceptance and test different hypotheses on its mechanisms of action. The meta-analysis included 13 experiments contrasting acceptance to control conditions, yielding a total of 422 subjects and 170 foci of brain activity. Our results showed that high-level cortical processes involved in cognitive control are not a distinctive feature of acceptance, whereas functional deactivations in the PCC/precuneus constitute its specific neural substrate. In line with clinical models of psychotherapy action, acceptance-based emotion regulation may act modulating emotion processing through the recruitment of schematic representations.

**Regulating emotional words and pictures. ERP and time frequency eviden.** *Alessandro Grecucci, University of Trento, Italy; Gaia Lapomarda, University of Trento, Italy; Remo Job, University of Trento, Italy*

Emotion regulation plays a crucial role in an individual's well-being. Whilst there has been extensive study of the mechanisms underlying the regulation for pictures, the ability and the mechanisms beyond the regulation of words, and the after effects of having regulated our emotions, remain to be clarified. The present talk seeks to elucidate these issues exploring ERP and oscillations to both neutral and emotional words and pictures, during, but also after the sessions. Thirty young adults applied the strategy of distancing to the emotions elicited by unpleasant and neutral pictures and words while their subjective ratings and ERPs were recorded. At a behavioral level, participants successfully regulated the arousal and the valence of both pictures and words. At a neural level, ERP analyses revealed that unpleasant pictures but not words produced an increase in the late positive potential. The effect of strategy independently of stimulus type, produced a significant larger Stimulus Preceding Negativity. Dipole reconstruction localized this effect in the middle frontal areas of the brain. Time frequency analyses showed significant increase in the theta and beta band in posterior regions, for the effect of strategy. Whereas, the effect of regulation on pictures produced a decrease in the theta and beta bands in posterior regions. Comparing pre- and post- sessions, we also found an increase in theta frequency at resting state, as a neural signature of having emotions regulated. We suggest an integrative model of these findings.

**Network-Level fMRI Changes Underlying a Combined rTMS/Psychotherapy Treatment for Depression.** *Katrin Rattner, Duke University, Durham, USA; Erin Coen, Duke University, Durham, USA; Haley Hedrick, Duke University, Durham, USA; Madeline J. Farber, Duke University, Durham, USA; Timothy J. Strauman, Duke University, Durham, USA*

Despite growing use of repetitive transcranial magnetic stimulation (rTMS) as a treatment for depression, effect sizes have been modest and challenges remain. Recent developments in the psychology of self-regulation offer a conceptual framework for identifying mechanisms of action in rTMS for depression, and for developing guidelines for individualized rTMS treatment and integrating rTMS within a multimodal intervention model. We developed a novel integrative treatment consisting of a theory-based protocol for individualized optimization of rTMS site of stimulation plus a concurrent psychotherapy (self-system therapy: SST) targeting the same neural circuitry. We compared functional connectomes based on fMRI data collected during an personalized goal priming task before and after treatment from three groups: 1) rTMS plus simultaneous SST (T+P), 2) psychotherapy only (P), and 3) age and gender-matched controls. Both treatment groups demonstrated significant clinical improvement. All participants were scanned before and after treatment (with the controls matched in terms of time interval to a specific patient), and graph theoretical tools were used to examine local and global changes in network functioning. Locally, T+P patients demonstrated greater increases in frontotemporal connectivity than P patients. Globally, we found that this difference was driven by decreases in the segregation coefficient, a ratio of long-range vs. short-range connections, suggesting that T+P induced a more globally interconnected pattern of activation in response to personal goals. These results help to link psychotherapy to a model of the neurocircuitry underlying depression and pave the way for future studies using network-guided principles to significantly improve treatments for depression.

**Discussants:** Maria Moneta, Universidad de Chile, Santiago;

**Panel**  
Translational research

**Genetic and Physiologic Markers in Psychotherapy Research: Integrating Neuroimaging, Physiologic, and Genomic Methods as Measures of Process and Outcome**

Organizers: Patricia Spangler, Uniformed Services University and Henry Jackson Foundation, Bethesda, MD; Marc N. Jarczok, University Hospital Ulm, Germany; Alessandra Minelli, University of Brescia;

Use of translational methods in psychotherapy research is becoming more widespread as findings expand our knowledge base of factors that may have an impact on psychotherapy processes and outcome. This panel will present findings from three translational studies that integrate physiologic markers including heart-rate variability (HRV), electrodermal conductance (EDC), and actigraphy and biological markers including microRNA, BDNF, and inflammatory cytokines expression, and Val66Met genotype. The first presenter will provide results from a trial comparing eye movement desensitization reprocessing (EMDR) and trauma-focused cognitive behavior therapy (TF-CBT) in patients with treatment-resistant depression and investigating the relationship between treatment outcome and expression of seven candidate miRNAs in peripheral blood. The second presenter will give preliminary results from a study investigating the feasibility of combining 24-hour monitoring of HRV with clinical interviews in stress-exposed police officers that may serve as a basis for consultation to help the officers identify sources of stress and possible resources. The third study will present preliminary results from a pilot trial of a novel treatment for PTSD nightmares, as well as evidence of the methodologic feasibility of integrating HRV, ECD, actigraphy, and assay of genetic and inflammatory cytokines in determining their relationship to in-session stress and treatment outcome.

**Trauma-focused Psychotherapy in Treatment-resistant Depression (TRD) In-patients: Clinical and Biomarkers Efficacy.** *Alessandra Minelli, University of Brescia; Elisabetta Maffioletti, University of Brescia, Brescia, Italy; Massimo Gennarelli, Aalborg University, Denmark; Elisa Zampieri, Aalborg University, Denmark; Guilia Perusi, Aalborg University, Denmark*

The first-line treatment choice for MDD is represented by pharmacological therapy; however, about 30% of patients are classified as resistant to treatment (treatment-resistant depression, TRD). Several studies highlighted that most of TRD patients experiences traumatic events and abuse in particular during childhood. Consequently, for TRD patients novel therapeutics and innovative treatments are essential. Aims: 1) to test the efficacy of trauma-focused psychotherapy in TRD in-patients and to identify clinical features that could be predictive of response; 2) to identify biomarkers associated to clinical features of TRD in-patients and psychotherapy efficacy. Methods: We carried out a single-blind randomized controlled trial with TRD patients and we compared EMDR with TF-CBT. Patients received 3 individual sessions per week over a period of 8 weeks. Symptomatological assessments were performed at 4 timepoints: baseline, 4, 8 and 12 weeks. After 24 weeks, a clinical interview was carried out by phone. The expression levels of 7 candidate miRNAs (miR-15a, miR-29a, miR-125b, miR-126, miR-146a, miR-195, let-7f) were measured by qRT-PCR in peripheral blood. Results: All patients showed a significant improvement in depressive symptomatology; however, post hoc comparisons showed a significant difference between the two treatment groups, with lower depressive symptom scores in the EMDR versus the TF-CBT group at the follow-up. miR-146a levels negatively correlated with the severity of childhood antipathy and neglect (best  $p=0.012$ ). For miR-15a, miR-29a, miR-126, miR-195 and let-7f, significant variations were observed during the psychotherapy (best  $p=1.98 \times 10^{-9}$ ). Moreover, lower baseline levels of miR-29a were detected in non-responders ( $p=0.031$ ). Discussion: This study suggests that evidence-based trauma-focused psychotherapies can represent effective interventions to treat TRD patients. Keywords: treatment resistant depression, trauma-focused psychotherapy, childhood trauma, biomarkers, microRNAs, EMDR

**24-hour Heart-rate Variability as a Communication Tool for a Personalized Psychosomatic Consultation in Police Officers.** *Christine Schillings, University Hospital Ulm; Marc N. Jarczok, University Hospital Ulm, Germany; Elisabeth M. Balint, University Hospital Ulm; Christiane Waller, Klinikum Nuremberg; Harald O. Guendel, University Hospital Ulm*

Aims: Heart rate variability (HRV) represents a measure of autonomic nervous

system activity as a chronobiologic, unspecific index of mental and physical health. First studies showed the effectiveness of 24h-HRV measurement and associated psychodynamic consultation as psychosomatic primary prevention in occupational medicine. There is a need for this kind of prevention for police officers who are regularly exposed to high mental and physical stress during service. The aim of the present study is to investigate the feasibility of this tool of 24h-HRV based individualized consultation in police officers. Methods: A sample of 120 recently stress-exposed police officers will be recruited from the four police headquarters counties in Ulm, Germany, and undergo Clinician-Administered PTSD Scale (CAPS) interviews, among others. 24h-HRV will be calculated from 24h-ECG recording during service and combined with 24h diary information. A one-hour consultation with the focus on events during service and physiological signals (HRV pattern graph) serves as a base to identify sources of stress and resources. On this basis, the consultation focuses on potential behavioral adaptations to better cope with the stressful events as well as to preserve and extend resource-supportive phases. Afterwards, the officers' satisfaction with the consultation will be assessed. Results: After first data have been assessed, preliminary results will be presented. Conclusions: Individualized consultation based on 24h-HRV assessments might be a promising approach to not only promote the psychosomatic understanding in police officers, but to help them identify their personal resources and help to elaborate behavioral and cognitive strategies to better cope with work demands. Key words: Heart rate variability, consultation, prevention, work stress

**Preliminary Results from a Pilot Trial of a Novel Treatment for PTSD Nightmares: Feasibility of Collecting Physiologic and Genetic Data as Indicators of Treatment Process and Outcome.** *Patricia Spangler, Uniformed Services University and Henry Jackson Foundation, Bethesda, MD; Alvi Azad, Aalborg University, Denmark; James West, Uniformed Services University; Catherine Dempsey, Uniformed Services University; Ashley Phares, Uniformed Services University; David Benedek, Uniformed Services University*

PTSD nightmares are often resistant to exposure-based treatments. Understanding biological factors of in-session stress response may be valuable in developing new treatments. This pilot trial of Nightmare Deconstruction and Reprocessing (NDR) integrates biomarkers of stress response. Aims: Our aims are to (1) test the tolerability and potential efficacy of NDR and (2) test the feasibility of methods for collecting physiologic and genetic data. For evidence of efficacy and tolerability, we are examining pre-to-post-treatment change in psychometric symptoms and physiologic and genetic markers. For evidence of methodologic feasibility we are tracking participant compliance with daily upload of physiologic data and research team compliance with timely collection of blood samples. Methods: Up to 30 military service members and veterans with trauma-related nightmares are being recruited at Walter Reed National Military Medical Center. Psychometric outcomes are nightmare and insomnia severity. Physiologic data, including heart rate and skin conductance (in-session stress), are collected using the Empatica E4 wristband. Brain-derived neurotrophic factor (BDNF) and Val66Met, a BDNF SNP will be assayed from blood samples taken between 0800 and 1200. Study procedures have been made COVID-compliant, and data collection is ongoing. Results: Preliminary results (N=4) show decreases in severity of nightmares and insomnia. Participant compliance with wristband data collection has ranged between 67.9% and 92.5% of hours possible. Eleven out of 12 blood samples have been collected within the 0800 to 1200 window. Discussion: Results thus far show NDR decreases nightmare severity and that collection of physiologic and genetic data, even during pandemic restrictions, is feasible. Key words: post-traumatic stress disorder, nightmares, in-session stress, treatment, heart rate variability, skin conductance, genetic

Panel  
Alliance

**Going beyond the alliance-outcome association: Advancements in research to further understand alliance effects on psychotherapy outcome**

Organizer: Juan Martín  
Gómez Penedo,  
Universidad de Buenos  
Aires, Argentina

The alliance-outcome relationship is well established with several meta-analyses positioning alliance as a robust predictor of psychotherapy outcome. In this panel, we will present studies that go beyond this association, trying to further understand the concept by applying new methods and perspectives to analyze it. First, Flückiger et al. using data from a meta-analysis investigating session-by-session reciprocal effects of alliance and symptom change, present results from a Dynamic Latent Class Structural Equation Models (DLC-SEM) approach, where changes in the within-patient alliance understanding are modeled. The results indicate that about 60% of the patient switch their alliance understanding, what is associated with higher subsequent symptom improvement. Second, Gómez Penedo et al. will present a study analyzing the moderator effects of baseline interpersonal problems on the within-patient alliance effects on outcome. The results suggest that patients with submissive interpersonal problems benefit more from an improvement in the therapeutic alliance over the course of treatment. Third, Solomonov et al. will present a study, within an objective neurobiological paradigm, analyzing neural processing of social rewards changes over the course of treatment, and their effects on alliance and outcome. Finally, Falkenström et al. will present the re-analysis of within-patient alliance-outcome predictions using the Copula method, a promising statistical procedure utilizing predictors' skewness to adjust for possible unobserved confounders of observed associations. This study thus represents a valuable methodological advancement in estimating causal effects of the alliance in observational research. Sigal Zilcha-Mano is going to be the discussant of the panel.

**Mapping the patients alliance across therapy – A dynamic latent-class structural equation modeling approach.** *Christoph Flückiger, University of Zurich, Switzerland; Adam Horvath, Simon Fraser University, Vancouver, Canada; Holger Brandt, University of Zurich, Switzerland*

Abstract: The working alliance (WA) has been widely identified as key concept for psychotherapy and allied health care services. The WA measured at different phases of diverse kinds of therapies has been shown to robustly predict posttreatment outcomes as well as session by session outcomes, but the way the clients' conceptualization of the alliance evolves over-time, and the relation between this kind of conceptual change and subsequent symptom improvements, has not been investigated. Dynamic Latent Class Structural Equation Models (DLC-SEM) were applied to data drawn from two randomized clinical trials of cognitive behavioral therapy for generalized anxiety disorder (N = 57 and 80) to evaluate several potential models of the relation between the conceptual/structural changes in patients' self-reports of the quality of the alliance and subsequent treatment outcomes. Inspection of the DLC-SEM models generated suggest that, over time, between 63-66% of the better session-level outcome clients switched from a three factor (Bond/Task/Goal) to an integrated single factor conceptualization of the therapeutic alliance. The study indicates that the majority of patients do evolve their concept of the alliance over time: The previously distinct alliance components become integrated into a single factor construct. These findings suggest that if such over-time development is generalizable across diverse patient/treatment populations, future research ought to take these developments into account both methodologically (i.e. how alliance is measured) and in analyzing time series data (e.g., using DLC-SEM).

**Interpersonal Agency as Predictor of the Within-Patient Alliance Effect on Depression Severity.** *Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Anna Babl, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Erkki Heinonen, University of Oslo, Norway; Christoph Flückiger, University of Zurich, Switzerland; Rocío Manubens, Universidad de Buenos Aires, Argentina; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland*

Aim. Several studies have reported significant within-patient effects of the

therapeutic alliance on outcome. However, it remains uncertain whether there are specific patient groups for whom an improved alliance might be particularly beneficial. The relational nature of the alliance makes patients' interpersonal problems a promising candidate for examining such differential effects. This study aims to analyze (i) between- and within-patient effects of the alliance on depression severity, (ii) the effects of patients' baseline interpersonal problems on the within-patient alliance-outcome association, and (iii) whether within-patient effects of the alliance remain significant when adjusting for patients' initial interpersonal problems. **Methods.** A sample of 141 patients with depression, undergoing outpatient psychotherapy completed the Inventory of Interpersonal Problems at baseline as well as a brief version of the Working Alliance Inventory and the Well-Being Index (as a proxy of depression severity) session-by-session. **Results.** Multilevel models revealed both significant between- and within-patient effects of the alliance on improvements in depression severity. Patients' problems related to agency had a significant effect on the within-patient effect of alliance, with submissive patients benefiting more from an improved therapeutic alliance. Finally, the between- and within-patient effects of the alliance remained significant when adjusting for the patients' agentic interpersonal problems and treatment condition. **Conclusions.** The results provide evidence which types of patients would particularly benefit from an improved therapeutic alliance. For patients suffering from low interpersonal agency and reporting problems with submissiveness, an enhanced alliance during the therapeutic process might improve treatment outcome.

**Integration of a neuroscience approach to mechanisms of change research: development of a neurobiological paradigm of the quality of the working alliance and processing of social rewards.** *Nili Solomonov, Weill-Cornell Medical College NY; Jennifer Bress, Weill Cornell Medicine; Lindsay Victoria, Weill Cornell Medicine; Christoph Flückiger, University of Zurich, Switzerland; Immanuel Elbau, Weill Cornell Medicine; Faith Gunning, Weill Cornell Medicine; George S Alexopoulos, Weill Cornell Medicine*

Integration of neuroscience tools and techniques can advance our capacity to measure engagement of mechanisms of action in psychotherapy using objective measures. This line of inquiry is especially promising in the case of the working alliance, given that most available evidence is derived from therapist and patient self-reports. EEG and fMRI studies in major depression show that depressed adults and older adults exhibit deficits in neural circuitries responsible for processing of monetary and social rewards. Within the therapeutic context, the dyadic interaction with a therapist is often a socially rewarding experience, particularly when the collaboration is experienced as positive and trustful. Thus, a positive dyadic alliance could be associated with increased social reward processing in patients, and facilitate reduction in depressive symptoms. We developed an objective neurobiological paradigm aimed to evaluate changes in social reward processing over the course of psychotherapy for depression. We will examine whether (a) neural processing of social rewards changes over the course of treatment; (b) improvement in social reward processing predicts subsequent reduction in depression severity and vice versa; and (c) change in social reward processing is associated with change in the quality of the working alliance measured each session during treatment. Results will be presented and discussed at the SPR meeting.

**Causal inference from observational data? Using Copulas to adjust for unobserved confounding in Psychotherapy Research.** *Fredrik Falkenström, Linnaeus University, Sweden; Sungho Park, SNU Business School, Seoul National University, South Korea; Cameron McIntosh, Employment and Social Development Canada*

**Objectives:** Psychotherapy researchers, especially when studying mechanisms of change, often work with observational data. With such data, the risk for 'third variable' confounding is paramount. Various methods have been proposed to control for such bias, but few of them have been used in Psychotherapy

Research. One of the more promising methods is the Copula adjustment method, which utilizes distributional assumptions of the predictor to adjust for unobserved confounding. Method: A simulation study on the impact of predictor distributions, sample size and effect size, to correctly recover population parameters will be presented. In addition, prior research findings on within-person alliance-outcome predictions will be reanalyzed using the Copula method. Results: Simulations show that the Copula method works well when skewness in the predictor is relatively large (e.g.,  $\geq 1$ ), even with fairly small samples. A larger sample size can to some extent compensate for less skewed predictors. Alliance-outcome data will be analyzed using the Copula method during the Spring of 2021 and presented at the conference. Discussion: An easy-to-use method for adjusting for unobserved confounding would be of enormous value for psychotherapy researchers, raising the evidence value of observational data analyzes closer to RCT status. The Copula method has hitherto been used mostly in business and economics, but should find its place in psychotherapy research.

**Discussants:** Sigal Zilcha-Mano, University of Haifa, Israel;

**Panel**  
Change process

Organizer: Anna Georg,  
University Hospital,  
Heidelberg, Germany

**Going broad and going deep: research on how mentalizing relates to psychotherapy in different psychotherapy modalities and populations**  
Mentalizing, or reflective functioning, refers to the capacity to reflect on mental states of the self and others. This panel presents research on mentalizing in treatments as well as in populations less investigated so far with an emphasis on family treatments. Bringing together clinical researchers from different sites in the United States, Denmark, Germany, and Turkey, the panel will expand but also contribute to the existing evidence on mentalizing as predictor of therapy success, therapy process, and outcome. The studies have been conducted in psychodynamic child psychotherapy, mentalization-focused psychotherapy for families in child welfare system, psychodynamic parent-infant psychotherapy for early regulatory disorders, and psychoanalytic psychotherapy as well as cognitive behavior therapy for bulimia nervosa. The first study, presented by Sibel Halfon, will show that baseline mentalization capacity of children and parents predict therapy success in psychodynamic child psychotherapy. The second study, presented by Adina Goodman, explores mentalization as in-session process and outcome in families with children in foster care and possible changes by utilizing telehealth during the COVID-19 pandemic. The third study, presented by Anna Georg, investigates in-session reflective functioning as a process in parent-infant psychotherapy. Finally, the last study, presented by Stig Poulsen, suggests that mentalizing might serve as a specific mechanism of change in psychoanalytic psychotherapy. The studies carefully delineate the change in reflective functioning in different treatments as well as in different participants. The panel thus provides answers about how mentalizing processes inform clinical practice across modalities and highlighting the common factor aspect of mentalization in treatment.

**Parent's Reflective Function and Children's Mental State Talk Predict Outcome in Psychodynamic Child Psychotherapy.** *Sibel Halfon, Istanbul Bilgi University; Burcu Besioroglu, Istanbul Bilgi University*

Mentalization, operationalized as reflective function (RF), is defined as the capacity to understand behavior in terms of mental states. Mentalization can be self-focused (i.e., mentalizing that focuses on one's own thoughts and feelings) or other-focused (i.e., mentalizing that focuses on others' thoughts and feelings). Some studies in adult psychotherapy show the importance of patients' mentalization capacity for treatment outcome; however, this has not yet been investigated in psychodynamic child psychotherapy. This study aimed to investigate whether baseline parental reflective function (PRF) and children's mental state talk (MST) predicted changes in emotional and behavioral problems in psychodynamic child psychotherapy. The sample included 60 Turkish school-age children (Mage = 7.90, SD = 1.35, 43.3% girls) with

internalizing (18.3%), externalizing (5%), comorbid (56.7%) problems, and 20% of the children were in the non-clinical range. The mothers were interviewed using the Parent Development Interview (PDI), which was coded for PRF (self- and child-focused). Children were administered an attachment-based story stem task, coded for MST (self- and other-focused). The Brief Problem Monitor was administered every month over the course of treatment for a total of 366 sessions. Multilevel modeling analyses indicated that mothers' child-focused PRF and children's self-focused MST predicted changes in problem behaviors. Parents' mentalization about their children and children's mentalization about their own internal states could be predictors of treatment response in psychodynamic child psychotherapy.

**Examining the Process of Change in the Application of Mentalization-Focused Treatment and Research Methods for Families in the Child Welfare System.** *Adina Goodman, Ferkauf Graduate School of Psychology; Jordan Bate, Ferkauf Graduate School of Psychology*

Services for families in the child welfare system are often behaviorally focused on what parents and children are “doing” and “what is happening” in their lives, rather than attuning to what is happening on the inside. Building Blocks is a mentalization-focused psychodynamic treatment for families with children in foster care or preventive services that was developed and is currently delivered at a child welfare agency in New York City. In this naturalistic setting, research measures were implemented to assess mentalization and attachment outcomes and processes within this treatment model, and over the past year have been adapted for telehealth during the COVID-19 pandemic. At intake and every 12 sessions, families complete the Parental Reflective Functioning Questionnaire (PRFQ) and Parenting Stress Index (PSI) and engage in a 10-minute free-play session that is video recorded and rated using the Coding Interactive Behavior (CIB) system. This presentation will report first on empirical findings from 35 dyads in Building Blocks, focusing on changes in parent-child interactive behavior over the first 12 sessions. Data on the PRFQ and the PSI, collected during the pandemic, will also be presented. Second, we will report qualitative findings from sessions where free-play videos were used in video-feedback with parents to foster mentalization. Analyses will explore mentalization-focused therapeutic techniques, in-session parent and therapist reflective functioning, and nonverbal communication. Discussion will focus on how mentalization-focused research methods and interventions may be applied in naturalistic contexts and treatment of families with complex presentations, and modified during a crisis like the COVID-19 pandemic.

**Does this intervention help you mentalize your baby? Exploring the dynamics of in-session reflective functioning in parent-infant psychotherapy.** *Anna Georg, University Hospital, Heidelberg, Germany; Lea Kasper, University Hospital, Heidelberg, Germany; Svenja Taubner, University of Heidelberg, Germany*

Aim: Focused parent-infant psychotherapy (fPIP) for the treatment of regulatory disorders in infancy is a brief 4-session long dyadic (or triadic) intervention that works jointly with parent and infant, with the aim of improving the parent-infant relationship and promoting optimal infant development. Strengthening parents' capacity to mentalize their child is thought to be the core mechanism of change in fPIP. Methods: We explored the notion of change in mentalizing during fPIP by using repeated measures hierarchical linear models, with measurement points (level 1) nested within sessions (level 2) and sessions nested within participants (level 3). We used in-session data from N = 11 fPIP complete therapies for a total of 44 sessions. In-session mentalizing was rated from transcripts statement by statement utilizing the in-session reflective functioning (RF) scale, resulting in between 98 and 297 measurement points per session. Independent coders rated statements for self-related, child-related or other content. Results: Statement number predicted statement RF significantly ( $\beta = .08$ ; 95% CI = 0.3 – .12,  $p < .001$ ). The interaction between statement number

and rating self/child (child) significantly predicted statement RF ( $\beta = .04$ , 95% CI = 0.0 – .07,  $p = .027$ ). When looking at statements related to self and child separately, child-related statement RF was significantly predicted by statement number ( $\beta = .08$ , 95% CI = .02 – .13,  $p = .007$ ), while the effect on self-related statement RF was n.s. ( $\beta = .01$ , 95% CI = -0.6 – .08,  $p = .773$ ). Effects were stronger when statements with three or less words were excluded from analysis. Discussion: The results overall confirm that fPIP strengthens parents' mentalizing about their child. More research on fPIP interventions that contribute to the in-session processes as well as the relation between the processes and therapy success is needed in order to make suggestions for therapists who aim at fostering mentalizing.

**Reflective Functioning, Therapeutic Alliance, and Outcome in Two Psychotherapies for Bulimia Nervosa.** *Stig Poulsen, University of Copenhagen, Denmark; Hannah Katznelson, University of Copenhagen, Denmark; Fredrik Falkenström, Linnaeus University, Sweden; Signe Holm Pedersen, University of Copenhagen, Denmark; Daniel Sarah I. F., University of Copenhagen, Denmark; Sofie Folke, University of Copenhagen, Denmark; Susanne Lunn, University of Copenhagen, Denmark*

Aim: Mentalization is a developmental achievement defined as the capacity to understand behavior in terms of mental states. This study investigated mentalization in psychoanalytic psychotherapy (PPT) and cognitive behavior therapy (CBT) through a secondary data analysis of findings from an RCT for bulimia nervosa (BN). It was hypothesized that the level of mentalization at baseline (measured with the Reflective Functioning Scale) would predict alliance and outcome in both treatments while increase in mentalization was only expected after PPT. Furthermore, it was investigated whether change in level of mentalization predicted symptom change. Methods: Seventy participants with BN were randomized to PPT or CBT. Participants were assessed at three time points with the Eating Disorder Examination and the Adult Attachment Interview (rated for Reflective Functioning (RF)). Therapy sessions were rated with the Vanderbilt Therapeutic Alliance Scale. Results: Higher baseline RF significantly predicted better alliance, whereas no association was observed between baseline RF and outcome. A significant interaction between time, therapy type and RF found RF improving more in PPT than in CBT. Furthermore, there was a significant association between RF change and symptom change in the PPT group. Discussion: The study suggests a relation between RF and psychotherapy process whereas the relation between RF and outcome is more complex. Furthermore, PPT seems to enhance mentalization, which seems related to symptomatic improvement, suggesting that mentalization might serve as a specific mechanism of change in PPT.

**Discussants:** Kenneth Levy, Penn State University, University Park, USA;

**Panel**  
Internet based  
  
Organizer: Jeannette Brodbeck, School of Social Work, University of Applied Sciences and Arts Northwestern Switzerland

**How to Personalise an Internet Intervention?**  
The personalisation of internet interventions, the selection of specific contents or the ways they are presented, aims to increase the acceptability and relevance of an intervention for the participants, their engagement and finally the efficacy of the intervention. This panel explores different approaches of personalising internet interventions and discusses their advantages and disadvantages. The first talk gives a general introduction to personalisation and user profiling for internet interventions. By breaking up the personalization process into different steps, we will demonstrate how it is possible to fragmentally design and evaluate the use of personalization of internet interventions. The second talk presents the development of a personalized internet intervention for grief among older adults who lost their spouse. A Delphi study identified a) user profiles and strategies for tailoring the application to the needs and characteristics of the user related to the content and presentation of the content and b) user parameters for decision making in a stepped-care approach leading from internet self-help to telephone or video interventions. The third talk focuses on the development of an internet

intervention for young adults with a history of adverse childhood experiences. As a first step of the early-stage iterative co-design with users, qualitative interviews identified expectations, needs and preferences regarding the intervention. The fourth talk presents the Multiphase Optimization Strategy (MOST) and the factorial trial for analysing personalised interventions. They are tools to understand the differential main and interaction effects of each treatment component of complex treatment interventions and inform decisions for tailoring treatments.

**Personalization of online interventions: A brief technical introduction for non-technical people.** *Lex van Velsen, Roessingh Research and Development, Enschede, the Netherlands*

**Aim:** This presentation will introduce the concept of user profiling and personalization in non-technical terms, for a clinical audience. We will make a round of the (clinical) purposes that personalization can serve, and discuss the role that clinical psychologist can play in the development of personalized Internet interventions. **Methods:** By taking a look at the State of the Art in personalization of Internet interventions, and by delving deeply into case studies, we will take a look at how user profiles and personalization strategies have been developed. Furthermore, we will take a look at the evaluation approaches that have been taken so as to determine whether personalization has an actual (clinical) benefit. **Results:** As we will see, personalization is not new, but a rhetoric strategy already used in ancient Greece. By breaking up the personalization process into different steps, we will see how we can fragmentally design and evaluate the use of personalization of online Interventions. The latter is especially important as it allows researchers to understand why personalization did not have effect, rather than only determining whether it did (not). **Discussion:** Personalization can be a very strong feature of an Internet intervention. The technology has now been around for some years, and it is imperative that the community learns from the good and bad practices that have been identified.

**Developing an internet intervention for young adults with a history of adverse childhood experiences: an iterative co-design with users.** *Jeannette Brodbeck, School of Social Work, University of Applied Sciences and Arts Northwestern Switzerland; Linda Pergjoka, School of Social Work, University of Applied Sciences and Arts Northwestern Switzerland; Maria Jenny, School of Social Work, University of Applied Sciences and Arts, Northwestern Switzerland; Fabienne Stamm, School of Social Work, University of Applied Sciences and Arts, Northwestern Switzerland; Stefanie Nuozzi, School of Social Work, University of Applied Sciences and Arts, Northwestern Switzerland; Tugce Oezdemir, School of Social Work, University of Applied Sciences and Arts, Northwestern Switzerland; Paul Burkhard, School of Social Work, University of Applied Sciences and Arts, Northwestern Switzerland*

**Aim:** The content of a planned internet intervention for young adults with a history of adverse childhood experiences (ACE) includes two components, emotion regulation and social information processing/fostering social support, which will be analysed in a cross-over design. The form and the content of the intervention will be adapted to the needs of young adults with ACE in order to be attractive and easy to implement in daily life. As a first step in an iterative co-design, young adults with a history of ACE were asked about their expectations and wishes regarding the content and design of the online intervention. **Methods:** A total of 26 young adults aged 18-25 with a history of ACE took part in qualitative semi-structured interviews. The interviews were analysed using content analysis following Kuckartz et al. (2013). **Results:** The interviews confirmed the high relevance of coping with difficult emotions and fostering positive social relationships and provided details for implementing the online intervention. Additionally, users expected to learn more about ACE and their consequences. As important additional features, they wish to receive personalised online advice from professionals or an online psychotherapy, as

well as the possibility to connect with other young adults with a history of ACE. Discussion: Some expectations of users are beyond the possibilities of the planned intervention but provide insights for recruitment and adaptation of the planned content. Focus groups and user testing will follow after the development of a first prototype of the self-help programme.

**The use of the Multiphase Optimization Strategy (MOST) and the factorial trials in building and tailoring interventions.** *Rodrigo Lopes, University of Bern, Switzerland; Dajana Šipka, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland*

Background: Behavioral interventions (psychotherapy included) are normally delivered in complex packages containing several components (e.g., tasks, content, interaction between therapist and client). It is a research challenge to disentangle treatments in order to understand what treatment components work best in which situations. The Multiphase Optimization Strategy (MOST) is an engineering-inspired framework for optimizing multicomponent behavioral interventions by identifying which components are active and which levels of each component and combinations of components lead to the best outcomes. One of the methods in MOST is the factorial experiment, which is an efficient and economical way of studying the individual and combined effects of sets of intervention components. It allows researchers to investigate several independent variables (or factors) at once by using various combinations of the treatments. Aims: The aim of this paper is to present these innovative methodological tools (MOST and the factorial trial). Methods: We will define and present the rationale behind MOST and the factorial trial and discuss statistical issues (e.g., power analysis, cost-effectiveness). We will also present examples of psychological internet-interventions research using these tools. Discussion: Possible applications and limitations to psychotherapy research will be discussed.

**A conceptual model for personalising an online grief intervention for older adults who lost their spouse and user parameters for decision making about escalating self-help to more intensive support: A Delphi study.** *Lena Brandl, Roessingh Research and Development, Enschede, the Netherlands*

Aim: Providing the basis for tailoring an online grief intervention for mourning older adults who lost their spouse by a) identifying mechanisms for personalising the intervention that potentially increase user engagement and thereby, adherence to the intervention program and b) by collecting a set of user parameters that can be used for decision making regarding escalating the service from self-help to more intensive, blended support. Method: A three-round Delphi study involving an international grief and eHealth expert panel (N=16) was conducted that involved an initial brainstorming, a validating and a rating/ranking phase. A thematic analysis was conducted on the brainstorming data from which a conceptual adaptation model emerged. In addition, a set of user parameters for monitoring the user from within the grief intervention was extracted and ranked by the panel according to importance for escalating to more intensive support. The components of the conceptual adaptation model were rated according to the panel's expected benefit in terms of clinical outcome of the grief intervention. Results: The proposed adaptations impact when, which content is presented to the mourning user, and how it is presented. Eighteen monitoring parameters were extracted and grouped into four categories: clinical, behavioural/emotional, interactive and external. The five user parameters that were considered most important for escalation were: Suicidality, Self-destructive behaviour, Client-initiated escalation, Unresponsiveness and (Complicated) Grief symptoms. Discussion: Implications of the obtained results for tailoring an internet grief intervention and the utility of the Delphi method for early-stage personalization research in psychotherapy are discussed.

**Discussants:** Stefanie Schmidt, University of Bern, Switzerland;

**Panel**  
Relationship factors

Organizer: George  
Silberschatz, University  
of California, San  
Francisco, USA

### **How to personalize psychotherapy? Three distinct approaches**

Adapting treatments to meet patients' particular problems and needs has received considerable attention in healthcare generally and in psychotherapy research and practice. In this panel three experienced researchers and psychotherapy scholars present their views on how to optimize therapy for specific patients. The first presentation by John Norcross reviews evidence-based methods for tailoring therapist interventions to individual patients. Next, Henny Westra describes how training therapists to carefully observe within-session micro processes gives therapists the tools for personalizing treatment. The third presentation by George Silberschatz argues for using reliable case formulations that identify the patient's specific adverse life experiences and pathogenic beliefs derived from them as a guide for personalized interventions. Finally, Franz Caspar will discuss the three presentations.

### **A New Psychotherapy for Each Patient: Personalizing to Reactance Level, Stage of Change, and Treatment Preferences.** *John Norcross, University of Scranton, USA*

Psychotherapy will maximize its effectiveness by targeting the most powerful sources of change: the therapeutic relationship, the individual patient, and their mutual fit. This presentation reviews the meta-analytic research and clinical practices on three evidence-based methods (reactance level, stage of change, treatment preferences) for adapting/tailoring psychological treatments to individual clients and their singular contexts. These can be reliably assessed and rapidly applied in session to fit the entire patient. An Interdivisional APA Task Force recently concluded that these transdiagnostic matches demonstrably accelerate the therapy process, reduce dropouts, and improve psychotherapy outcomes.

### **Training Therapists to Personalize Therapy on a Moment-by-Moment Basis.** *Henny Westra, York University, Canada*

Expertise in psychotherapy does not inevitably improve with experience (Goldberg et al., 2016). Moreover, therapist capacity to predict outcomes is poor given the complex array of interacting variables in counselling encounters (Tracey et al., 2015) but such predictive ability is key to skill development. In psychotherapy training, there has been a nearly exclusive emphasis on intervention, but not nearly enough on observation. Yet as Binder and Strupp (1997) noted "there is a generic skill that we believe to be crucial to managing the therapeutic process and that involves what Schon (1987) calls reflection-in-action, the ability to observe process as one is participating in it and to improvise effective strategies while one is in the midst of acting". In particular, therapists are not systematically or widely trained to selectively observe and monitor empirically supported process variables identified by process researchers as differentiating ultimate client outcomes (i.e., to know what to look for). I argue for a complementary, transtheoretical and transdiagnostic focus in training on learning to identify and monitor therapy process in real time. This could potentially increase therapist attunement, flexibility, and appropriate responsiveness to changing context in the moment. Also, learning to watch therapy as a process expert does, could potentially also provide coveted feedback for skill development and ultimately improve patient outcomes.

### **The Patient Plan Formulation as a guide for personalizing therapist interventions.** *George Silberschatz, University of California, San Francisco, USA*

Two female patients of the same age, race, education, and diagnosis ask their therapist for guidance about what they should focus on in session. The therapist could rely on preferred techniques (e.g., interpretation, exploration of feelings, transference) as a guide to responding, and any given technique may or may not be helpful. But armed with a reliable case formulation for each patient the

therapist would have more precise understanding of what the request for guidance meant for each patient, and this understanding would allow a more individualized and responsive intervention. I will review research showing that personalized interventions based on case-formulations predict productive in-session processes as well as effective treatment outcomes. Implications of the research for expanding personalized psychotherapy will be discussed.

**Discussants:** Franz Caspar, University of Berne;

**Panel**  
Alliance

Organizer: Charlie  
Duncan, British  
Association for  
Counselling and  
Psychotherapy

**Impact of COVID-19 on therapeutic practice**

This panel session provides an overview of several research projects which have been undertaken to understand more about the impact that COVID-19 restrictions in the UK have had on therapeutic practice, and how therapists have experienced the transition to 'remote' working. The first presentation, delivered by Charlie Duncan, will focus on the impact that COVID-19 has had on the provision of school-based counselling services in the UK, as well as exploring what actions might be prioritized to mitigate the negative impact of the restrictions. The second presentation, delivered by Jenny O'Donnell, will focus on the results of a large survey of therapists in the UK. which aimed to capture the impact of the COVID-19 pandemic -and subsequent 'lockdown' - on the working practices of therapists. The third presentation, delivered by Dr Wayne Full, will focus how online therapy practice is the same/different to face-to-face practice; therapists' sense of challenges and benefits of online practice; therapists' experience of managing risk online; their perception of therapeutic alliance in online therapy; and their experience of what contributes to safe, ethical and effective online practice.

**Impact of COVID-19 restrictions on the provision of school-based counselling in the UK.** *Charlie Duncan, British Association for Counselling and Psychotherapy*

**Aims:** This study aimed to assess: the impact of COVID-19 restrictions on the provision of school-based counselling; the effect of various factors on school-based counselling; and how potential actions should be prioritised to mitigate negative impacts of the restrictions. **Methods:** Practitioners delivering school-based counselling in the UK before and/or after the implementation of COVID-19 restrictions (N=739) completed an online survey in Summer 2020. Demographic information, therapeutic background, the nature of school-based counselling provided pre- and post-COVID-19 restrictions, and the extent to which factors and actions were perceived as affecting services were assessed. A subset of the sample will be asked to complete follow-up surveys in Winter 2020 and Spring 2021 to investigate how the situation develops over time. **Results:** Results from the initial survey suggest that school-based counselling had decreased to some extent following the implementation of COVID-19 restrictions. On average, practitioners reported that their total caseload halved after the implementation of COVID-19 restrictions, which appeared to reflect a large reduction in the provision of face-to-face counselling, and to be due to the closure of schools. Recognising mental health as a critical service and having appropriate spaces to provide school-based counselling were indicated to be the highest priorities. **Discussion:** This study highlights the large reduction in children and young people receiving mental health support during the COVID-19 pandemic; a period in which they likely need greater support. The priorities identified in this survey highlight potential solutions that might enable a greater provision of school-based counselling during current and future pandemics.

**Impact of the COVID-19 restrictions on UK therapists and increased use of remote counselling methods.** *Jennifer O'Donnell, British Association for Counselling and Psychotherapy*

**Aims:** This survey aimed to capture the impact of the COVID-19 pandemic and lockdown on the working practices members of the British Association for

Counselling and Psychotherapy (BACP) and the transition to remote working to enable BACP to better support these needs. Methods: A mixed-methods survey was completed by 2,497 BACP members between 9th April 2020 and 29th May 2020. It included a mix of Likert scales and open-ended questions. Descriptives were used to analyse the quantitative data, whilst thematic analysis was used to analyse the qualitative data. Results: 87.7% of respondents continued working during the pandemic, although 74.7% reported a decrease in overall clients and 78.7% reported a decrease in the number of new referrals. Barriers to accessing clients at this time and the perceived mental health impact on current clients was also explored. Therapists were primarily reliant on remote working during the restrictions, with the numbers using online video- and telephone counselling increasing approximately three-fold compared to before the pandemic. Discussion: Most respondents continued working during the COVID-19 pandemic, although there was a general decrease in work. There was a transition for many therapists to using remote online and telephone counselling methods which for some was unfamiliar and involved various challenges.

**Therapists' experiences of offering online therapy during COVID-19.** Wayne Full, *British Association for Counselling and Psychotherapy*; Naomi Moller, *The Open University*; Andreas Vossler, *The Open University*; Jo Pybis, *British Association for Counselling and Psychotherapy*; Jeannette Roddy, *University of Salford, United Kingdom*

Aims: The COVID-19 pandemic has prevented mental health providers, including counsellors and psychotherapists from delivering services in person. Many services have responded by moving their practices online, working with clients through video-conferencing software and audio-only methods/telephone. However, many therapists have little training or experience in working online. This project aims to gather some insight into the experiences and perceptions of therapists who are working in this way during the pandemic; and identify their training needs and concerns about working in this way. Methods: An online survey was developed comprising open questions about participants' experiences of offering online therapy during COVID-19. Questions focus on participants' perceptions of how online therapy practice is the same/different to face-to-face practice; their sense of challenges and benefits of online practice; their experience of managing risk online; their perception of therapeutic alliance in online therapy; and their experience of what contributes to safe, ethical and effective online practice. The survey was disseminated to therapists in the UK via the British Association for Counselling and Psychotherapy (BACP). Although still live at the time of submission, the survey has been completed by 520 respondents. Data will be analysed using Framework Analysis. Results: The data have not yet been analysed but will be available by June 2021. Discussion: Data will be used to inform the development of online based continuing professional development resources to support counsellors and psychotherapists in delivering services online.

**Discussants:** Naomi Moller, The Open University;

**Panel**  
Evidence-based  
psychotherapies

Organizers: Hannah  
Bischof, ÖAGG-  
psychotherapeutische  
Ambulanz; Aglaja  
Przyborski, Bertha von  
Suttner Privatuniversität  
St. Pölten GmbH;

**Impacts of the Covid-19 Pandemic on Mental Health and Mental Health Care in Austria and Italy**

The outbreak of the Covid-19 pandemic in 2020 has had a significant impact both on the every day lives of most individuals as well as on health care services. This uncertain situation has triggered numerous studies in many research fields. This panel will focus on understanding the current state of mental health as well as the state of the mental health care providers and of psychotherapy: Thus, the panel will discuss the effects of the pandemic on the psychological health and well-being of patients with preexisting psychiatric symptoms as well as of therapists. Moreover, consequences for therapeutic programs, settings and processes, e.g., the need for phone or online based psychotherapy, and the therapists' and patients' impressions and satisfaction with these changes can be illuminated. Differences between countries (e.g., due

to different Covid-regulations or different structures in the health care systems) and between psychotherapeutic offers, methods and settings (e.g., group therapy vs. individual therapy) will also be within the scope of this panel.  
Keywords: Covid-19, Pandemic, Internet Based Psychotherapy

**Effects of the Covid-19 Crisis on the Experiences of Patients with Mental Illness Undergoing a Combination of Group- and Individual Psychotherapy.** *Hannah Bischof, ÖAGG-psychotherapeutische Ambulanz; Günter Dietrich, ÖAGG Österreichischer Arbeitskreis für Gruppentherapie und Gruppendynamik; Aglaja Przyborski, Bertha von Suttner Privatuniversität St. Pölten GmbH; Vanja Poncioni-Rusnov, ÖAGG-Psychotherapeutische Ambulanz*

The consequences of the Covid-19 pandemic on mental health are currently being intensely discussed in the media. Particular stress factors include decreased social contact, existential and financial worries and fear of the disease itself. National and international studies are finding increased symptoms of depression, sleep disorders and anxiety among the general population. Comparative studies indicate that people with preexisting psychiatric symptoms have an increased risk of reacting to the situation with an intensified stress reaction up to and including full symptoms of PTSD. Psychotherapy and group therapy could play an important role in providing social inclusion, activation of resources and increasing resilience. So far, however, it is unclear what impact social distancing has on patients' use of group therapy towards their mental health. In a multi-method study, changes in symptoms of patients undergoing group psychotherapy with accompanying individual psychotherapy were recorded at the ÖAGG Psychotherapeutic Ambulance (PTA), an outpatient facility with a focus on group therapeutic treatment in Vienna. In addition, the study focused on the role of group psychotherapy in coping with the crisis as well as impressions of group therapists regarding that role. In the study, around 420 patients participated in a short questionnaire at two points in time, once in June 2020 and once in November 2020. In addition, 12 qualitative narrative interviews were conducted with patients in the Summer of 2020 to gain deeper insights into stresses and coping strategies. In order to evaluate the perspective of the practitioners, group discussions of an ongoing peer consulting group of psychotherapists were examined with deep hermeneutic methods. The study focused on aspects of the psychodynamics of the patients, the group dynamics of the therapy groups and the countertransference of the psychotherapists. Results from the Spring 2020 questionnaire indicate a subjective increase in feelings of depression, despair, loneliness and fear. Female patients, in particular, show (analogous to results of international studies) a significantly higher subjective aggravation in symptoms than male patients. The relationship status of the patients also seems to have an influence on the change in symptoms, as does the diagnosis. The study found that many patients used the offer of telephone- or internet-based contact with the group therapist, which was rated positively. Contact with the other group participants was sought less often. The results of the second questionnaire survey and changes over time are currently being evaluated and are to be presented at the conference. The results of the patient interviews show both stress factors and positive outcomes in terms of primary and secondary gain from illness, paradox normalization and positive impulses towards personal clarification processes during the lockdown.

**Psychotherapy in Austria during COVID-19. Results of three online surveys.** *Thomas Probst, Danube University Krems; Barbara Haid, Österreichischer Bundesverband für Psychotherapie; Wolfgang Schimböck, Österreichischer Bundesverband für Psychotherapie; Peter Stippl, Österreichischer Bundesverband für Psychotherapie; Elke Humer, Danube University Krems*

The Danube University Krems, in cooperation with the Austrian Federal Association for Psychotherapy, conducted three online surveys to investigate psychotherapy in Austria during COVID-19. This presentation summarizes the so far available results and publications of these surveys. A total of 1547

psychotherapists took part in the first online survey, which was conducted in the first weeks of the first COVID-19 lockdown in Austria. The results showed that psychotherapists increasingly replaced psychotherapy in personal contact with psychotherapy at a distance (telephone or internet) during the lockdown. Increased stress level and job-related worries were mainly reported by psychotherapists who derived all their income from psychotherapy. The experiences with psychotherapy at a distance were described as overall more positive than previously expected. Nonetheless, psychotherapy at a distance was viewed as not 1: 1 comparable to psychotherapy in face-to-face contact. In a second only survey, which was conducted after the first lockdown (summer 2020), 222 Austrian psychotherapists participated. The aim of this survey was to examine the change in treatment format (personal to digital or digital to personal) more closely. At the same time as the second survey, a third online survey was carried out in which 139 patients of the 222 Austrian psychotherapists took part in order to examine the patient's perspective when changing the treatment format. First results show that psychotherapists and patients experienced a difference in terms of the therapeutic interventions used when changing the treatment format. Moreover, the subjective meaning of different areas of life was changed in the COVID-19 pandemic compare to the time before COVID-19. The evaluations to date show that COVID-19 has a significant impact on the psychotherapeutic practice in Austria. Further quantitative and qualitative evaluations of the data will provide even more in-depth knowledge

**Psychotherapy in Italy during COVID-19: How the Clinical Practice of Psychotherapists Changed During the Pandemic.** *Tommaso Boldrini, University of Padova, Italy; Arianna Schiano Lomoriello, Denmark Technical University; Franco Del Corno, Association for Research in Clinical Psychology (ARP), Milan, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy; Silvia Salcuni, University of Padova*

**Aims:** Italy was one of the first countries to be significantly affected by the coronavirus disease 2019 (COVID-19) pandemic, determining a unique scenario for Italian psychotherapists to consider changing the modality in which they deliver treatment. The present study aimed at studying which factors related to psychotherapists and their clinical practice had a major role in predicting two main outcomes: (1) the rate of interrupted treatments during lockdown and (2) psychotherapists' satisfaction with the telepsychotherapy modality. Moreover, psychotherapists' attitude and perception regarding their current clinical activity in light of the unusual circumstances due to the outbreak of the pandemic were investigated. **Methods:** An online survey was administered to licensed psychotherapists ( $n = 306$ ), who worked mainly as private practitioners, between April 5 and May 10, 2020 (i.e., the peak of the pandemic in Italy). **Results:** Psychotherapists reported that 42.1% ( $SD = 28.9$ ) of their treatments had been interrupted, suggesting that Italy faced an important undersupply of psychotherapy during the lockdown. Using the Akaike information criterion (AIC) model selection, we identified three predictors of the rate of interrupted treatments: (1) psychotherapists' lack of experience with telepsychotherapy prior to the lockdown, (2) their theoretical orientation (with cognitive behavioral psychotherapists reporting a higher rate of interrupted treatments), and (3) patients' lack of privacy at home, as reported to the psychotherapists. Furthermore, we found four predictors of psychotherapists' satisfaction with the telepsychotherapy modality: (1) the rate of interrupted treatments, (2) psychotherapists' previous experience with telepsychotherapy, (3) their beliefs about the compatibility of telepsychotherapy with their theoretical orientation, and (4) their use of a video-conferencing modality, rather than telephone. Finally, by administering a semantic differential scale (i.e., ad hoc selected list of pairs of adjectives associated with bipolar meaning), the subjective attitudes and perceptions of psychotherapists on their experience during online sessions were reported. **Conclusion:** The following recommendations can help policy makers, professional associations, and practitioners in promoting the continuity of psychotherapy treatments during the COVID-19 outbreak and in future

emergencies: (i) disseminating training programs for practitioners on telepsychotherapy, (ii) supporting patients to pragmatically access a private space at home, (iii) encouraging practitioners to use video-conferencing (instead of telephone) to deliver remote therapy, and (iv) increasing the acceptance of telepsychotherapy among both clinicians and the general public.

**Discussants:** Hannah Bischof, ÖAGG-psychotherapeutische Ambulanz;  
Thomas Probst, Danube University Krems;  
Tommaso Boldrini, University of Padova, Italy;

**Panel**  
Therapist effects

Organizer: Christoph  
Flückiger, University of  
Zurich, Switzerland

**IMPLEMENT 2.0: A Comprehensive Trial of Cognitive-Behavioral Therapy for Generalized Anxiety Disorder**

This panel provides an overview of the main outcomes and advanced process-outcome relations in a comprehensive randomized clinical implementation trial of cognitive-behavioral therapy in generalized anxiety disorder (N = 80 GAD-patients, 20 therapists) investigating longterm patient- and therapist effects up to 5-years follow-ups. Flückiger et al. present the ABAB-crossed therapist trial design and the main outcomes, Vísľá investigates the relation between outcome expectations and worry-symptom change; Gómez Penedo presents advanced analyses on interpersonal cognitions as a mechanism of change in GAD. Finally, Probst investigate the prediction of long-term outcomes using patients and therapist intake characteristics.

**Predictors of change in patient treatment outcome expectation during cognitive-behavioral psychotherapy for generalized anxiety disorder.** *Andreea Visla, University of Zurich, Switzerland; Michael Constantino, University of Massachusetts Amherst; Christoph Flückiger, University of Zurich, Switzerland*

Objective: Positive patient-rated psychotherapy outcome expectation at pre- or early treatment is associated with posttreatment improvement. However, there is limited research on patients' change in outcome expectation across therapy and participant factors that predict both pretreatment outcome expectation and expectation change. The present study aimed to examine: (1) the overall trajectory of change in patients' outcome expectation from pretreatment through treatment's end; (2) baseline patient characteristics as predictors of their pretreatment outcome expectation; (3) early change in general self-efficacy (controlling for baseline patient characteristics, early change in symptoms, and treatment condition) as predictor of expectation change.; and (4) therapist effects on patients' outcome expectation change; Method: For patients with generalized anxiety disorder (GAD; N = 80) receiving variants of CBT, outcome expectation was assessed at pretreatment, session 5, session 10, and posttreatment. Results: Using multilevel models with repeated assessments, we found outcome expectation to linearly increase from pre- to posttreatment. When controlling for other patient characteristics at intake, higher educational status was associated with lower pretreatment outcome expectation, whereas higher worry level was associated with higher pretreatment outcome expectation. When controlling for baseline patient characteristics, early reduction in both GAD-symptoms and global severity, and treatment condition, an increase in early general self-efficacy was associated with a less steep increase in outcome expectation over the therapy. We also found between-therapist differences in their patients' average outcome expectation change. Conclusions: Results shed additional light on various participant characteristics that influence patients' baseline outcome expectation and expectation change through therapy.

**Interpersonal cognitions as a mechanism of change in Cognitive Behavioral Therapy for Generalized Anxiety Disorder.** *Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Peter Hilpert, University of Lausanne; Martin Grosse Holtforth, University of Bern, Switzerland; InselSpital Bern, Switzerland; Christoph Flückiger, University of Zurich, Switzerland*

Objective: This study aims to investigate the effects on outcome of changes in interpersonal cognitions during Cognitive-Behavioral Therapy (CBT) for Generalized Anxiety Disorder (GAD) and how these effects are moderated by patients' interpersonal problems at intake. Method: A sample of 80 adult patients diagnosed with GAD and treated with CBT within a randomized control trial, completed a questionnaire concerning interpersonal problems at baseline and measures of changes in interpersonal and self-related cognitions as well as worry severity session-by-session. We conducted dynamic structural equation modeling to estimate cross-lagged within-patient effects of changes in interpersonal cognitions on worry, adjusting for the effects of self-related cognitions. Furthermore, we included interpersonal problems as a moderator of changes in interpersonal cognitions effects. Results: We found significant cross-lagged effects of changes in interpersonal cognitions on subsequent worry level, even when adjusting for self-related cognitions. Greater changes in interpersonal cognitions in a given session were associated with lower worry levels at the beginning of the next session. However, there was no interactive effect of changes in interpersonal cognitions by patients' interpersonal problems on worry severity. Conclusions: The results present evidence supporting changes in interpersonal cognitions as a relevant change mechanism in CBT for GAD.

**Do strength-oriented predictors at intake predict the course of therapy-outcome after completion of a CBT for patients with GAD beyond problem-oriented predictors at intake? A multi-predictor analysis.** *Greta Helene Probst, University of Zurich, Switzerland; Andreea Visla, University of Zurich, Switzerland; Christoph Flückiger, University of Zurich, Switzerland*

Aim: Generalized anxiety disorder (GAD) has chronic clinical course, low rates of recovery and relatively high rates of relapse. Cognitive behavioral therapy (CBT) is an effective treatment for GAD, also in the long term. Although many trials have examined the efficacy of treatments in GAD, little is known about predictors of maintained or lost treatment gains after completion of a treatment. The present study will examine intake-predictors of the course of therapy-outcome up to 6 months after completion of CBT for outpatients with GAD. Problem-oriented intake distress as well as strength-oriented resources at intake are associated with therapy outcome. Hence, problem-oriented as well as strength-oriented variables at intake will be examined as potential predictors of clinical course after treatment completion. Method: Data derive from two randomized clinical trials (n = 137) assessing a widely used CBT approach (Mastery of your Anxiety and Worry package) for outpatients with GAD (IMPLEMENT). Predictor variables were taken at intake, all primary and secondary outcome measures concerning anxiety and mental health were taken at intake, post assessment as well as at the 6-month follow-up based on self-report. Course of therapy-outcome comprises of the change of outcomes from post- to 6-month follow-up-assessment. Results: The data will be analyzed using hierarchical linear modeling. Discussion: The findings will contribute to the relatively small literature on factors influencing the clinical course after treatment completion and will thus provide insights to enhance long-term efficacy of CBT for GAD.

**Exploring change in cognitive-behavioral therapy for generalized anxiety disorder - A two-arms ABAB crossed-therapist randomized clinical implementation trial..** *Christoph Flückiger, University of Zurich, Switzerland; Andreea Visla, University of Zurich, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Wolfgang Lutz, Universität Trier, Germany; Mathias Allemand, Aalborg University, Denmark*

Objective: There is little evidence-based knowledge of how psychotherapists should deal with both sudden gains and more gradual session-by-session changes, either in general or in individuals suffering from generalized anxiety disorder. Methods: Using an ABAB crossed-therapist randomized clinical implementation trial design (N = 80 patients and 20 therapists), we contrasted a

Prolonged Focus on Change (PFC, N = 40) implementation with a State Of The Art (SOTA, N = 40) implementation. Both implementations were based on a widely used cognitive behavioral therapy approach (Mastery of your Anxiety and Worry package) with the only difference that in the PFC implementation the therapists were instructed to systematically explore eventual changes at the beginning of the therapy sessions. Results: Based on a 3-level hierarchical linear model, PFC implementation showed faster symptom reduction in worry over therapy (i.e., linear change) and a decelerated (quadratic) change until 12-month follow-up in comparison to the SOTA implementation. Conclusion: These findings provide clinically useful information about potential short-term and long-term effects of exploring occurring change in GAD populations. Randomized clinical implementation trial designs are a step forward allowing to experimentally investigate basic psychotherapeutic strategies in process-based psychotherapy. Keywords: generalized anxiety disorder, sudden gains, prolonged focus on change

#### **Panel**

Routine Outcome Monitoring

Organizer: Beatriz Gomez, Aigle Foundation

#### **Implementing Routine Outcome Monitoring. International Contributions.**

The panel gathers three research groups from the USA, Spain and Argentina implementing routine outcome monitoring in clinical practice. In the first presentation authors from USA point out that little is known regarding clinicians' perceptions of different measurement approaches (i.e., nomothetic or idiographic) to ROM and MFSs, as well as the effects of clinicians' theoretical background on these perceptions. The study examined clinicians' perceptions of the clinical utility, relevance to treatment planning, and practicality of nomothetic, idiographic, and combined clinical feedback provided by a simulated MFS. In the second presentation, authors in Spain aim in their study to design the contents and procedure of a MyS system for therapist and patient supported by ICTs following a user's-centered design. Therapists with an integrative cognitive approach (Fernández-Álvarez & Fernández Álvarez, 2019) and experience in emotional disorders treatment, and expert researchers in the field of e-health, will work together through focus groups. In the third presentation, developed in Argentina, the project is based on screening baseline variables and implementing routine outcome monitoring (ROM) in order to systematize a device to adjust treatments to clients' characteristics. The screening processes and ROM implementation are aimed at identifying prognostic variables of therapeutic evolution and the probability of early drop-out, as well as moderating variables of treatment effects. Findings, commonalities and differential contributions among the projects will be discussed.

**Clinician Perceptions of Nomothetic and Idiographic Approaches to Routine Outcome Monitoring and Feedback.** *Matteo Bugatti, Stony Brook University, USA; James F Boswell, University at Albany, State University of New York*

Routine outcome monitoring (ROM) and measurement feedback systems (MFSs) are evidence-based practices (EBPs) that support treatment personalization and clinical responsiveness. Research indicates that ROM and MFSs successfully enhance treatment outcomes and prevent treatment failures. Despite their proven effectiveness, ROM and MFSs utilization rates in routine clinical practice remain low. Clinicians report reservations regarding the clinical utility of the information provided by these systems, which may be a function of overreliance on nomothetic (i.e., standardized) measures. Research suggests that idiographic (i.e., individualized) measures may have the potential to overcome these obstacles. However, little is known regarding clinicians' perceptions of different measurement approaches (i.e., nomothetic or idiographic) to ROM and MFSs, as well as the effects of clinicians' theoretical background on these perceptions. The present study examined clinicians' perceptions of the clinical utility, relevance to treatment planning, and practicality of nomothetic, idiographic, and combined clinical feedback provided by a simulated MFS. Three hundred and twenty-nine therapists were randomized to one of three conditions that presented a clinical vignette comprising: (a)

nomothetic, (b) idiographic, or (c) combined clinical feedback. Clinicians' perceptions of the simulated clinical feedback were not affected by the type of clinical feedback. However, cognitive behavioral therapists reported more positive perceptions of all aspects associated with the simulated clinical feedback. These results were consistent with previous findings, suggesting that clinicians' theoretical orientation may have a significant impact on their perceptions of ROM and MFSs, and should be considered when designing and implementing these EBPs.

**Screening variables at baseline to predict treatment outcome..** *Beatriz Gómez, Aiglé Foundation, Argentina; Javier Fernandez-Alvarez, Fundación Aiglé, Buenos Aires, Argentina; Fernando García, Aalborg University, Denmark; Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina; Roberto Muiños, Universidad de Buenos Aires, Argentina; Héctor Fernández-Alvarez, Aigle Foundation, Argentina*

Positive psychotherapy outcome is linked to an effective diagnosis made at the time of client's admission and an effective follow-up of therapeutic evolution in order to ensure the best therapeutic strategy. Likewise an effective treatment evolution monitoring allows making the necessary adjustments. The goal of this project is to analyze screening processes of baseline variables and outcome monitoring instruments in order to systematize a device to adjust treatments to clients' characteristics. The processes of clients' diagnostic assessment and baseline variables will be analyzed with the aim of identifying prognostic variables of their therapeutic evolution and the probability of early drop-out, as well as moderating variables of treatment effects. The processes for evaluating early responses to treatments will be analyzed by means of statistical modeling of clients' evolution within the first 5 therapy sessions. To analyze and characterize the evaluation processes of therapeutic changes during the course of treatments, multilevel or hierarchical models will be used to model the evolution of clients' severity within the first 15 sessions. Thereafter step-wise regressions based on forward selection strategies will be used, in order to identify meaningful baseline predictors of clients' clinical evolution, derived from the systematized diagnostic process. The initial results of this project will be presented with a pilot sample of 35 clients, who received their therapy treatment during quarantine at Aiglé Foundation. The Outcome Questionnaire - OQ-30 and the State Difficulties in Emotion Regulation Scale (s-DERS) were administered every two sessions. These results will be discussed in terms of their clinical implications.

**Development of a monitoring and feedback (MyF) system supported by technologies for the improvement of the psychotherapeutic process.** *Guadalupe Molinari, Universidad Internacional de Valencia; Ernestina Echemendy, Instituto de Salud Carlos III, Spain; Paloma Rasal Cantó, Universidad Internacional de Valencia, Valencia, Spain; Javier Fernandez-Alvarez, Fundación Aiglé, Buenos Aires, Argentina; Rosa Baños, Instituto de Salud Carlos III, Spain; Macarena Espinoza Venegas, Universidad Internacional de Valencia, Valencia, Spain*

Research is conclusive on the need to monitor the therapeutic process and places it as an evidence-based trans-theoretical and transdiagnostic practice (Boswell, 2020). However, how patients should be monitored and what variables are important to track is still understudied. Moreover, the lack of knowledge is greater regarding the feedback that patients should receive. A recent systematic review highlights the need to involve patients in the monitoring process, sharing information and involving them in the process of developing the monitoring system (Solstad, Castonguay & Moltu, 2020). In terms of how this should be implemented, the Information and Communication technologies (ICTs) are a great ally, breaking down barriers in terms of accessibility, collection and processing of information. However, the acceptability and implementation is not resolved; and there is not yet a monitoring culture between all agents involved. The aim of this study is to design the contents and procedure of a MyS system

for therapist and patient supported by ICTs following an users-centered design. Therapists with an integrative cognitive approach (Fernández-Álvarez & Fernández Álvarez, 2019) and experience in emotional disorders treatment, and expert researchers in the field of e-health, will work together through focus groups. A minimum of 8 participants is expected. A content analysis using Consensual Qualitative Research methodology (Hill et al., 1997) will be performed to identify the main variables to be monitored, the monitoring frequency, and how to return information to the patient and therapist. Preliminary results of this study will be presented and, also, barriers and facilitators to the implementation will be discussed.

**Discussants:** Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina;

### **Panel**

Change process

Organizer: Clara Hill,  
University of Maryland,  
College Park, USA

### **In-Session Process in Psychodynamic Psychotherapy**

In this panel, we carry on the long tradition in psychotherapy research of studying in-session process to determine what does and does not work to help clients explore, gain insight, and make changes. Our overall goal was to clearly define specific skills and then carefully examine under what conditions they can be helpful and how clients respond. We focus on open-ended individual psychodynamic psychotherapy with doctoral student therapists and adult community clients. The focus of the first study was on therapist challenges, which theoretically facilitate client awareness. The researchers used a case study method to allow for context and changes across time. Therapist closed and open questions in early sessions of psychotherapy were the focus of the second study. Because differences between closed and open questions could be more related to the focus of the question than the format of being closed or open, researchers compared closed questions for facts/information, open questions for thoughts, and open questions for feelings. The focus of the third study was on characteristics of therapist advice in final sessions that predict whether clients intend to act. In the final study, researchers investigated whether there were more interruptions in intake sessions with clients who continued versus did not continue in treatment, given that interruptions might reflect discomfort in the therapeutic relationship. Discussion will focus on measurement of skills and outcomes, therapist and client factors, timing, and quality, with the goal of advancing how we study psychotherapy process and thinking about implications for therapist training.

**The Effects of Therapist Advice.** *Holly Liposky, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA; Dennis Kivlighan, University of Maryland, College Park, USA*

Advice, defined as guidance that is focused on action, is future-oriented, involves intention to act, is given in response to a problem, is motivated by an intent to help, has one source and one recipient, and includes a disparity of expertise, is not typically used by psychodynamic theorists. typically advise against therapists giving advice in sessions. Indeed, Freud suggested that advice is "an evident injustice and an act of violence." We expect, however, that psychodynamic therapists do at least occasionally give advice, raising questions about the effects of such advice. In the present study, we coded advice events in the final session of individual psychodynamic psychotherapy when therapists initiated the termination due to completing their training. The final session is particularly interesting because in our experience therapists do give advice during these sessions as a way of making suggestions for what the client might continue working on either outside of therapy or in future therapy. A team of trained observers identified advice events for 51 adult clients nested within 23 doctoral student therapists. They then coded antecedent client collaboration, the advice event (type, explicitness, directness, supportiveness), and consequences (client collaboration and intent to act). Preliminary results indicate that most of the advice was vague (rather than explicit or direct or actionable) and reflected therapists' opinions about future therapeutic work. Overall, there was a slight

average decline in client collaboration following the advice, but the explicitness and directiveness of the advice did not moderate the changes in client collaboration.

**The Effects of Therapist Challenges: A case study.** *Judy Gerstenblith, University of Maryland, College Park, USA; Katie Rim, University of Maryland, College Park, USA; Mira An, University of Maryland, College Park, USA; Priya Bansal, University of Maryland, College Park, USA; Katherine Morales, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA*

Challenges (also called confrontations) are therapist interventions that point out discrepancies, dispute irrational thoughts, and encourage clients to take responsibility. Although challenges are theoretically used in psychodynamic psychotherapy to raise awareness, not much is known about their actual use and effectiveness. In the present study, we used consensual qualitative research-case study (CQR-C) with a team of six judges to analyze one case of a client seen for 86 sessions of individual psychodynamic psychotherapy. We identified challenges in the first six, three middle, and final three sessions to examine the process of working with challenges over the course of therapy. We used a standard protocol to record our observations about the antecedents (i.e., content, manner, behavior, collaboration, dynamics), challenge events (i.e., type, manner, helpfulness, dynamics), and consequences (i.e., content, manner, behavior, collaboration, dynamics) of each challenge. The responses across domains (antecedents, events, and consequences) were cross-analyzed for consistent themes across sessions. Preliminary findings suggest that antecedents involved the client story-telling and minimizing emotions; challenges mostly involved the therapist pointing out discrepancies and defenses in a direct yet gentle manner; and consequences involved the client becoming more open across the course of therapy and beginning to explore her thoughts and feelings more deeply. Challenges thus seemed to be effective in facilitating client awareness and fostering deeper exploration, especially when done gently and empathically when the client was emotionally open. Findings from this study will contribute to our understanding of how therapists can use challenges effectively in psychodynamic therapy.

**The Effects of Therapist Questions.** *Eva Freitas, University of Maryland, College Park, USA; Allison Seo, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA; Dennis Kivlighan, University of Maryland, College Park, USA*

Although open questions have been thought to be better than closed questions for facilitating client exploration (Hill, 2020), minimal research has assessed this assumption. Furthermore, there are many different subtypes of both closed and open questions, which has not been accounted for in previous research. For example, a closed question for facts might have different outcomes than an interpretation presented in the form of a closed question. Similarly, an open question for action might have different outcomes than an open question for thoughts or feelings. In the present study, we sought to examine the immediate client outcomes (amount of client speech, number of self-referring pronouns, and number of emotion words) of closed questions for facts (CQF), open questions for thoughts (OQT), and open questions for feelings (OQF) in early sessions of psychodynamic psychotherapy. Trained judges coded antecedent client speech, type of question, and subsequent client speech for all questions in intake sessions of 80 client-therapist pairs. Preliminary analyses suggest that the three types indeed had different outcomes. Clients talked more and used more self-referring pronouns and emotion words following OQF than OQT, and more following OQT than CQF (controlling for antecedent levels of client speech). We stress, however, that other types of closed and open questions (e.g., closed or open questions aimed at clarification, insight, or action) might have different results.

**The Effects of Therapist Interruptions.** *Sebastian Preilipper, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA; Dennis Kivlighan, University of Maryland, College Park, USA*

Most psychodynamic therapists believe that it is better to listen, give clients space to explore thoughts and feelings, and interrupt minimally. Furthermore, some researchers (e.g., Matarazzo et al., 1965) have found negative effects of interrupting. In general, however, there has been minimal research on interruptive behavior and the existing research has used vague definitions of interruptions and consequences. If interruptive behavior is indeed bad, we would expect that clients would not want to see a therapist who interrupted them a lot during intake sessions. Given that recent research (Huang et al., 2013; Tipton & Hill, 2019) has shown that therapists used less facilitative verbal behavior during intakes with non-engager (those who do not return after intake) than engager (those who continue after intake) clients, we thus focused on intake sessions for the present study. We coded interruptive behaviors (interruptions and overlaps of speech) in intake sessions for one non-engager and one engager client for 25 doctoral student therapists and for one engager client for 10 doctoral student therapists who never had a non-engager client (non-engager clients were chosen at random, engager clients were those with the most sessions). Preliminary analyses indicated that there was less interruptive behavior in intake sessions with engager than non-engager clients for therapists who had both types of clients, and in intake sessions with therapists who never had a non-engager client than with those who had both types of clients. Thus, there was some evidence that clients did not respond well when therapists interrupted frequently.

**Discussants:** Sarah Knox, Marquette University, Milwaukee, USA;

**Panel**  
Adolescents

**Individualized psychotherapy treatment for young people with mental disorders (TREATme)**

Individualized treatment of young people in Europe is highly needed concerning high prevalence rates of mental disorders that manifest with 75% during adolescence. The cost TREATme action collects and systematizes a huge data set on studies of individualized treatment that allows specific recommendations of how to effectively address mental health problems for this specific age group that differ from adult treatment. Moderators, mediators, assessment and research designs for optimal treatment and best point of service will be discussed.

**Impacts of patient and public involvement in mental health research with young people: a systematic review.** *Filipa Martins, Universidade do Porto, Portugal; Julian Edbrooke-Childs (on behalf of Treatme WG4), Anna Freud Center, London, UK*

Background Substantial progress of Patient and Public Involvement (PPI) has been noted over recent years. Along with evidence of great added value of involving young people in research, it has been demonstrated that young people wish to contribute to research in mental health, especially if projects promote a sense of agency on social change and offer opportunities for self-development. However, there is a lack of evidence base regarding meaningful involvement of young people in mental health research. Literature has been attesting poor reporting on the impacts of PPI, the contexts and processes of PPI that enable its impacts, and how impacts have been assessed. The lack of reporting on these areas prevents a clear and reliable understanding of what PPI has to offer, under which conditions, and for whom. Objectives In view of the need for strengthening the evidence base, this systematic review intends to: 1) elicit what impacts of PPI in mental health research with young people have been reported, 2) identify, as far as the detail of reporting allows, the set of contextual and process factors of PPI that accompany such impacts, and 3) comprise how has the assessment of impacts been carried out. Methods and analysis Searched

databases comprise: PsycINFO (OVID), MEDLINE (OVID), EMBASE (OVID), web of science core collection, current contents connect, SciELO Citation Index, Cochrane Library of Systematic Reviews, CINAHL (EBSCO), ERIC (EBSCO), and child and adolescent studies (EBSCO). Databases were searched for the period from January 2000 to January 2020. The search strategy has been developed for each database and covers three concepts: children and young people (participants), mental health (condition), and PPI (intervention) informed by previous reviews. Citation tracking of included papers will be performed. Retrieved hits have been exported to Excel for title/abstract screening. Primary searches, title/abstract screening and full-text screening were independently performed by two researchers, and the same process will be undertaken for data extraction. Risk of bias will be assessed through the Reporting guidelines for Patient and Public Involvement in mental health research with young people: Design through to delivery. Completed and published studies will be included, encompassing quantitative, qualitative, methodological, developmental, or other types of study (e.g. reflections from the field), and excluding case studies or case series. Studies of interest will regard mental health and psychotherapy research, and present PPI with young people between 11 and 20 years of age. A qualitative narrative synthesis of the data will be performed, involving familiarisation with the papers and the identification of emergent themes. The narrative synthesis will follow the framework of analysis used for the PIRICOM systematic review, which has previously informed other reviews on the impacts of PPI. The PIRICOM systematic review proposes a synthesis in which outcomes, and both beneficial and challenging impacts of PPI on health and social care are reported. This synthesis also reports the contexts and processes of PPI, as the set of factors that need to be in place in order to enable PPI to have an impact. As most studies may not report in detail the contexts and processes of PPI, some of these factors will be identified, and a more general discussion on how they are linked to PPI impacts will be included. Discussion By mapping the impacts of PPI in mental health research with young people, this review will allow a critical perspective on its possible implications, and will propose recommendations for future work.

**Dissemination, dialog and stakeholders - how to involve the patient/public into research.** *Tamara Prevendar, Sigmund Freud University, Vienna, Austria; Henriette Loeffler-Stastka, Medical University of Vienna, Austria; Giada Pietrabissa, Catholic University of Sacred Heart, Milan, Italy*

Results on which psychotherapeutic treatment works for each individual young person (i.e. specific treatment markers) have important implications for the allocation of resources and organization of mental health care across several countries. Europe is the most productive continent in child psychiatric academic research. There is a need to translate established knowledge into treatment recommendations for clinicians, health authorities, and decision makers. How the Cost action Treatme consortium (<https://www.treat-me.eu/working-groups/working-group-5/>) involved young people into treatment (literacy campaign to reach health aims set by national stakeholders) and into strategic plans for dissemination (e.g., via the cooperation with the Model European Parliament - MEP) is presented and discussed.

**Predictors and moderators of outcome of psychotherapeutic interventions for mental disorders in young people: a systematic review.** *Stig Poulsen, University of Copenhagen, Denmark; Vera Gergov, Finland; Eleni Voursoura, University of Athens, Greece; Henriette Loeffler-Stastka, Medical University of Vienna, Austria; Bogdan Tudor Tulbure, Romania; Treatme consortium WG1, University of Oslo, Norway; Randi Ulberg, University of Oslo, Norway*

Background: Adolescence and young adulthood is a risk period for the emergence of mental disorders. There is strong evidence that psychotherapeutic interventions are effective for most mental disorders. However, very little is known about for whom different psychotherapeutic treatment modalities are effective. This large systematic review aims to address this critical gap within the

literature on non-specific predictors and moderators of the outcomes of psychotherapeutic interventions among young people with mental disorders. Methods: Pubmed and PsycINFO databases were searched for randomized controlled, quasi-experimental and observational clinical trials within 10 diagnostic groups. Studies were selected according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Risk of bias of all included studies will be assessed by the Mixed Methods Appraisal Tool. The quality of predictor and moderator variables will be also assessed. Results: The search yielded 9,980 articles. Through the title and abstract screening, 3,282 articles were included. In the full-text assessment, 816 articles were identified as outcome studies of psychotherapy for youth mental disorders. The final screening for studies reporting predictors and/or moderators of outcome resulted in 264 articles. The presentation will present results on psycho-social and clinical predictors and moderators of outcome across all diagnostic groups. Discussion: This systematic review will strengthen the evidence base on effective mental health interventions for young people, being the first to explore predictors and moderators of outcome of psychotherapeutic interventions for a wide range of mental disorders in young people.

**Mediators of Outcome in Youth Psychotherapy.** *Yianna Ioannou (on behalf of WG2 of CostAction Treatme), University of Nicosia; Svenja Taubner, University of Heidelberg, Germany; Erkki Heinonen, University of Oslo, Norway; Sonja Protic, Serbia*

This presentation provides an overview of the work of Working Group 2 (part of COST Action CA16102) of the European Network on Individualized Psychotherapy Treatment of Young People with Mental Disorders (TreatMe). WG2 is comprised of about 20 researchers and clinicians from 11 European countries that have worked systematically to review empirical studies of youth psychotherapy so as to identify candidate mediators of outcome, as per the recent recommendations of the Lancet Psychiatry Commission (2018) on psychological treatments research. WG2 conducted a literature search inclusive of all psychotherapy outcome studies involving youth (aged 10-30). The search generated 3661 studies that were reviewed according to pre-determined criteria for inclusion and exclusion, with the purpose of identifying candidate mediators of outcome. A rigorous data extraction was performed for all the studies that met inclusion criteria. In this session, we will present the objectives and methodology of this review, and we will discuss the results of a qualitative analysis of mediators in the psychotherapy of adolescents (aged 10-19). We will also critically evaluate the methodological approach of current research on mediators of outcome in adolescent psychotherapy to develop specialized recommendations for the future of psychotherapy research for young people with mental disorders.

**Measurement Instruments for Adolescent Working Alliance: A Systematic Review.** *Mariana Veloso Martins (on behalf of TREATme WG3 - <https://www.treat-me.eu/working-groups/working-group-3/>), Portugal; Fredrik Falkenström, Linnaeus University, Sweden*

Objective: Measurement error can bias results of studies in unknown ways. Thus, there is a need for sound measurement instruments for moderators and mediators in psychotherapy. The objective of the present study was to review measurement instruments for working alliance that are evaluated for adolescents. Methods: We conducted a systematic review on measurement instruments used with adolescent patients. The inclusion criteria were that the mean sample age was between 12 and 19, that some form of quantitative assessment of the working alliance and its psychometric properties was assessed, and that the report was published in an English language journal. Results: The search identified 4402 abstracts. Screening is at the time of writing still ongoing. Included papers will be assessed using the COSMIN system, a systematic tool for rating the quality of measurement instruments. Discussion: Valid tools for measuring working alliance in adolescents are needed, although

the psychometric properties of existing instruments have not previously been assessed systematically. Results of this study will be useful for future measurement development, and as guidance for researchers in need of valid instruments

**Discussants:** Stefanie Schmidt, University of Bern, Switzerland;

**Panel**

Organizer: Ueli Kramer,  
Institute of  
Psychotherapy,  
Lausanne, Switzerland

**Individualizing treatments for personality disorders : empirical perspectives**

Offering the right treatment for each client remains a challenge for mental health services, and in particular when it comes to complex presentations such as personality disorders. The present panel summarizes new methods, and develops further established ones, to answer the question of how to tailor psychotherapy to clients with personality disorders. The first presentation addresses the question of dosage in dialectical behavior therapy: how long and how intense must effective therapy be in order to treat borderline personality disorder? The second presentation uses the core conflictual relationship theme in predicting the client's response to treatment. Which CCRT slows down the client's evolution? The third presentation compares two effective treatments (general psychiatric management and dialectical behavior therapy) for borderline personality disorder and asks which moderator is key for each treatment's success. Which client's profile responds best to DBT vs GPM? The final presentation uses information of case formulations in order to develop a model of dyadic prediction of the therapeutic alliance in borderline personality disorder. Which case's features predict the best alliance-match?

**Short-term Versus Long-Term Dialectical Behaviour Therapy for Borderline Personality Disorder: A Randomized Non-inferiority**

**Trial.** *Shelley McMain, CAMH; Alexander Chapman, Simon Fraser University, Vancouver, Canada; Janice R. Kuo, ryerson University; Tim Guimond, University of Toronto, Canada; David L. Streiner, CAMH; Katherine L. Dixon-Gordon, University of Massachusetts; Cathy Labrish, CAMH; Wanrudee Isaranuwachai, University of Toronto, Canada*

Introduction: Psychotherapy for borderline personality disorder (BPD) is effective. Amongst evidence-based psychotherapies, Dialectical Behaviour Therapy (DBT) has garnered the strongest evidence base. Psychotherapies for BPD are lengthy and resource intensive and many people who need treatment can't access it. Abbreviating the duration of therapy is one approach to addressing the access problem. No data on the optimal length of psychotherapy for BPD exists. A shorter-duration of DBT has not been compared to a one-year duration of DBT for BPD. Objectives: This multi-site randomized non inferiority trial examined the clinical effectiveness of 6 versus 12 months of DBT for suicidal individuals with BPD. Methods: A total of 240 participants were randomized to 6 months versus 1 year of outpatient DBT. Participants were aged 18-65, met criteria for BPD, and had engaged in at least two episodes of self-injury or suicide attempts in the past 5 years. The primary outcome was the total number of self harm episodes. Secondary outcomes were healthcare utilization, psychiatric and emotional symptoms, general and social functioning, and health status. Assessments were conducted at baseline and at 3-month intervals until 24 months. Results: Non-inferiority of 6 months of DBT compared to 12-months of DBT was demonstrated for reductions in self-harm behaviours as well as for ED visits, general psychopathology, BPD symptoms, and coping skills. The shorter therapy produced benefits more quickly, with superior outcomes on borderline symptoms and general symptoms by month six. There were no significant differences in drop-out rates between groups (6 months =25%; 12 months= 35%). Preliminary analyses of moderating factors to differential treatment duration will be considered. Conclusion: . The finding that short-term DBT is as effective as long-term DBT may help to reduce barriers to accessing treatment

**Evidence for using core conflictual relationship themes in personalising treatment.** *Brin Grenyer, University of Wollongong, Australia; Ely Marceau, University of Wollongong, Australia*

Background: The core conflictual relationship theme (CCRT) is a psychotherapy method that can contribute to case formulation and thus guide psychotherapy interventions. The CCRT has its bases in psychoanalytic understandings of transference, the great discovery of Freud that each person has a 'stereotype plate' or relationship schema or pattern that is used to predict, understand and respond to interpersonal interactions, including with the therapist. Method: We synthesised the CCRT literature related to personality disorder treatment, including a deep dive into the CCRTs of 20 patients with depression and personality disorder. Results: The characteristic CCRT patterns of patients predicted their response to treatment. Specific patterns of CCRTs were found to be particularly difficult and slowed treatment progress. Discussion: We speculate that although the 'conscious' alliance was reported to be positive, 'unconscious' CCRT patterns being enacted inside and outside of treatment differentially created ongoing challenges. We conclude with recommendations for individualising therapy for people with personality disorders informed by their characteristic CCRT.

**Treatment selection in borderline personality disorder between dialectical behavior therapy and psychodynamic psychiatric management.** *Jack Keefe, Weill Medical College of Cornell University; Thomas T. Kim, University of Pennsylvania, Philadelphia, USA; Robert J. DeRubeis, University of Pennsylvania, Philadelphia, USA; David L. Streiner, CAMH; Paul S. Links, McMaster University; Shelley McMMain, CAMH*

Introduction: No evidence-based therapy for borderline personality disorder exhibits a clear superiority. However, BPD is highly heterogeneous, and different patients may specifically benefit from the interventions of a particular treatment. Methods: From a randomized trial comparing a year of dialectical behavior therapy to general psychiatric management for BPD, long-term (2-year-post) outcome data and patient baseline variables ( $n = 156$ ) were used to examine individual and combined patient-level moderators of differential treatment response. A two-step bootstrapped and partially cross-validated moderator identification process was employed for 20 baseline variables. For identified moderators, 10-fold bootstrapped cross-validated models estimated response to each therapy, and long-term outcomes were compared for patients randomized to their model-predicted optimal versus non-optimal treatment. Results: Significant moderators surviving the two-step process included psychiatric symptom severity, BPD impulsivity symptoms (both GPM>DBT), dependent personality traits, childhood emotional abuse, and social adjustment (all DBT>GPM). Patients randomized to their model-predicted optimal treatment had significantly better long-term outcomes ( $d = 0.36$ ,  $p = 0.028$ ), especially if the model had a relatively stronger (top 60%) prediction for that patient ( $d = 0.61$ ,  $p = 0.004$ ). Among patients with a stronger prediction, this advantage held even when applying a very conservative statistical check ( $d = 0.46$ ,  $p = 0.043$ ). Discussion: Patient characteristics influence the degree to which they respond to two treatments for BPD. Combining information from multiple moderators may help inform providers and patients as to which treatment is the most likely to lead to long-term symptom relief. Further research on personalized medicine in BPD is needed.

**Using case formulation for developing a model of dyadic prediction of the therapeutic alliance in treatment for borderline personality disorder: A dynamic network analysis.** *Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland; Mehdi Gholam, University of Lausanne, Switzerland; Franz Caspar, University of Berne*

Case formulation is a central tool for psychotherapist to work effectively with individual cases. They are still under-utilized in psychotherapy research,

because of high complexity when dealing with idiographic data, and inadequacy of earlier methodologies. Current developments enable to explore dynamic changes over time in central variables, such as the therapeutic alliance, in relationship with patterns detected in case formulations of individual patients. The present study includes N = 60 patients with borderline personality disorder (BPD) undergoing a brief treatment, using an individualized treatment component (vs standard treatment). For each patient, a Plan Analysis was performed on the basis of the intake interview, which were synthesized in ideographically informed scores of interactional agreeableness. Lagged session-by-session prediction of the therapeutic alliance progression of the course of treatment were computed, as a function of agreeableness, and of individualization of treatment. The results show positive links between session-by-session lagged assessment of the alliance by the same perspective (either patient or therapist), and negative predictions between lagged cross-perspectives (patient-therapist and therapist-patient) in particular for the individualized treatment (but not for the standard one). Low agreeableness was associated with negatively valenced links between both perspectives (but not high agreeableness). These results are discussed as important feature to understand relationship struggles in the beginning of therapy for BPD. Session-by-session negative links between patient and therapist perspectives speak to an interactional intensity between patient and therapist, which may be described as a dynamic “push and pull” dance, which may be of particular interest in patients with BPD undergoing treatment. This pattern was particularly strong in individualized treatments facing patients with low agreeableness.

**Discussants:** Shelley McMain, CAMH;  
 Brin Grenyer, University of Wollongong, Australia;  
 Jack Keefe, Weill Medical College of Cornell University;  
 Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland;

**Panel**

Treatment outcome

Organizer: Ted  
 Bartholomew, Scripps  
 College

**International Students and Psychotherapy**

International students represent a consistently increasing population on college campuses in the United States (Institute of International Education, 2016). Being an international student itself entails distressing experiences, including adjustment to a new context and academic pressures in addition to psychological distress that may be developmental or abnormal. Moreover, these individuals come from numerous cultures that contain values and beliefs about both mental illness and psychological treatment. As such, clinicians and researchers have an obligation to extend empirical understandings of distress among international students on college campuses and explore the effective delivery of psychotherapy services to this broad group of student-clients. With this symposium, we present data from studies that address training experiences and treatment outcomes for international students. Our presentations will reflect the use of a variety of methods, including quantitative, qualitative, and mixed methods approaches. Each is attentive to unique aspects of clinical work related to international students, including distress outcomes, drop-out, relationship factors, and training in psychotherapy. These presentations are unified by a call for enhanced clinical services and administrative attention to effective psychotherapy for international students. Our discussant will discuss the presentations in light of their contribution to psychotherapy practice and the experiences of international students in the United States.

**Center Effects, Therapist Effects, and International Student Clients' Drop Out from Psychotherapy.** *Ted Bartholomew, Scripps College; Krista Robbins, Purdue University; Lizbeth Valdivia-Jauregui, Scripps College; Allison Lockard, Bucknell University; Andres Perez-Rojas, New Mexico State University; Brian Keum, University of California, Los Angeles*

In 2019-2020, 1,075,496 international students pursued higher education in the United States. Many of these students endure unique experiences of psychological distress that accompanies their shared experience of studying

abroad in the United States. Researchers have explored clinical experiences within this diverse group, with some suggesting that international students are at greater risk than students from the United States for dropping out of psychotherapy. This issue is underexplored in the extant psychotherapy literature. Therefore, we used a large, national data set and multilevel analyses to test if international students are more likely than students from the United States to drop out of psychotherapy. Data from 65,293 clients (n = 3,970 international students), 2,735 therapists, and 131 university/college counseling centers were included in the analysis. Results revealed that (a) international students are no more likely to drop out than United States domestic students, (b) on average, centers and therapists are differentially effective at preventing drop out, and (c) therapists are differentially effective in preventing international students from dropping out specifically. We discuss these findings with respect to therapist and center roles in international students' drop out from treatment.

**Therapist and counseling center effects on international students' counseling outcomes: A mixed methods study.** *Brian Keum, University of California, Los Angeles; Ted Bartholomew, Scripps College; Krista Robbins, Purdue University; Andres Perez-Rojas, New Mexico State University; Allison Lockard, Bucknell University; Dennis Kivlighan, University of Maryland, College Park, USA; Ellice Kang, Purdue University; Eileen Joy, Purdue University; Sergio Maldonado Aguiñiga, Purdue University*

This study employed a convergent mixed methods design to examine therapist and counseling center effects on international student clients' (ISCs) counseling outcomes. Using the Center for Collegiate Mental Health dataset (2015-17), we conducted a three-level multi-level model with clients (N = 85,110) nested in therapists (N = 1267), and therapists nested in counseling centers (N = 111), with clients' international status predicting ISCs' distress (DI) in their last sessions while controlling for initial DI. Compared to domestic students, the average last session DI was significantly higher among ISCs. Random effects were significant, suggesting that some therapists and centers were more effective in their work with ISCs than others. When the proportion of ISCs seen were accounted into the model, we found a cross-level interaction in which the last session DI differences between ISCs and domestic students were significant for centers seeing a small percentage of ISCs but not for centers with large percentage of ISCs in the caseload. Grounded theory analysis of qualitative data from 11 therapists with international background revealed therapist and center factors that converged with our quantitative findings. Participants reported adhering to general clinical frameworks when working with ISCs given the lack of training on international competence (hence the effectiveness gap), but also noted nuanced culturally-informed components that likely contribute to more effectively working with ISCs. Findings around center effects were complemented by qualitative results emphasizing systemic representation and engagement with diversity, creative outreach efforts across campus, and administrative/leadership support. Implications for practice and research are discussed.

**Psychotherapy in English and Issues with Native Speakerism: Recommendations for Clinical Supervisors.** *Yunkyoung Garrison, Bates College*

Across the globe, more than 600 million people use English as a second language (Crystal, 2012). As the psychotherapy profession becomes more diverse and globalized, the need for multiculturally oriented clinical supervision for psychotherapy trainees who speak other Englishes (i.e., other varieties of English) continues to grow (McKinley, 2019; Watkins et al., 2019; Qi et al., 2019). While challenging experiences related to English use as a non-native English-speaking psychotherapist is acknowledged in the current literature (e.g., client's microaggression about psychotherapists' ethnic accents, deficit-oriented training model), little empirical research focuses on how clinical supervisors can best support psychotherapy trainees who speak other Englishes. Therefore, this

presentation aims to 1) discuss multicultural issues regarding one of the dominant deficit-oriented models, or native-speakerism—the belief that a “native-speaker” represents an ideal professional in the English-speaking West; and 2) provide a newer, anti-oppressive, and strength-oriented perspective to psychotherapy training communities germane to ways to support and affirm psychotherapists for whom English is not a first language. To achieve these objectives, the presenter discusses findings from a mixed methods study involving 20 psychotherapists-in-training for whom English is not a first language. The presentation will offer insights into sociolinguistic experiences in clinical settings regarding English use among psychotherapy trainees; helpful clinical supervision, and unhelpful supervision to collectively enhance the quality of clinical supervision, and more effectively facilitate psychotherapy trainees’ personal, multicultural, and clinical development.

**The Relationship Between the Working Alliance and Outcome with International Clients in the U.S..** Fanghui Zhao, Penn State University, University Park, USA; Katherine Davis, Penn State University, University Park, USA; Brett Scofield, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA; Jeff Hayes, Penn State University, University Park, USA

The working alliance is a strong predictor of treatment success, accounting for about 8% of the variance in therapy outcomes (Flückiger et al., 2019). Nonetheless, a few studies have indicated that ethnic and racial minority clients report weaker working alliances than White clients (Eliacin et al., 2018; Fluckiger et al., 2013; Koo et al., 2016). This raises the question as to whether client ethnicity moderates the relationship between working alliance and treatment outcomes. One way to examine this question would be to focus on clients whose country of origin is, and is not, different from the country within which they are receiving therapy. Research suggests that international clients have high drop-out rates (Yakushko et al., 2008), even higher than domestic, ethnic minority clients (Nilsson et al., 2004). Thus, it is critical to examine the quality of the working alliance and its relationship to treatment outcomes, including both symptom change and dropout, for international and domestic clients. The current study uses data collected in a college counseling center in the U.S. All participants completed the WAI and a measure of psychological distress (the CCAPS-34) before the start of each session. A multiple linear regression model will be used to examine the moderation effect of client ethnicity on the relationship between working alliance and outcome. Implications for working with ethnically different clients will be discussed.

**Discussants:** Andres Perez-Rojas, New Mexico State University;

**Panel**  
Eating disorders

Organizer: Markus Wolf,  
University of Zurich,  
Switzerland

**Language use as an unobtrusive marker of mental health and psychotherapy outcome**

The natural language used by individuals in health-related communication and therapy provides a potential window into the cognitive, affective, and interpersonal processes associated with mental health states and change during psychotherapy. Computerized, quantitative text-analysis allows for the reliable processing of large amounts of text derived from therapy session recordings or mental-health related online communication, e.g. social networks or self-help forums. In this panel we will present and discuss research that tracks natural language use in various clinical populations and contexts of mental health related communication and psychotherapy. In the first paper, Johannes Feldhege and colleagues will describe changes during the COVID-19 pandemic of language styles and contents in one of the largest social media websites for eating disorders world-wide. Christina Hunger and colleagues will present in the second paper an analysis of personal pronoun use by patients over the course of systemic outpatient therapy for generalized anxiety disorder as a proxy for therapy outcome. In the third presentation, Markus Wolf and colleagues will switch to the primary care setting and report on the role of verbal synchrony –

i.e., the match in language use by patient and therapist – in remote, telephone-delivered cognitive behavioral therapy for patients with mild to moderate depression. Finally, Thomas Berger will reflect and discuss the three papers and guide through a general discussion.

**Online Eating Disorder Communities and COVID-19: Shifts in Content and Language Style During the Onset of a Global Pandemic.** *Johannes Feldhege, University Hospital, Heidelberg, Germany; Markus Moessner, University Hospital, Heidelberg, Germany; Markus Wolf, University of Zurich, Switzerland; Stephanie Bauer, University Hospital, Heidelberg, Germany*

Background: Individuals with lived experience of eating disorders (ED) have been negatively impacted by the outbreak of coronavirus disease 2019 (COVID-19), with many experiencing worsened symptoms, loss of routines and social support, and treatment interruptions. We explored whether discussions in an online ED community changed during the first months of the global COVID-19 pandemic. Methods: Online posts and comments were retrieved from the community r/EDAnonymous on the social media website reddit.com and compiled into 17,715 comment threads by N = 6,570 users. We employed topic modelling with Latent Dirichlet Allocation to extract content topics and the Linguistic Inquiry and Word Count (LIWC) to assess language styles from the threads. Changes in the prevalence of topics and language style categories between threads posted before and after the onset of the global COVID-19 pandemic were explored. Results: The final topic model contained 21 topics covering areas such as “ED symptoms” (e.g. bingeing, purging, food restriction), “mental health”, “weight and shape concerns”, “social life”, and “emotions”. Post-pandemic discussions centered more around topics like mental health and treatment, and less around ED symptoms compared to pre-pandemic. Language style in post-pandemic threads featured more social references, more words related to cognitive processing and negative emotions than pre-pandemic threads. Discussion: The shift in focus and style of discussions in this large ED community towards topics covering mental health and treatment, together with changes in affective, social, and cognitive dimensions of language use, suggest that the community became less preoccupied with ED-related behaviors--typical for so called pro-ED websites-- and more socially connected and open to treatment or recovery during the pandemic.

**Patients’ spoken language and its association with change in social anxiety disorder symptoms over the course of psychotherapy.** *Christina Hunger-Schoppe, Witten/Herdecke University; Saskia Laue, University of Mannheim, Germany; Eva-Maria Rathner, Ulm University, Germany; Gudrun Salamon, University of Vienna; Georg W. Alpers, University of Mannheim, Germany; Jochen Schweitzer, University Hospital, Heidelberg, Germany; Markus Wolf, University of Zurich, Switzerland*

Background: Self- and other-referent word use is considered a proxy for cognitive bias related to social anxiety disorders (SAD). This paper presents a prospective, longitudinal study in which we investigated patients’ spoken language in the first phase of psychotherapy and its association to change in SAD symptoms over the course of psychotherapy. We hypothesized that linguistic markers, i.e. the relative frequency of first person singular pronoun use (self-reference; I, me, mine) as well as third person singular pronoun use (other-reference; he/she, family), will predict change in SAD symptoms. Methods: Computerized text analysis (Linguistic Inquiry and Word Count, LIWC) was used to assess language markers from therapy session transcripts (19,908 words; N=16 patients diagnosed with SAD). The Liebowitz Social Anxiety Scale (LSAS-SR) was used to assess anxiety symptoms. Results: As expected, both self- and other-referent word use at the beginning of psychotherapy predicted change in SAD symptoms: Heightened self-referent word use was associated with a stronger reduction of SAD symptoms, and heightened other-referent word use was indicated a lowered reduction of SAD symptoms, even after controlling for baseline SAD symptoms and overall positive and negative emotion word use.

Discussion: These findings are in line with theories that highlight self-referent word use. Our findings extend previous work on patients' self-focused attention by explicitly assessing their reference to others as key feature in SAD via patients' spoken language within the early phase of psychotherapy. We discuss whether the analysis of spoken language in psychotherapy may serve as a tool to monitor central processes of psychotherapeutic interventions.

**Language style matching in telephone-based cognitive behavioral therapy for patients with depressive symptoms in primary care.** *Markus Wolf, University of Zurich, Switzerland; Elisa Haller, University of Basel; Alena Boril, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

Background: The synchrony of patients' and therapists' in-session nonverbal and verbal behavior has been shown to be an important process indicator for the therapeutic relationship and treatment outcome. Labelled as the "talking cure", change in psychotherapy is assumed to be caused by verbal interactions between patient and therapist, i.e., through what is said and how it is expressed during the session. This might be specifically true for technology-mediated interventions such as telephone-delivered psychotherapy, in which non-verbal cues are lacking and communication channels are limited to the spoken word. This paper aims to investigate language style matching (LSM) between patients and therapists in telephone-based psychotherapy and its associations with therapy outcome. Methods: This study is a secondary analysis of an RCT testing the effectiveness of brief, manualized, telephone-delivered CBT in primary care patients with mild to moderate depressive symptoms (TiDe study). We applied Ireland & Pennebaker's (2010) LSM algorithm to assess verbal synchronization over the course of the 8-12 telephone sessions in a sample of N=21 patient-therapist dyads. A predefined set of language style categories (mostly function words, e.g., pronouns, adverbs, negations, etc.) was extracted from a total of 195 session transcripts with the means of the Linguistic Inquiry and Word Count (LIWC) software. Depressive symptoms were assessed with the PHQ-9 at baseline, prior to each telephone session, and at post-treatment (4-month follow-up). Results: Multilevel models indicated that LSM was higher in male patients as compared with female patients, but not associated with age. Early LSM was not significantly correlated with outcome. Contrary to our hypothesis, a decrease in LSM over time was associated with better outcome. Discussion: Our results are in contrast with previous research from face-to-face therapies that showed that an increase in LSM indicated better post-treatment outcomes. The discrepancies might be attributable to the nature of the intervention which was brief, low-intensity, and delivered remote over the telephone with a therapist who did not meet the patient in-person. This study is one of the first to provides insight into the verbal behaviors in telephone-based psychotherapy. Due to the small sample size of this study further research is needed to draw valid conclusions about the role of the verbal synchronization in this setting.

**Discussants:** Thomas Berger, University of Bern, Switzerland;

**Panel**  
Change process

Organizers: Javiera Duarte, Universidad Diego Portales; Martina Fischerworing, Millenium Institute for Research in Depression and Personality; Rebecca Hilzinger, University Hospital, Heidelberg, Germany;

**Meaningful Moments in Psychotherapy: What is meaningful in psychotherapy?**

Meaningful moments in therapy, also described as "relevant events" or "significant episodes", are considered relevant for change due to their potential to foster or hinder it, but given their complexity they fall out of standard research paradigms. Even so, interest in studying them has contributed to a large number of theoretical and empirical conceptualizations, and different methodological approaches. The objective of this panel is to share different approaches, methods and procedures focused on grasping different types of meaningful moments in the therapeutic process, their characteristics and evolution. Ladmanová et al., present a qualitative meta-analysis about hindering and helpful events. Elliott et al., report a study using Comprehensive Process Analysis (CPA) in therapies for Social Anxiety, to understand significant relational events. Braga et al., introduce therapeutic interaction in ambivalence

and ambivalence resolution moments in a constructivist grief therapy and Hilzinger et al., describe meaningful moments in the course of a systemic therapy for social anxiety using grounded theory in combination with theme analysis. All studies provide complementary insights about meaningful moments in therapy, adding several new categories of helpful impacts, categorizing hindering impacts and showing the importance of significant events involving a strengthening in the therapeutic relationship. Also challenging/directive interventions show to be most useful in ambivalence resolution moments and retrospective meaningful moments seem to contain thematic configurations from events that were relevant during the therapy. Contributions and challenges of these diverse approaches to the study of meaningful moments, as well as the future pathways to be considered are discussed.

**Client-identified impacts of helpful and hindering events in psychotherapy: An updated qualitative meta-analysis.** *Michaela Ladmanová, Masaryk University; Tomáš Řiháček, Masaryk University, Brno, Czech Republic; Ladislav Timulák, Trinity College Dublin*

Objective: Understanding the clients' perspective in psychotherapy is essential for psychotherapy to be effective. The significant events paradigm represents a useful means to explore clients' in-session experience. The aim of this study is to investigate what types of client-identified impacts are reported in qualitative studies on helpful and hindering events. Method: Seventeen primary studies focusing on client-identified helpful and hindering events were identified through database and subsequent manual search. The data were subjected to qualitative meta-analysis. Results: The descriptions of event impacts were classified into 12 helpful and seven hindering impact meta-categories. Conclusions: The findings provide an update of Timulak's (2007) seminal meta-analysis by adding several new categories of helpful impacts and by categorizing hindering impacts. Keywords: significant events; helpful events; hindering events; process research; qualitative meta-analysis

**Significant Relational Events in Emotion-Focusing and Person-Centred Therapy for Social Anxiety: A Comprehensive Process Analysis Study.** *Robert Elliott, University of Strathclyde, Glasgow, UK; Joan Shearer, University of Strathclyde, Glasgow, UK; Kristoffer Gray, University of Strathclyde, Glasgow, UK; Hongze Lu, University of Strathclyde, Glasgow, UK; Taweeporn Srisuwan, University of Strathclyde, Glasgow, UK; Helen Watkins, University of Strathclyde, Glasgow, UK; Andrew Whitelaw, University of Strathclyde, Glasgow, UK*

Aim: Comprehensive Process Analysis (CPA) is a qualitative, descriptive-interpretive method that offers the opportunity to investigate in rich detail single, client-identified significant events in therapy. The aim of this study was to identify within-therapy processes and contextual factors that bring about significant events involving a strengthening in the therapeutic relationship. Methods: Good outcome cases of either Person-Centred or Emotion-Focused therapy were identified from the Strathclyde Social Anxiety Project. Researchers then examined clients' descriptions of significant events, collected using the post-session Helpful Aspects of Therapy (HAT) form, rating these for the presence of helpful relational impacts (e.g., feeling understood). Five significant events involving different clients were identified for analysis using CPA. Results: The events were quite diverse in the helpful processes involved, especially contextual factors, although most occurred in session 3. The most frequent salient within-session processes were therapist relational qualities commonly associated with person-centred-experiential (PCE) psychotherapy (congruence, empathy, presence), although therapist task facilitation skills also appeared important in some events. In terms of helpful impacts, clients most often felt more engaged in the work of therapy, although in some events they also made connections between different aspects of their experience. Discussion: This is the first CPA study to focus on significant relational events in all of their complexity, going beyond the over-simplification inherent of standard methods

for assessing working alliance or relational difficulties. In general, our results support PCE therapeutic relationship development models and can be used to develop these further. Keywords: significant events; process research; qualitative research; therapeutic relationship, comprehensive process analysis

**The evolution of meaningful moments during the course of therapy in the eyes of a patient and his therapist.** *Rebecca Hilzinger, University Hospital, Heidelberg, Germany; Javiera Duarte, Universidad Diego Portales; Martina Fischerworring, Millenium Institute for Research in Depression and Personality; Jochen Schweitzer, University Hospital, Heidelberg, Germany; Christina Hunger-Schoppe, Witten/Herdecke University*

Aim: Meaningful moments are one of the relevant research objects in change process research, as they contribute to a better understanding of therapeutic change. The aim of this case study is to describe the constitution and evolution of meaningful moments in the course of a systemic therapy for social anxiety disorder. Methods: The patient and his therapist answered in writing whether and which moment they had experienced as meaningful after each therapy session. Semi-structured follow-up interviews were conducted separately with the patient and his therapist a year after the end of therapy. Grounded theory in combination with theme analysis was used for data analysis. Results: Similarities and differences for the patient and his therapist are shown and it is presented how these evolve through the therapy process. In a retrospective approach, meaningful moments seem to contain certain thematic configurations of events that were relevant during the therapy. Discussion: This study shows the importance of longitudinal process studies, as a way of grasping what appears to be meaningful for both patient and therapist. We suggest that these events provide sense and understanding for the patient, giving context for change. Keywords: significant events; meaningful moments; process research; qualitative research; case study; systemic therapy

**Client-Therapist interaction in ambivalence and ambivalence resolution moments over a constructivist grief therapy process.** *Cátia Braga, Universidade do Minho, Braga, Portugal; Helena Ferreira, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho*

Objective: Ambivalence refers to the client's intrapsychic conflict between two positions: one favoring change and another favoring problematic stability. How ambivalence is managed in the therapeutic interaction contributes for its exacerbation or its resolution. We analyzed the therapeutic interaction in ambivalence and ambivalence resolution moments in a case with high initial levels of ambivalence over a process of constructivist grief therapy. Method: The complete sessions of a recovered case were independently coded with observational measures. Symptom outcome self-report measures were also used. Results: Most ambivalence moments were preceded by directive/challenging interventions, particularly in the middle and final phases of therapy. Ambivalence resolution moments were mostly preceded by challenging/directive interventions across all phases of therapy. Discussion: Although research suggests that highly ambivalent patients benefit more from non-directive interventions, the moment-to-moment analysis of the therapeutic interaction in this particular case revealed that most ambivalence resolution moments were preceded by challenging/directive interventions. Keywords: significant events; ambivalence; process research; qualitative research; client-therapist interaction.

**Discussants:** Javiera Duarte, Universidad Diego Portales;

**Panel**  
Meta-analysis

Organizer: Jenny

**Meta-analyses of group treatment efficacy and mechanisms of change**  
This panel contains four papers. The first two papers present original research on the efficacy of group treatment for schizophrenia and chronic pain. These papers follow in a programmatic line of research that has produced 10 meta-

Rosendahl, Friedrich-Schiller-Universität Jena, Germany

analyses testing group treatment efficacy with different disorders. The third paper presents original research estimating the predictive relationship of the therapeutic alliance between member and leader with outcome. The final papers steps back and considers the meta-analytic method applied to group treatment research. Critical methodological, assessment, treatment and publication issues are raised and discussed.

**Cognitive-behavioral group therapy for psychosis: A follow-up meta-analysis of counter-intuitive findings.** Gary Burlingame, Brigham Young University, Provo, USA; Jonah Nicoll, Brigham Young University, Provo, USA; Zach Clement, Brigham Young University, Provo, USA; Cameron Alldredge, Brigham Young University, Provo, USA

Aims: Many practice guidelines place cognitive-behavioral therapy (CBT) as the gold-standard treatment for psychotic disorders. Our previous meta-analysis on group psychotherapy for schizophrenia (Burlingame et al., 2020) employed a strict set of inclusion criteria (e.g., RCT, use of only 2 outcome measures, etc.) limiting the number of CBT studies applied to patients presenting on the psychosis spectrum. It found no meta-analytic evidence for group CBT (GCBT) ameliorating psychotic symptoms when effects were pooled across only 5 studies. The current meta-analysis used broader inclusion criteria and examined results across more outcome measure categories to further examine the efficacy of GCBT for schizophrenia. Methods: A literature search identified 16 randomized controlled trials evaluating some form of GCBT in treating psychosis. Outcome measures were classified into six outcome categories (attitudes/beliefs, general functioning, general psychiatric, schizophrenia-related, social skills, and hospitalization). Effect sizes were pooled across all outcome measures in an omnibus test, and subgroup analyses were conducted by outcome measure category. Results: When all outcome measures were pooled, there was a small, significant effect favoring GCBT ( $g = 0.17$ , 95% CI [0.05, 0.28]) at post-treatment. However, there was no effect when effects were pooled across schizophrenia-related measures ( $g = 0.06$ , 95% CI [-0.05, 0.17]). A significant improvement was seen when effect sizes were pooled across general functioning measures ( $g = 0.15$ , 95% CI [0.01, 0.28]) and nonsignificant effects were found for social skills ( $g = 0.45$ , 95% CI [-0.03, 0.93]) general psychiatric outcomes ( $g = 0.14$ , 95% CI [-0.11, 0.39]) hospitalization ( $g = 0.21$ , 95% CI [-0.10, 0.52]) or attitudes/beliefs outcome measures ( $g = .24$ , 95% CI [-0.12, 0.61]). Discussion: GCBT may be an efficacious treatment for improving the lives of those with psychosis, but it does not appear to reduce psychotic symptoms. Further research should be done in order to assess whether GCBT should be used to treat psychosis.

**Group Therapy for Pain: A Meta-Analysis.** Cameron Alldredge, Brigham Young University, Provo, USA; Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany; Gary Burlingame, Brigham Young University, Provo, USA

Background: Chronic noncancer pain is common and frequently interferes with people's regular functioning and reduces quality of life. Though pharmacological approaches are used most frequently to treat pain-related issues, the side effects of these medications often lead to other problems. Group therapy has been used and studied for decades in treating pain though it's general efficacy in this is not clear. Objectives: to determine group therapy's efficacy for patients with pain-related issues and whether the effects are moderated by study, patient, leader, or group characteristics. Method: potential articles were selected from searches completed via PsycINFO, MEDLINE (Ovid), Web of Science, and CENTRAL. Studies were eligible for inclusion if they (a) are a randomized clinical trial (RCT) published in 1990 or later, (b) involve individuals diagnosed with or treated for fibromyalgia, chronic pain, and/or specific pain, (c) investigate group treatment's efficacy in treating symptoms associated with a pain-related issues, (d) include at least one comparison condition of waitlist control (WLC), treatment-as-usual (TAU), unspecific treatment control, and/or medication. A random effects meta-analysis will be conducted and potential moderators will be

analyzed. Results: results and conclusions are forthcoming.

**A systematic review on group alliance and outcome: perils and possibilities.**

*Gianluca Lo Coco, University of Palermo, Italy; Salvatore Gullo, University "N. Cusano", Rome; Christoph Flückiger, University of Zurich, Switzerland; Gaia Albano, University of Palermo, Italy; Agostino Brugnera, University of Bergamo, Italy; Giorgio Tasca, University of Ottawa, Canada*

Background: A considerable body of research supported the importance of group alliance and its beneficial association with patient outcomes. In the current study, will present a meta-analytic review of alliance's association with outcome. We expand on previous meta-analyses which investigated the link between outcome and group relationships, by examining the estimates of the association between alliance and outcome in group therapy with a large dataset. Method: Inclusion criteria: groups with at least three members; psychotherapy and counselling groups; quantitative measures of alliance and outcome. A comprehensive search was conducted in Medline, Web of Science, PsychINFO, for publications between 1977 and October, 2020. Results: Sixty-two studies were included and analyzed. The studies had a total of 11,078 patients with different diagnoses (62% outpatients). 61% of studies are from USA and Canada. 37% of the studies were RCTs and 63% naturalistic investigations. 39% of the studies examined groups with a cognitive-behavioral approach. Over half of the studies delivered between 12 and 21 group sessions, whereas only 11% had more than 22 sessions. The majority of studies used the WAI and CALPAS as alliance measure at different time points over the course of treatment. One effect size estimate per study will be analyzed with random-effects model. Moreover, several moderators will be tested. Between-study heterogeneity will be examined. Conclusions: The current study highlights the considerable research work which has been conducted on group alliance, whereas research on the dynamic fluctuations of alliance as well as its rupture and repair is still in its infancy.

**Meta-analyses of group psychotherapy outcome studies - exercises in mega-silliness?.**

*Jenny Rosendahl, Friedrich-Schiller-Universität Jena, Germany; Gary Burlingame, Brigham Young University, Provo, USA; Bernhard Strauß, University Hospital Jena*

In the past years, we have summarized the existing evidence on the efficacy of group psychotherapy for various mental disorders in systematic reviews and meta-analyses including more than 200 randomized-controlled trials with > 17.000 patients. While meta-analysis has been widely embraced by the research community, this point of view is not universal and people have voiced numerous criticisms of meta-analysis. Besides the "classical" criticisms concerning the file drawer problem, garbage in – garbage out, and the apples and oranges issue, a few other concerns raised, e.g., one number cannot summarize a research field, important studies are ignored, meta-analysis can disagree with randomized trials, or poorly performed meta-analyses. We discuss these critical issues plus additional concerns along our past experiences in meta-analytic research of group psychotherapy and present approaches to manage those issues.

**Discussants:** John Ogrodniczuk, University of British Columbia, Vancouver, Canada;

**Panel**

Therapist effects

Organizer: Diego Rocco,  
University of Padova,  
Italy

**Monitoring the emotional and relational interplay of the therapeutic dyad**

Although still relatively little investigated, therapist's emotional response plays a central role among the factors influencing psychotherapy process and outcome. In particular, understanding how therapist's reactions intertwine with those of patient is clinically useful for orienting the therapeutic relationship towards meaningful and lasting changes in the patient's emotions and interactive patterns. In this panel will be presented three ways to investigate and monitor

therapists' emotional reactions in connection with the corresponding patient's attachment style, emotional expressions and emotion processing. In particular, Paul Peluso will present a study in which was applied a coding system for patient and therapist's emotional expressions able to depict at the micro level the relational dynamics therapeutic dyad; Tom Westerling will describe the findings from a large naturalistic study of psychodynamic psychotherapy showing the interconnection between countertransference and patient's attachment and its change during treatment; Negri, Rocco and De Bei's presentation will report an analysis of the effects of some countertransference reactions on patient and therapist's linguistic style, intended as an index of emotion elaboration of the therapeutic dyad.

**Mathematically Modelling Emotional Expression and its Impact on the Therapeutic Relationship.** *Paul Peluso, Florida Atlantic University*

**Aim:** The therapeutic relationship is the cornerstone of any effective therapeutic encounter. However, little is known about the effects of specific emotional behaviors of therapists and clients on this important therapeutic factor, or how they can be modified to improve the quality of the relationship. The investigators will discuss several affective coding systems including the Specific Affect Coding System (SPAFF-Gottman et al, 1996), amount of time therapists speak, and clients speak, which are used to deconstruct the therapeutic relationship into its basic emotional elements. **Methods:** We detected the very subtle emotional displays, often called "micro-expressions" (displays of emotion that are approximately 1/5 of a second in length), to provide critical feedback for clinicians on patients who are experiencing serious distress that they are unwilling to disclose, or who are in a state of unrelenting despair from depression that they do not believe that counselors can help. Mathematical modeling will also employed to create "phase space portraits" depicting the relational dynamics between the master therapist and his client over six sessions. **Results:** Results showed key differences in both model parameters and SPAFF codes. In addition, phase space portraits depicted the evolution of the affective dynamics between the master therapist and his client as the relationship matured. **Discussion:** These results provide a valuable foundation for future research on emotional expression as a key component of the therapeutic relationship in psychotherapy.

**Patient Attachment and Therapist Countertransference.** *Thomas Westerling, Harvard Medical School; Robert Drinkwater, Therapy Group of DC, Washington, DC, USA; Holly Laws, University of Massachusetts Amherst, USA; Helen Stevens, PsyD., USA; Shelby Ortega, Regis College, USA; David Goodman, Boston College, USA; Jack Beinashowitz, Harvard Medical School, USA; Rebecca L. Drill, Harvard Medical School Cambridge Health Alliance*

**Aim:** The present study examines relationships between patient attachment and therapist countertransference in a large, naturalistic, longitudinal study of psychodynamic psychotherapy in a safety-net hospital. The study explored patterns in the relationship between therapist countertransference and patient attachment in two ways: (a) by studying cross sectional associations between patient-reported attachment and therapist-reported countertransference at 3 months into treatment, and (b) by studying if changes in patient-reported attachment over the course of psychotherapy are associated with changes in therapist-reported countertransference. **Methods:** In a sample of 101 therapy dyads, patients completed self-report attachment domains and therapists completed self-report countertransference measures 3 months following initiation of psychotherapy. **Results:** Results showed initial significant positive associations between patient-rated attachment anxiety and therapist-rated "parental/protective," "special/overinvolved," and "overwhelmed/disorganized" countertransference. **Methods:** A sample of 119 therapy dyads (these included dyads in which therapists and patients completed measures at any point in time) was analyzed using multilevel modeling. **Results:** Results showed that initial patient-rated attachment anxiety was associated with decreases in therapist-

rated parental/protective and special/overinvolved countertransference over time. Decreases in patient-rated attachment anxiety were associated with subsequent increases in therapist reports of feeling overwhelmed/disorganized. Discussion: These findings provide a greater understanding of how attending to patient attachment and therapist countertransference together may co-facilitate treatment and improve patient outcomes.

**The Hindering Effect of Countertransference on the Psychotherapy Process.** *Attà Negri, University of Bergamo, Italy; Diego Rocco, University of Padova, Italy; Francesco De Bei, Sapienza University of Rome, Italy*

Aim: Several studies highlighted the negative effect of nonconscious and unmanaged countertransference on psychotherapy outcome. However, little is known about the specific impacts of countertransference reactions on the in-session communication and emotion processing. This study investigated the impact of countertransference reactions on the linguistic style adopted by patient and therapist during the session. The assumption, in accordance with the multiple code theory (Bucci, 1997, 2020), was that linguistic style revealed the quality of speakers' referential process, i.e. their ability to translate into words and symbolically handle the automatic emotional activation, one of the main goals of psychotherapy. Methods: Twenty-three in-training psychotherapists were asked to rate their emotional reactions through the Therapist Response Questionnaire at the end of 69 counselling sessions, the first three they would have with a patient. The 69 sessions were also recorded, transcribed and evaluated by three external raters who applied the Countertransference Behavior Measure. Finally, the transcripts were also analyzed by applying the computerized linguistic measures of the referential process. Results: There was a large impact of each individual countertransference reaction – both when evaluated by external raters and psychotherapists – on the patients' language style. Overall, countertransference reactions were predictor of patients' speeches with lower clarity, specificity, concreteness and imagery (i.e. lower referential activity) and with lower reorganization/reflection activity. Countertransference reactions, on the other hand, did not have significant impact on the therapist's linguistic style. Discussion: These results pave the way for more in-depth studies of the impact of each individual countertransference reaction on the psychotherapy process.

**General categories of countertransference.** *Johan Berg, Lund University, Sweden*

Aim: The purpose of the study was to investigate how psychotherapists could be categorized according to their pattern of countertransference in one particular psychotherapy. Methods: Data from 268 psychotherapist's countertransference was collected using the Therapist Response Questionnaire (TRQ). Some basic background variables about the therapist, the patient and the psychotherapy were also included (e.g., gender, theoretical orientation, diagnosis, the length of the therapy so far, therapist workload). A cluster analysis was performed on the factor scores from TRQ. To evaluate how the background variables predicted the cluster membership, a logistic regression analysis was subsequently made. Results: Seven groups of therapists with similar patterns in countertransference were identified: 1) sexualizing countertransference, 2) therapists with low intensity of countertransference, 3) disengaged, 4) parental, 5) generally high intensity in countertransference, 6) overinvolved, and 7) distancing countertransference. Gender, theoretical orientation, workload and length of therapy predicted different cluster memberships, but not diagnostic category. Discussion: It was possible to find coherent, interpretable, meaningful and sufficiently distinct clusters of psychotherapists categorized by their countertransference patterns. Some identified patterns could be organized into opposites in dimensions: the level of intensity (low versus high), and the experienced distance in the therapy (overinvolved versus distancing or disengaged). The seven patterns may represent general and prototypical patterns of reaction that could serve as self-knowledge for the therapist to

counter different relational challenges in therapy.

**Discussants:** João Francisco Barreto, University of Porto;

**Panel**

Process and outcome

Organizer: Tomáš  
Řiháček, Masaryk  
University, Brno, Czech  
Republic

**Negative effects of psychotherapy**

Adverse and unwanted effects of psychotherapy remain an under-researched area to this day. Yet, to understand the psychotherapy process in its complexity and to reduce the level of deterioration, it is necessary to investigate these phenomena systematically. This panel consists of four studies that address this issue from multiple perspectives. Three of them investigate negative effects using multiple samples (some of them large-scale) from different countries, addressing the problem from both the clients' and the therapists' perspective. The authors strive to explore how often these effects occur in practice and how they are related to outcome. The last one – a single-case study of a client who completed a series of treatments and reported many negative effects – brings us a deeper insight into the role that a client and a therapist can play in the co-creation of these negative effects.

**No pain, no gain? Adverse and unwanted events among patients undergoing psychological treatment for fibromyalgia or exhaustion disorder.** *Alexander Rozental, Karolinska Institutet; Marie-Louise Henning Ottergård, Stockholm Spine Center; Jakob Clason-Vandeleur, Uppsala University*

Adverse and unwanted events constitute situations or incidents in treatment that are perceived as negative by patients. Usually explored by self-report measures, prior research has showed that such issues as novel symptoms, deterioration, interpersonal difficulties, and stigma are common and need to be monitored and reported. However, most investigations in the field have involved patients with depression and anxiety disorders, but not more chronic conditions. In two separate studies adverse and unwanted events were explored among patients with fibromyalgia or exhaustion disorder undergoing acceptance and commitment therapy or cognitive behavior therapy, both taking place in specialist care units. As for fibromyalgia, the Negative Effects Questionnaire (NEQ) was distributed during and after treatment in order to understand whether responses changed over time. In addition, the results were correlated with outcomes on pain-related measures to examine the relationship between adverse and unwanted events occurring in treatment and the benefits of the interventions. Approximately 60 patients will have been included and analyzed at the time of the conference. Regarding exhaustion disorder, the NEQ was administered after treatment to over 600 patients and explored in relation to stress-related measures to determine possible sub-groups. Overall, the two studies make several important contributions to the field by focusing on conditions that involve psychiatric and somatic problems and that are more long-term. Furthermore, using several measurement points and clustering techniques, the methodological approaches are new and make an attempt to better comprehend the characteristics of adverse and unwanted events.

**Negative effects of psychotherapy (and psychotherapists) – First results of several surveys.** *Bernhard Strauß, University Hospital Jena; Dominique Schwartze, University Hospital Jena; Romina Gawlytta, University Hospital Jena*

Recently, we made some progress in conceptualizing negative and side effects of psychotherapy, e.g. by differentiating unwanted effects and adverse treatment effects including a differential attribution to the treatment itself, the therapist's behaviour or other factors. It is still unclear how often negative effects occur and how much impairment these effects cause. The presentation will describe first results of different surveys that were initiated by our research group. First, an online survey of patients was initiated (with 165 patients fully responding to a comprehensive questionnaire) to examine the occurrence of boundary violations in the context of psychotherapy from a patient's perspective and the resulting

burden. Second, a sample of therapists (n=600) were surveyed online related to their views of negative effects, boundary violations etc. Finally, we initiated a representative pilot study of the German population resulting in data from 244 individuals (selected from a huge representative sample of approx. 6000 individuals) who experienced psychotherapy and were extensively asked about their view of the treatments. The latter survey will probably be continued with a larger sample.

**Negative effects in group therapy: Data from a multisite study.** *Tomáš Řiháček, Masaryk University, Brno, Czech Republic; Martina Pourová, Masaryk University; Michal Čeveliček, Masaryk University; Jan R. Boehnke, University of Dundee*

Growing attention has been paid to negative effects of psychotherapeutic interventions. Yet not much is known about their relationship to treatment outcome. Do they pose an obstacle to successful treatment, or is some level of inconvenience necessary to get better? The aim of this study is to assess the prevalence of the negative effects, as well as their relationship to outcome variables, in group psychotherapy setting. The sample consists of 225 Czech clients suffering from common mental disorders. Data on the therapeutic process and outcome have been collected at seven clinical sites and negative effects were assessed by the Negative Effects Questionnaire (NEQ) at treatment completion. The analysis will be focused on the relationships between several areas of negative effects (as defined by the NEQ dimensions) and outcome variables (depression, anxiety, well-being, and somatic symptoms).

**Client's complaints after seeing five psychotherapists: A case study.** *Zbyněk Vybíral, Masaryk University; Ľuboš Chvála, Masaryk University*

We will briefly describe a unique case of Mr. L who saw five therapists with whom he has attended eight psychological treatments altogether. A series of in-depth interviews were conducted to explore his copious negative experiences and complaints. The data were analyzed using Interpretative Phenomenological Analysis. The results offer an insight into how these negative effects echo the patient's basic issues that brought him to psychotherapy, resonating with Arkowitz and Lilienfeld's thought that "people who seek psychotherapy for conditions that cause them serious distress often thwart the very help they seek." However, we strived to carefully analyze how both the patient and his therapists could have contributed to the development of these negative experiences and ponder some implications for the therapeutic practice.

**Discussants:** Louis Castonguay, Penn State University, University Park, USA;

**Panel**  
Alliance

Organizers: Shayne Anderson, Brigham Young University, Provo, USA; Myrna Friedlander, University at Albany/SUNY, USA;

**New Approaches to Better Understand the Process of Couple Therapy**

Outcome research in couple therapy has documented that couple therapy is effective across a wide number of presenting problems including relationship distress, depression, substance abuse, and others. We know much less about the process by which these gains are made. Three promising areas of study include the therapeutic alliance, expectations and preferences for treatment, and idiographic assessment of progress. Each of these areas, however, has been hampered by problems in measurement. For example, there are currently no validated idiographic measures that are routinely used in couple therapy. The Expectations and Preferences Scales for Couple Therapy (EPSCT; Friedlander et al., 2018) is the first measure of expectations in couple therapy, but has not been assessed psychometrically in a clinical setting. Finally, while several measures of the expanded therapeutic alliance have been developed, the length of the measures decreases their clinical utility, and the consistent high ratings of alliance decreases their research utility. The papers in this panel will address these limitations. The first paper uses the EPSCT in a clinical sample to examine how romantic partners' pre-treatment expectations are associated with early perceptions of the therapeutic alliance and posttreatment effectiveness.

The second paper describes the development and validation of an idiographic measure of progress on presenting problems in couple therapy. The final paper in the panel will present a valid four-item measure of the expanded therapeutic alliance used to monitor the alliance across time.

**The Intersession Alliance Scales: Brief Measures to Monitor the Expanded Therapeutic Alliance.** *Shayne Anderson, Brigham Young University, Provo, USA; Lee Johnson, Brigham Young University, Provo, USA*

**Aim:** Routinely monitoring the quality of the therapeutic alliance can improve therapeutic outcomes (Anker, Duncan, & Sparks, 2009). In order to accurately monitor the alliance clinicians need a measure that balances reliability, validity, and feasibility, while providing useful information to researchers. Current measures of the alliance are either too long to be administered weekly or do not assess the expanded therapeutic alliance that is central to couple and family therapy. The Inter-Session Alliance scales (ISA) were developed to address this issue. The ISA scales are four-item visual analog scales that measure the bond, goals/tasks, within system, and safety dimensions of the alliance. This study examines the reliability, factor structure, validity, and feasibility of the couple version of the measure (ISA-C). **Method:** 380 individuals completed the ISA-C prior to the fourth session of couple therapy as part of the Marriage and Family Therapy Practice Research Network. To examine concurrent validity, participants also completed the Couple Therapy Alliance Scale. **Results:** Results indicate that the ISA-C is reliable ( $\alpha = .71$ ) and feasible. Average completion time was under one minute. The ISA-C overall score correlates well with the CTAS total score ( $r = .69$ ) and individual items correlate strongly with the corresponding subscale of the CTAS. Results of an exploratory factor analysis indicate that the items load on one factor that explains 73% of the variance. **Discussion:** The ISA-C is a reliable, valid, and feasible measure of the expanded therapeutic alliance. Clinicians can use this measure to easily and accurately assess the quality of their alliance with couples.

**Contribution of Pre-therapy Expectations to the Alliance/Outcome Association in Couple Therapy.** *Myrna Friedlander, University at Albany/SUNY, USA; Lee Johnson, Brigham Young University, Provo, USA; Edmund Orłowski, University at Albany/SUNY, USA; Shayne Anderson, Brigham Young University, Provo, USA*

**Objective:** Despite the well-established association between outcome expectations and effective individual psychotherapy (Constantino et al., 2018), this link has not been researched in the context of couple therapy. We predicted that the association between romantic partners' perceptions of the working alliance in session 2 would mediate the contribution of pre-therapy role and outcome expectations to relationship satisfaction reported following session 4. **Method:** The mostly white, married, heterosexual romantic partners ( $N = 196$ ) seen in a university training clinic completed the Expectations and Preference Scales for Couple Therapy (Friedlander et al., 2018), which has three expectation scales (Outcome, e.g., I expect that our relationship will improve as a result of couple therapy; Self, e.g., I expect to listen to my partner's concerns; and Partner, e.g., I expect that my partner will blame me; reverse scored), the Intersession Alliance Measure (Anderson et al., 2010), and the Couple Satisfaction Index-16 (Funk & Rogge, 2007). **Results:** We found significant support for two of the three mediation hypotheses: Outcome (indirect effect = 1.804, bootstrapped 95%CI [1.026, 2.641]), and Partner (indirect effect = 0.789, bootstrapped 95%CI [0.434, 1.231]). That is, clients' pre-therapy expectations for a favorable outcome and for their partner's active participation in couple therapy predicted a stronger early alliance, which in turn predicted greater relationship satisfaction after session 4. We discuss these results in terms of their practical implications and their extension of the expectations literature to couple therapy.

## Panel

Organizer: Nina Reinholdt, Research Unit for Psychotherapy and Psychopathology, Psychiatry West Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark

## New CBT Adaptations for Mental Health Services

Currently, cognitive-behavioural therapy for specific disorders (CBT) is the most empirically supported psychological treatment for the most common mental disorders and is recommended a first-line psychological treatment in national clinical practice guidelines (NICE, 2010, 2011, 2013). Despite this status, CBT protocols are inconsistently or sub-optimally provided in routine clinical settings (Alonso et al., 2018; Thornicroft et al., 2017), even though patients generally prefer psychological treatment (McHugh, Whitton, Peckham, Welge, & Otto, 2013). One important barrier to the widespread dissemination and implementation is poor applicability due to extensive comorbidity within mental disorders (Barlow, Bullis, Comer, & Ametaj, 2013; McHugh & Barlow, 2010). Furthermore, there is an acute need to understand why approximately half of the recipients of CBT profit from these recommended treatments (Amick et al., 2015; Springer et al., 2019) and to test new interventions to maximize the number of people profiting from treatment. Adapting CBT to meet the challenge of comorbidity and lack of response may facilitate implementation of evidence-based psychological treatments in the clinical front-line. This panel will discuss new relevant CBT adaptations in Mental Health Services based on results from recent studies and prospects of upcoming studies. In the first talk, Nina Reinholdt will discuss adaptation of a recently developed transdiagnostic CBT intervention in Danish Mental Health Services. She will report the results of a multi-center, randomised controlled trial on transdiagnostic versus standard CBT in group treatment for 291 outpatients with anxiety or depression (TRACT-RCT). In the second talk, Anne Bryde Christensen, will present results from a qualitative study investigating patients' experiences with standardized, time-restricted group CBT and focus on the aspects of treatment that patients described as most beneficial as well as highlight the challenges and shortcomings of this type of treatment format. The third talk by Sidse Marie Arnfred will discuss clinical characteristics of patients, who univocally respond to therapy based on results from a descriptive cohort study within the TRACT-RCT investigating treatment outcome for patients with depression divided by pharmacological treatment, symptoms, and psychosocial functioning severity at therapy onset and after 14 weeks of group CBT. In the following talk, Jasmin Rejaye Gryesten, will present the study protocol for an upcoming study (DIP NOT) investigating a brief add-on course of personalized individual therapy for patients lacking improvement during CBT group therapy in a single-case-experimental and qualitative design. The final speaker, Cæcilie Christine Buhmann, will present the results of a case-series on the individual CBT treatment of PTSD in patients with psychosis as well as the study protocol of a feasibility study on the same population.

### Development of an Intervention for Persistent Not on Track: DIP

**NOT.** *Jasmin Rejaye Gryesten, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark; Stig Poulsen, University of Copenhagen, Denmark; Sidse Marie Arnfred, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark*

**Aim:** It is a severe problem that only half of patients treated with CBT for depression are in remission after treatment. Progress monitoring during therapy, supplemented with clinical support tools (CST) has shown promising results, although results for group psychotherapy are less favorable. Accordingly, we have designed the DIP NOT study to test the impact of adding a brief course of personalized individual therapy for patients showing lack of improvement during CBT group therapy. **Methods:** An initial case series will involve 16 patients with depression in group CBT, who will perform progress tracking twice every week. Therapists will receive alerts when a patient is not improving (i.e. not-on-track (NOT)) and CST. Analyses will integrate qualitative experiences of therapists and patients, quantitative tracking data, and initial clinical assessments. Building on the results from study I, the second study targets the persisting NOT patients receiving add-on interventions. Five CBT groups will be monitored as described above and persisting NOT (pNOT) patients will receive the add-on individual

sessions. Group interviews will be performed with all patients and therapists, and supplementary individual interviews will be conducted with the pNOT patients to explore their experiences of the new interventions. Results: Data collection will begin in fall 2021. Discussion: Findings of the present study might provide new knowledge about the complex causes of poor outcome through a case-series approach that has rarely been applied within this field of study.

**Group therapy for depression in the mental health service: Clinical implications of outcomes from a research trial.** *Sidse Marie Arnfred, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark; David Husdal á Steig, University of Copenhagen, Denmark; Henriette Mann, University of Copenhagen, Denmark; Anne Bryde Christensen Bryde Christensen, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark; Nina Reinholt, Research Unit for Psychotherapy and Psychopathology, Psychiatry West Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark*

BACKGROUND: Generally, patients with major depressive disorder (MDD) respond well to recommended cognitive behavioral therapy (CBT) when measured as group mean differences of symptom scores. Applying Jacobson plots, looking at differences in medication use, and picturing treatment trajectories could contribute with clinically important information. OBJECTIVE: To describe treatment response among patients with depression in mental health service outpatient units looking at different clinically informative graphical display formats METHODS: This was a subsample analysis emerging from an RCT investigating the effect of transdiagnostic group CBT (Unified Protocol) vs. standard diagnosis-specific group CBT for depression, agoraphobia/panic disorder and social anxiety disorder (TRACT-RCT). Data on 171 patients with depression offered 14 sessions of group therapy were analyzed. The sample was further subdivided by severity at baseline, medication use and session-to-session outcome trajectories. We used Becks Depression Inventory II (BDI) and the Overall Depression Severity and Impairment Scale (ODSIS) scores to indicate level of depression. BDI was administered at baseline, end-of-treatment, and a 6-month follow-up; ODSIS were administered every session. RESULTS: 28.8% of patients achieved remission of depression. More than half (54.2%) of patient had BDI-score of 30 or above at baseline; of those 20.3% achieved remission. Approximately one in three patients had decrease of symptoms while symptoms did not improve or worsened for one third of patients. Un-medicated patients achieved better outcomes than those patients that had supplementary medication during the psychotherapy course between (No medication BDI change: 12.35; Std.: 11.30; Medication add-on BDI change 6.19; Std.: 9.98; p=0.02). DISCUSSION: Trajectories of individual patients will be presented. Since patients undergoing medication adjustment over the course of treatment experienced less improvement, changes in medication could be a useful warning sign for clinicians in predicting outcome for patients during psychotherapy.

**The Treatment of PTSD In People with Psychosis – A Case-Series and Feasibility Study.** *Cæcilie Christine Buhmann, Aalborg University, Denmark; Jens Einar Jansen, Mental Health Services Copenhagen, Denmark; Runhild Arendt, University Hospital Aarhus; Sarah Krarup Larsen, Mental Health Services North Zealand, Denmark; Christina Jørck, Mental Health Services Region Zealand, Denmark; Steven Austin, Mental Health Services, Region Zealand, Denmark*

Background: There is a high prevalence of trauma and PTSD in patients with severe mental illness. However, PTSD is underreported and very little evidence exists for the positive and/or negative effects of trauma-focused psychotherapy. Currently, there is some evidence that trauma-focused psychotherapy in standard formats, or adapted for people with psychosis, can improve symptoms of PTSD. The limited evidence also indicates that such treatments do not

worsen symptoms of psychosis. Aim: To evaluate a psychotherapy manual for the treatment of PTSD with Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which has been adapted for people with psychosis. Method: A case-series with six people with PTSD and psychotic disorder and a feasibility study of 30 patients receiving TF-CBT is currently been undertaken. Participants are assessed at baseline and follow-up as well as regularly throughout therapy to monitor changes in symptomology. Assessment covers a range of areas including PTSD and psychosis symptoms, trauma history, complex PTSD, suicidal- and self-harming behavior, quality of life, level of functioning, anxiety and depression, working alliance and negative events due to psychotherapy. Results: Results are reported for the individual patients in the case-series along with reflections on conducting treatment within this population. Feasibility issues and a description of the adapted treatment manual will also be provided.

**Transdiagnostic versus diagnosis-specific cognitive-behavioural therapy for anxiety and depressive disorders: a randomised clinical trial.** *Nina Reinholt, Research Unit for Psychotherapy and Psychopathology, Psychiatry West Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark; Morten Hvenegaard, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark; Anne Bryde Christensen Bryde Christensen, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark; Anita Eskildsen, Department of Affective Disorders, Aarhus University Hospital, Aarhus, Denmark; Carsten Hjorthøj, Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark; Stig Poulsen, University of Copenhagen, Denmark; Mikkel Berg Arendt, Aalborg University, Denmark; Nicole Kristjansen Rosenberg, Aalborg University, Denmark; Jasmin Rejaye Gryesten, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark; Ruth Aharoni Nielsen, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark; Anja Johnsen Alrø, Department of Affective Disorders, Aarhus University Hospital, Aarhus, Denmark; Clas Winding Christensen, Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark; Sidse Marie Arnfred, Research Unit for Psychotherapy and Psychopathology, Psychiatry West, Slagelse, Region Zealand Mental Health Services, Slagelse, Denmark*

Objective: The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) has been developed to disseminate evidence-based psychological treatments. This study compared the efficacy of UP to diagnosis-specific cognitive-behavioural therapy (dCBT) in group-based treatment of anxiety and depression. Methods: In this randomised non-inferiority clinical trial, 291 patients with primary major depressive disorder, social anxiety disorder, panic disorder, or agoraphobia were assigned to either 14 2-hour weekly sessions in mixed-diagnoses UP or single-diagnosis dCBT groups in three outpatient mental health services. The primary outcome was the total score on the self-rated World Health Organization Five Well-being Index (WHO-5) at end-of-treatment; the non-inferiority limit was set at nine scale points. We performed assessments at baseline, end-of-treatment, and 6-month follow-up. A per-protocol analysis was performed and confirmed in an intention-to-treat analysis. This trial is registered, NCT02954731. Results: At end-of-treatment, WHO-5 mean scores for patients in UP (n=148) were non-inferior to patients in dCBT (n=143) (mean difference, -2.94; 95% CI, -8.10 to 2.21). We could not rule out inferiority of UP to dCBT in well-being at a 6-month follow-up. Results on other outcomes were non-inferior at both end-of-treatment and 6-month follow-up. Client satisfaction and attrition, response, and remission rates were similar across conditions. Interpretation: The current trial is the first randomised clinical trial to demonstrate that the effects of group UP for anxiety and depression are non-inferior to group dCBT in outpatient mental health services. Potentially inferior longer-term effects of UP in terms of well-being must be considered when implementing. Funding: TrygFonden

**Discussants:** Stig Poulsen, University of Copenhagen, Denmark;

**Panel**  
Assessment

Organizer: Julian Rubel,  
University of Giessen,  
Germany

**New developments in the personalization of treatments, measurement, and feedback**

The present panel presents new theoretical and methodological developments in the field of personalized psychotherapy research, which is designed to provide practitioners with person-specific decision-support rules and tools. To this end, the present panel focuses on the following topics: Treatment effect heterogeneity, personalized feedback over the course of the treatment, personalized pre-treatment predictions based on machine learning methods, and optimal methods for covariate selection. These different approaches share the common goal to support personalized decision-making in psychotherapy. In the first talk, the fundamental question of whether depression treatments actually lead to differential treatment response is addressed. Therefore, post-treatment variances are meta-analytically analyzed in a large database of RCTs of psychotherapy for depression (k=306 studies). In the second talk, the development of multidimensional assessments and feedback system is described in which a number of outcome variables is simultaneously assessed during treatment, allowing therapists to determine the most meaningful measures for this particular patient. In the next talk, data from a naturalistic study in which cognitive-behavioral or psychodynamic treatments are provided 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. Finally, in the last talk a simulation study is presented which compares different methods to select predictors for estimating conditional treatment effects.

**Personalized treatment selection: Recommending treatment approach and setting based on machine learning and inferential statistics.** *Brian Schwartz, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany*

**Aim:** While different treatment approaches for mental-health problems often show equivalent outcomes on average, algorithm-based treatment selection models are a promising approach to improve the effectiveness of psychotherapy. This study aimed at developing a treatment selection algorithm using a combination of machine learning (ML) and statistical inference to recommend patients' optimal treatment based on their pre-treatment characteristics. **Method:** A naturalistic sample of N = 1379 outpatients treated with either cognitive behavioral or psychodynamic therapy was analyzed. Potential predictors were selected from pre-treatment characteristics including demographics and initial impairment. Using a combination of random forest and linear regression, the differential treatment response was modeled to indicate each patient's optimal treatment (n = 966). Outcomes of patients who received their optimal or non-optimal treatment approach were compared in independent holdout data (n = 413). Further, a treatment selection algorithm recommending video therapy was developed and evaluated in n = 250 outpatients who switched from face-to-face to video therapy due to the COVID-19-pandemic. **Results:** The difference in outcomes between patients treated with the optimal vs. non-optimal treatment was not significant in the holdout data. However, for the 50% of patients with the largest predicted benefit from the treatment selection, the average percentage change differed significantly (optimal: 52.6%, non-optimal: 38.4%, p = 0.017; d = -0.33). Findings on the video therapy recommendation will be presented. **Discussion:** Treatment selection algorithms based on the combination of ML and statistical inference might improve treatment outcome for some but not all outpatients and support therapists in clinical decision-making.

**Covariate selection for estimating conditional treatment effects in psychotherapy research – a Monte Carlo simulation.** *Robin Wester, University of Giessen, Germany; Axel Mayer, Bielefeld University, Germany;*

*Julian Rubel, University of Giessen, Germany*

Aim: Estimating conditional treatment effects (CTEs) is crucial to advancing personalized medicine. It depends on identifying all covariates that interact with treatment, a challenging task considering the many patient characteristics hypothesized to influence treatment outcome in psychotherapy research. The goal of this study was to compare different covariate selection strategies in their consequences on different aspects of estimating CTEs. Method: A Monte Carlo simulation was conducted comparing domain backward stepwise regression, backward stepwise regression using BIC, backward stepwise regression using cross-validation, forward stepwise regression using cross-validation, lasso and glnet. Performance measures included prediction accuracy, the inclusion of true and false treatment-covariate interactions, the precision of estimated CTEs and bias of estimated variance of CTEs. The study was designed to mimic the setting of typical psychotherapy studies in factors known to influence performance of selection strategies. Results: No single covariate selection strategy dominated all others across all factor-level combinations and on all performance measures. Of all strategies, lasso showed the most accurate out-of-sample predictions, identified the highest number of true treatment-covariate interactions, and estimated individual treatment effect with the highest precision across the most scenarios. Domain backward stepwise regression and backward stepwise regression using BIC were least biased in estimating variance of individual treatment effects across the most scenarios. Discussion: Results are discussed with regard to their implication for personalized psychotherapy research.

**Heterogeneity of treatment effects in trials on psychotherapy of depression.** *Eva-Lotta Brakemeier, University Greifswald; Tim Kaiser, University of Greifswald, Germany*

Psychotherapy is an evidence-based treatment for depression, but its average effect is only modest. Therefore, studies should aim to identify subgroups of patients that respond particularly well to psychotherapy to increase outcome. However, the extent of treatment effect heterogeneity (TEH) in psychotherapy has not yet been systematically investigated. A reliable, evidence-based estimate of this heterogeneity would allow a more accurate assessment of the potential effects of enhancement by personalization. In the talk, one a meta-analyses will be presented, which used a large database of randomized-controlled trials on psychotherapy for depression in adults ( $k = 306$ ). Based on the results of a Bayesian variance ratio meta-regression, the theoretically maximum possible extent of variability of individual outcomes was determined. Exploratory subgroup analyses were conducted for different types of psychotherapy. Finally, the extent of expected TEH given the evidence was identified by employing an analytical approach. Results indicate TEH in psychotherapy for depression as we found for the entire sample a 9% higher variance in the intervention groups compared to the control groups. Depending on the depression scale used, this corresponds to a standard deviation of the individual treatment effect of 3-4 points. Subgroup analyses revealed that the evidence for TEH is strongest in cognitive-behavioural therapy, while the largest TEH was observed in behavioural activation therapy. In conclusion, clinical or statistical methods are discussed to select the optimal intervention for each patient to increase treatment success.

**Multivariate models for routine outcome monitoring: Benefits and challenges.** *Andrew McAleavey, Weil Cornell Medical College; Samuel Nordberg, Reliant Medical Group, Massachusetts, US; Christian Moltu, Western Norway University of Applied Sciences*

While most routine outcome monitoring systems prioritize a single outcome measure, the identification of a universally appropriate outcome may not be possible in all cases. As an alternative, multidimensional assessments track several outcome variables simultaneously during treatment, allowing therapists

and patients to determine the most meaningful measures themselves. This can afford greater measurement precision in generating person-specific deterioration alerts, though the benefits of such a system will vary based on the presentation of individual patients. In this study we propose to demonstrate the use of such a system implemented in Norse Feedback, and will investigate the following questions: 1) Does multivariate modeling improve accuracy of out-of-sample predictions over univariate modeling? 2) Which types of scales and patients benefit most from multivariate modeling? Implications will be discussed in terms of Norse Feedback, and extended to other applications that track multiple features simultaneously. Multivariate modeling may enable greater precision with fewer observations in diverse routine care settings.

**Panel**  
Alliance

Organizer: Antje Gumz,  
Psychologische  
Hochschule Berlin

**New findings on psychotherapists' facilitative interpersonal skills**

The success of psychotherapy depends to a significant degree on the person of the therapist (about 5-9% explained variance). This therapist effect is generally well known; however, the specific factors explaining the difference between therapists need to be further explored. Central towards a better understanding of the therapist effect may be the concept of psychotherapists' 'facilitative interpersonal skills' (FIS, e.g. therapists' warmth, understanding, empathy). In order to assess such skills and to subsequently measure their influences on therapeutic outcome and alliance, the FIS task was developed (Anderson et al., 2009). The task comprises video clips of challenging therapy situations towards which therapists are asked to respond. Their answers are audio-recorded and judged by trained raters. The FIS task is one of the few instruments for a standardized assessment of psychotherapeutic competence and gained widespread international attention with various translations and adaptations since its development. In this panel, we present new international findings related to psychotherapists' 'facilitative interpersonal skills' and the FIS task. The panel opens with a study investigating the predictive effect of therapists' 'facilitative interpersonal skills' on the alliance and the outcome of psychotherapy. The authors hypothesize that the alliance will mediate the relationship between therapist FIS and therapy outcome. The second and the third contribution will both investigate the question how certain traits of therapists (e.g. gender, age, personality traits) are associated with greater or lower 'facilitative interpersonal skills'. These studies will use the German and the Norwegian version of the FIS task, respectively. Finally, the fourth study will focus on the discrepancy between the self- and the observer-rated assessment of 'facilitative interpersonal skills'. The results of this study are especially relevant in contexts with a formal feedback of interpersonal skills (e.g. training, tests).

**The Role of Therapist Facilitative Interpersonal Skills in Predicting Alliance and Outcome in Psychotherapy.** *Suzannah J. Stone, Ohio University (Athens, OH USA); Timothy Anderson, Ohio University, Athens, USA; Richelle S. Allen, The New School for Social Research New York, NY USA*

Objectives: Therapists' facilitative interpersonal skills (FIS), assessed through ratings of therapist responses to videos of challenging simulated clients, are predictive of outcome. However, due to their relational nature, it is possible that they may also be predictive of the therapeutic alliance, and from there, help to define the alliance's function with relation to outcome in psychotherapy. We hypothesized that alliance would serve in a mediating role between therapist FIS and client outcome, with additional direct effects of FIS on outcome, FIS on alliance, and alliance on outcome. Methods: Nineteen incoming clinical psychology doctoral students completed the FIS task before beginning clinical training. Their responses were rated by trained observers. The trainee therapists then provided therapy to a total of 40 clients in their first year of training. Therapist FIS, mean client alliance ratings, and client-reported symptoms at the last session (controlling for initial symptoms) will be used to evaluate the hypothesized effects. Results: We predict that clients of higher FIS therapists will have relatively more symptomatic reduction and superior alliances than clients of lower FIS therapists. Superior alliances will further predict greater

symptomatic reduction. The alliance will mediate the relationship between therapist FIS and client outcome. Conclusion: Identifying the hypothesized effects will aid in defining the alliance construct by helping to better account for past findings in which alliance building leads to client symptom reduction. These findings will also serve as additional support of FIS' ability to serve as a baseline predictor of therapists' potential to achieve positive therapeutic outcomes.

**What makes a good therapist? The association between personal features and interpersonal skills of future psychotherapists.** *Antje Gumz, Psychologische Hochschule Berlin; Merle Longley, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Denise Kästner, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany*

Psychotherapists differ in their average competence to establish and maintain a good therapeutic relationship and consequently in the ability to carry out successful therapies. This can be partly explained by the fact that therapists possess a differing degree of interpersonal skills (e.g. empathy, emotional expression, warmth). Therapists who can rely on stronger interpersonal skills are more successful in maintaining a good therapeutic relationship and their patients achieve better therapy outcomes. To improve these interpersonal skills is thus one of the principal tasks of psychotherapy training, independently of the therapeutic approach. A helpful way to further develop specific training strategies is to better understand how certain traits of therapists predict stronger or weaker interpersonal skills. The Facilitative Interpersonal Skills test (FIS, Anderson et al., 2009, Gumz et al., 2020) provides the opportunity to measure interpersonal skills in a standardised and empirically based manner. Test participants verbally respond to challenging patient statements which are reenacted by actors and are shown in videoclips (13 clips in the German FIS version). Their responses are audio recorded and judged by trained raters. The paper presents the results of a cross-sectional, observational study. Psychology students and psychotherapy trainees (currently N = 153) were tested using the FIS as well as self-report data on potential predictors of interpersonal skills (e.g. age, sex, level of education, self-concept, attachment, emotion regulation, alexithymia, childhood trauma). Results will be presented and discussed regarding their implications for psychotherapy training and research.

**Correlates of Facilitative interpersonal skills (FIS) in a cross-sectional and longitudinal sample of trainee therapists.** *Truls Ryum, department of psychology, Norwegian University of Science and Technology; Patrick Vogel, department of psychology, Norwegian University of Science and Technology; Katrine H. Holgersen, Tiller Mental Health Center, St. Olavs Hospital; Heidi Brattland, Tiller Mental Health Center, St. Olavs Hospital*

Aim: The person of the therapist has been found to be essential for treatment outcome, and Facilitative Interpersonal Skills (FIS) may be conceptualized as an integrating concept explaining between-therapist differences, as demonstrated in experimental studies using the FIS task procedure (Anderson et al., 2015; 2016). Research also suggests that the FIS task procedure is suitable for use cross-culturally (Vogel et al., 2018). The present study examined self-reported predictors of FIS (experimental task procedure) amongst trainee therapists in a clinical psychology program. Method: A Norwegian translation and adaption of the stimulus clips developed by Anderson and colleagues was used to test for trainee therapists levels of FIS. Self-report data from participating trainees, consisting of demographic data, personality/ identity, symptom measures as well as students' experience of the group climate in skills training groups, was used as predictors of FIS in a cross-sectional and longitudinal sample of trainee therapists. Results: The paper will discuss findings examining the relationship between characteristics of trainee therapists and FIS, based on cross-sectional and longitudinal data. Factors that may aid in cultivating FIS will be discussed (academic skills training groups, early clinical practice, etc.) as well as cultural issues. Keywords: Facilitative interpersonal skills; Therapist characteristics,

**The self-assessment bias of future psychotherapists – a study on facilitative interpersonal skills.** *Denise Kästner, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Constance Hirschmeier, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Merle Longley, Department for Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin, Berlin, Germany; Antje Gumz, Psychologische Hochschule Berlin*

Background Therapists have a tendency to overestimate their own treatment outcomes. In light of the fact that there is no external quality control once psychotherapy training is completed, it is important to better understand these self-assessment biases. We aim to investigate such biases with respect to the therapist's interpersonal skills. Methods We conducted a cross-sectional study including psychology students and trainee psychotherapists. All participants filled out questionnaires and completed the German version of the 'Facilitative Interpersonal Skills Test' (FIS). Self- and observer-FIS-ratings were compared using t-tests. Potential predictors of the self-observer-discrepancy were analyzed using linear regression. Results Preliminary analyses within a sample of 84 participants showed the following results: 1) Significant self-overestimations were found for the FIS total score ( $t= 7.61, p<.001$ ) and the dimensions hope and positive expectations ( $t= 5.39, p<.001$ ), warmth, acceptance, and understanding ( $t= 10.11, p<.001$ ), empathy ( $t= 6.11, p<.001$ ), alliance bond capacity ( $t= 9.11, p<.001$ ), and rupture-repair responsiveness ( $t= 7.61, p<.001$ ). 2) A low observer-rated FIS score ( $\beta=-.55, p<.001$ ), greater therapeutic experience ( $\beta=.29, p=.02$ ) and a more positive self-concept ( $\beta=.14, p=.01$ ) were associated with an overestimation. Neither age nor sex demonstrated an influence. Conclusions The present study showed that self-assessment biases of future psychotherapists especially affect skills, which seem to be more strongly associated with the professional therapeutic role. It might be important to consider these biases within trainings involving formal assessment and feedback. Further research is needed that sheds light on the difference between beneficial and maladaptive biases and investigates the consequences of therapist's self-assessment biases. Keywords: therapist factors, facilitative interpersonal skills, self-assessment bias, psychotherapy training

**Panel**

Change process

Organizer: Jessica Prinz,  
Universität Trier,  
Germany

**Nonverbal synchrony in the psychotherapeutic process**

The aim of this panel is to go beyond intra-personal processes, and consider the possibility that inter-personal factors may also serve as mechanisms of change in psychotherapy. The last decade highlighted the important role of nonverbal processes (e.g. synchrony) in the patient-therapist in various channels. Prinz et al. discuss physiological synchrony as putative mechanism of change in imagery-based techniques. Eran Bar-Kalifa et al. present a study on the contextual role of physiological synchrony and patients' emotional experience. Kleinbub et al. presents a project on providing therapists with a real-time feedback on their physiological synchronization with their patients. Brockmeyer et al. show that voice frequency synchrony in therapeutic dyads is associated with outcome in the treatment of patients with anorexia nervosa.

**Physiological (Co-)Activation in Imagery-Based Techniques.** *Jessica Prinz, Universität Trier, Germany; Eran Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel; Eshkol Rafaeli, Bar-Ilan University; Wolfgang Lutz, Universität Trier, Germany*

While the effectiveness of imagery-based techniques (e.g., Imagery Rescripting) has been demonstrated in the treatment of various disorders, the underlying mechanisms of change remain largely unexplored. Current approaches to the study of intrapersonal processes focus predominantly on memory processes.

While there is evidence for a reciprocal relationship between memory processes and autonomic functions (e.g., physiological arousal), little research has been conducted on these to date. Whereas intrapersonal processes may be one of the underlying mechanisms of imagery-based techniques, a fuller understanding of these techniques requires attending to interpersonal (client-therapist) processes. After all, the evocative potency of imagery techniques often leads to emotional activation (and to its attendant physiological reactions) in the therapist alongside the client; it is quite possible that this synchronous activation – coupled with a positive therapeutic bond (Lutz et al., 2015) – could also serve as a mechanism of change, by increasing the sense of shared experience within the dyad. This presentation shows the results of several studies that examined relationships between physiological arousal, physiological synchrony, and different outcome variables. The results suggest that physiological synchrony might be a possible mechanism of change of imagery-based techniques.

**Client-therapist momentary physiological linkage: the contextual role of synchrony patterns and clients' emotional experience.** *Eran Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel; Omer Goren, Bar-Ilan University, Israel; Shir Heimann, Bar-Ilan University, Israel; Dana Atzil-Slonim, Bar Ilan University*

The phenomenon of client-therapist physiological synchrony has begun to draw substantial attention in recent years. However, despite the robust empirical evidence for the existence of client-therapist physiological linkage, findings regarding the clinical consequences of this phenomenon are less consistent. Indeed, recent theoretical accounts propose that physiological linkage should not be considered a trait-like, stable, good/bad characteristic, but rather as a pattern that depends on the situational context in which it transpires. The main goal of the current study is to clarify the mixed effects of physiological linkage by adopting a “momentary” (vs. “global”) approach that computes therapist-client physiological synchrony over relatively short periods (15-sec intervals). These temporal data will allow us to examine the interplay between the pattern of synchrony (in-phase vs. anti-phase) and clients' momentary emotional experience (e.g., positive, inhibited negative, adaptive negative) in predicting session-level (e.g., alliance) and treatment-level (e.g., symptomatic reduction) outcomes. The data are derived from a sample comprising 50 clients diagnosed with MDD who underwent a 16-session supportive-expressive (SE) therapy. Clients' and therapists' physiological activity (i.e., electrocardiography and electrodermal activity) was recorded during five sessions throughout the treatment; clients' emotional experience was measured at the speech-turn level. Results from this study are expected to broaden our knowledge regarding the phenomenon of client-therapist physiological linkage, as well as provide a more nuanced picture of its effect on clients' wellbeing.

**Putting physiological synchronization into practice: introducing Interpersonal Biofeedback.** *Johann Kleinbub, FISPPA Department, University of Padova, Italy; Ylenia Cariolato, University of Padova, Italy; Arianna Palmieri, FISPPA Department and Padova Neuroscience Center, University of Padova, Italy*

The last decade of research in psychotherapy highlighted the crucial role of interpersonal dynamics in the clinical setting. Alliance, empathy, and more generally the patient-clinician relationship, are recognized as fundamental drivers of change from both the theoretical and the empirical stand points. Yet the field is still plagued by a lack of consensus about the definition and assessment of relational constructs. Physiological synchronization has been proposed as possible objective measure of these common factors. Among others, patient-therapists synchronization is associated with empathy, attachment, alliance, and outcome. Furthermore, preliminary results showed higher synchronization during crucial therapy moments, suggesting its potential use as a biomarker of that efficacious mutual emotional regulation that is so important for the therapeutic process. Although an objective measure of interpersonal regulation would represent a terrific asset for future psychological

research in many fields, physiological synchronization may provide other advantageous applications. Extending the well-known biofeedback effect, we present the novel idea that relationship in psychotherapy may be enhanced by providing therapists with a real-time feedback on their synchronization with patients. We hypothesize that this information could help clinicians in identifying ruptures, enhance their understanding of their patients, clinical alliance, and could provide an implicit training of affective empathy. This project represents a first concrete effort toward grounding the clinical relationship in an objective biophysical domain. The interpersonal biofeedback based on physiological synchronization could find application in actual therapies, in the training of therapists and medical personnel, and could become a precious resource for the development of psychotherapy theory.

**Interpersonal synchrony in vocally encoded emotional arousal and treatment outcome in anorexia nervosa.** *Timo Brockmeyer, University Goettingen; Julia Schröter, University Goettingen, Germany; Silke Michalek, Heinrich Heine University Düsseldorf, Germany; Jessica McClelland, King's College London, United Kingdom; Ulrike Schmidt, King's College London, United Kingdom*

Psychotherapy outcomes in adults with anorexia nervosa (AN) are relatively poor. So far, process-outcome research has contributed little to the advancement of psychotherapy for AN. One key change process in psychotherapy is therapeutic empathy. Recent research has shown that empathy is associated with high levels of interpersonal synchrony in vocally encoded emotional arousal between patient and therapist. Audio recordings from therapy sessions (n=24 patients) in a multi-center randomized controlled trial on the Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) were used for analyzing fundamental frequency (f0) in the voices of patients and therapists, a robust indicator of vocally encoded emotional arousal. Levels of f0 synchrony between patients and therapists were calculated and used as a predictor of treatment outcome. Interpersonal f0 synchrony between patients and therapists in mid-treatment predicted treatment outcome. Higher levels of synchrony were associated with higher body mass index (BMI) at 12 months post-randomization (accounting for 20.7% of the variance). Findings suggest that dyadic synchrony in vocally encoded emotional arousal between patients with AN and their therapists contributes to favorable longer-term treatment outcomes. High levels of interpersonal f0 synchrony may reflect high levels of empathic processes between patient and therapist. Future research may analyze in more detail and in larger samples whether f0 synchrony is generally a positive process, and whether it reflects an automatic, intuitive process and/or is a component of active empathic communication by therapists.

**Discussants:** Fabian Ramseyer, Universität Bern;

**Panel  
Methods**

Organizers: Sigal Zilcha-Mano, University of Haifa, Israel; Fabian Ramseyer, Universität Bern; Simon Goldberg, University of Wisconsin, Madison, USA;

**Novel methods for bottling old wine: Biological and statistical innovations for studying interpersonal processes in psychotherapy**

It has been argued that psychotherapy is, in essence, an interpersonal activity. For over a hundred years, scientists and clinicians have worked to understand and augment the therapeutic effects of the social interactions that occur within psychotherapy. This work has yielded diverse theoretical models and methodological tools for understanding psychotherapy, aimed at capturing features ranging from therapists' adherence to a treatment manual to the working alliance. While progress has been made, it is possible that reliance on the traditional tools of psychotherapy research (e.g., self-report questionnaires, labor-intensive clinician- and observer-rated measures) has limited progress and impact on clinical practice. Human interaction is complex and may require equally complex tools to be understood. The current panel introduces three contemporary methods aimed at capturing interpersonal aspects of psychotherapy: nonverbal synchrony, oxytocin synchrony, and machine learning-based assessment of interpersonal skill. These methods move beyond

traditional self-report paradigms, taking advantage of recent advances in biology and statistics. The first paper explores a behavioral proxy for relationship quality – nonverbal synchrony – manipulated through administration of oxytocin during clinical interviews. The second paper examines patient-therapist oxytocin synchrony as a predictor of reductions in depressive symptoms over the course of psychotherapy and as a mediator linking baseline social impairment and symptom reduction. The third paper evaluates an algorithm to automate assessment of therapists' interpersonal skills (Facilitative Interpersonal Skills task) using machine learning. These methods are new, with room for improvement, but also great promise to ultimately support the personalizing of psychotherapy to its participants and moments.

**Nonverbal synchrony in borderline personality disorder: Effects of oxytocin and placebo on the coordination of movements in clinical interviews.** *Fabian Ramseyer, Universität Bern; Andreas Ebert, University Hospital Bochum; Patrik Roser, University of Zurich, Switzerland; Marc-Andreas Edel, Fliedner Clinic Gevelsberg; Wolfgang Tschacher, University of Bern, Switzerland; Martin Brüne, Ruhr-University Bochum*

Background: Interpersonal dysfunction is a central feature of Borderline Personality Disorder (BPD), and the neuropeptide oxytocin (OT) has been shown to impact patients' behavior in numerous ways. Method: In a double-blind placebo-controlled study, the effect of intranasal OT (inOT) on the coordination of movement was explored in patients with BPD and in healthy controls during two clinical interviews. Results: Intranasal oxytocin (inOT) attenuated nonverbal synchrony – a proxy for relationship quality – in patients with Borderline Personality disorder (BPD), while it increased nonverbal synchrony in healthy controls (CTL). Furthermore, an association between self-reported childhood trauma and lower synchrony in BPD was most evident for patient's imitative behavior: Under inOT, patients with high scores of childhood trauma refrained from imitating their interview partners. Conclusion: Available models such as rejection sensitivity and social salience suggest that inOT may alter the way patients with BPD assess social situations, and this alteration is expressed by changes in nonverbal coordination. The automated assessment of nonverbal psychopathology in the interpersonal domain, which could be used for subsequent therapeutic encounters. The fact that inOT had a differential effect in the two groups speaks to the prognostic potential of this unobtrusive measure of interpersonal functioning.

**Can a computer detect interpersonal skills? Using machine learning to scale up the Facilitative Interpersonal Skills task.** *Simon Goldberg, University of Wisconsin, Madison, USA; Michael Tanana, University of Utah, Salt Lake City, USA; Zac Imel, University of Utah, Salt Lake City, USA; David Atkins, University of Washington; Clara Hill, University of Maryland, College Park, USA; Timothy Anderson, Ohio University, Athens, USA*

Therapist interpersonal skills are foundational to the practice of psychotherapy. However, assessment is labor intensive and infrequent. The current study evaluated if machine learning (ML) tools can automatically assess therapist interpersonal skills. Method: Data were drawn from a previous study in which 164 undergraduate students completed the Facilitative Interpersonal Skills (FIS) performance task. This task involves responding to a series of video vignettes depicting interpersonally challenging moments in psychotherapy. Trained raters scored the responses. We used a term frequency-inverse document frequency ML model to predict FIS scores. Results: ML models predicted FIS total and item-level scores above chance ( $r_{hos}=.27-.53$ ,  $ps<.001$ ), achieving 31-60% of human reliability. Models explained 13-24% of the variance in FIS total and item-level scores on a held out set of data ( $R^2$ ), with the exception of the two items most reliant on vocal cues (verbal fluency, emotional expression), for which models explained  $\leq 1\%$  of variance. Conclusion: ML may be a promising approach for automating assessment of constructs like interpersonal skill

previously coded by humans. ML may perform best when the standardized stimuli limit the “space” of potential responses (vs. naturalistic psychotherapy) and when models have access to the same data available to raters (i.e., transcripts).

**Oxytocin synchrony between patients and therapists as a mechanism underlying effective psychotherapy for depression.** *Sigal Zilcha-Mano, University of Haifa, Israel; Pavel Goldstein, University of Haifa, Israel; Tohar Dolev-Amit, University of Haifa, Israel; Simone Shamay-Tsoory, University of Haifa, Israel*

Background: Oxytocin (OT) synchrony has been suggested as a key mechanism by which bonds are formed and strengthened in various species, including those between mother and infant and between romantic partners. It is unknown whether such biological synchrony also plays a role in effective psychotherapy, where it may underlie the adverse effect of social impairment on the efficacy of treatment of depression. Method: 292 OT saliva samples were collected from 19 patient-therapist dyads on a fixed schedule over a 16-session ongoing randomized controlled trial for psychotherapy for depression. Biological synchrony was operationalized as the correlation between changes occurring repeatedly over treatment in patient and therapist OT levels pre- to post-session. Results: OT synchrony between patients and therapists was found to be associated with effective treatment. The findings support the proposed mediation model: (a) poorer social functioning at baseline predicted lower levels of patient-therapist synchrony in OT changes from pre- to post-session over the course of treatment; (b) lower levels of therapist-patient OT synchrony, in turn, predicted less reduction in depressive symptoms as a result of treatment; and (c) based on quasi-Bayesian Monte Carlo simulations, the levels of therapist-patient synchrony significantly mediated the association between social impairment and reduction in depressive symptoms. Findings were replicated using robust inferential methods and using different methods of evaluating treatment outcome. Conclusion: The findings suggest that OT synchrony between patient and therapist may be a biological mechanism by which impaired interpersonal functioning undermines treatment outcome.

**Discussants:** Wolfgang Lutz, Universität Trier, Germany;

**Panel**  
Alliance

Organizer: Joshua Swift,  
Idaho State University

**Novel Understandings of the Working Alliance and Ruptures in Psychotherapy**

The purpose of this international panel is to present novel methods for assessing and understanding the alliance and ruptures in psychotherapy. The first paper will present data from two studies assessing an app-based measure of the alliance. The results from these studies suggest strong psychometric properties for the smartphone-based assessment. These findings are particularly relevant given the uptick in the use of telehealth services that has been seen in recent months. In the second paper, the authors will present the results of an experimental study where clients were placed in positive or negative mood states and then asked to complete a measure of the alliance. Differences in alliance ratings based on mood states were not observed, suggesting that perceptions of the alliance may be based on the relationship rather than the client’s mood or outcomes. The third paper focuses on data from a large-scale naturalistic study where alliance scores and outcomes were tracked over time. Findings suggest that clients who experienced more ruptures reported worse next-session outcomes compared to clients with fewer ruptures; however, individual ruptures were more likely to be followed by better next session outcomes. In the fourth paper, the authors present a machine-learning developed algorithm to detect alliance ruptures in psychotherapy based on audio-visual data from the client. This algorithm can potentially help therapists identify and resolve ruptures more efficiently when working with clients. Last, an expert in alliance monitoring will discuss the findings and lead the audience in questions and a conversation of future directions.

**Alliance with an app? Evaluating the Digital Working Alliance Inventory.** *Scott Baldwin, Brigham Young University, Provo, USA; Simon Goldberg, University of Wisconsin, Madison, USA; Richard Davidson, University of Wisconsin, Madison, USA; Matthew Hirshberg, University of Wisconsin, Madison, USA*

The importance of a therapeutic alliance between therapist and patient in psychotherapy is well established. Having a strong emotional bond coupled with agreement on the tasks and goals of psychotherapy is consistently if not causally linked with positive treatment outcomes. Numerous valid and reliable measures of the alliance in psychotherapy exist, including short forms (e.g., 6-item Working Alliance Inventory). A growing body of literature has examined the potential of mobile health (mHealth) technology for decreasing the burden of mental illness. However, the degree to which users experience a digital corollary to the alliance within the context of mHealth is unknown. The current study evaluates a 6-item Digital Working Alliance Inventory (DWAI) designed to assess a user's alliance with a smartphone-based mHealth intervention. Items were adapted for the bond, task, and goal subscales of alliance measures used in in-person psychotherapy. The psychometric properties of the DWAI were examined across two studies. In Study 1, individuals ( $n = 291$ ) who have used a smartphone-based meditation app completed the DWAI in relation to the app they have used most. In Study 2, participants ( $n = 322$ ) drawn from the active arm of a waitlist controlled randomized trial testing a smartphone-based meditation app completed the DWAI for four weeks. Using exploratory factor analysis, data from Study 1 suggested a single factor solution which was replicated using confirmatory factor analysis in Study 2. Also in Study 2, the DWAI showed adequate internal consistency reliability ( $\alpha = .88$ ) and moderate test-retest reliability ( $r = .67$  between Week 1 and Week 2). In support of discriminant validity, the DWAI did not correlate with social desirability, psychological distress, or preference for the waitlist arm of the trial at baseline ( $r$ s <math>.10). In support of convergent validity, the DWAI was correlated with preference for the mHealth arm of the trial ( $r = .26$ ). Lastly, in support of predictive validity, higher mid-treatment DWAI (at Week 3 or 4) was associated with larger decreases in psychological distress over the course of the intervention. Thus, the DWAI appears to be a promising brief measure of a construct that bears some resemblance to therapeutic alliance within mHealth. Future research is necessary to more fully understand the psychological meaning and factors that contribute to perceived alliance within mHealth interventions.

**Experimental Manipulation of Mood States on Judgements of the Working Alliance and Alliance Ruptures.** *Kelly McKnight, University of Minnesota Duluth; Catherine Reich, University of Minnesota Duluth*

The working alliance is often assumed to contribute to client outcomes; however, it remains possible that when clients are feeling better they provide more lenient or positive ratings of the alliance. The aim of this research was to test this alternative hypothesis that outcome may lead to alliance perceptions by using mood states as a proxy for client outcome via an experimental mood induction followed by ratings of the alliance. Participants ( $N = 177$ ) were clients who had a therapy session within 30 days of the study. Participants reported a variety of presenting concerns, the most common of which were anxiety and depression treated with a variety of orientations, most often Cognitive-Behavioral Therapy. Participants watched a randomized mood induction film clip (i.e., negative being *Sofie's Choice* clip and positive being a funny sitcom compilation). Then, participants completed the Working Alliance Inventory, Alliance Negotiation Scale, and a set of questions previously used in alliance-rupture research. Preliminary analyses suggested successful random assignment and mood induction. However, there were no statistically significant differences between mood conditions for any of the measures of alliance, all  $p$ s > .05, with mostly negligible effect sizes (Cohen's  $d$ 's ranged from -0.25 to 0.17).

These findings do not support the alternative hypothesis that mood (a proxy for outcome) influences alliance perceptions. This could indicate that mood does not influence alliance perceptions or that clients are able to correct for the effect of mood on these judgments. Future research might explore more relationally-focused therapies.

**Session-by-Session Link between Alliance Ruptures and Outcomes in Outpatient Psychotherapy.** *Elizabeth Penix, Idaho State University; Joshua Swift, Idaho State University; Robbie Babins-Wagner, Calgary Counselling Centre; Amy Bender, Calgary Counselling Centre*

Little is known about how therapeutic alliance ruptures in one session may be linked with outcomes in the next session and when it is most important for therapists to attend to ruptures that do occur. The present study addresses these gaps by (1) evaluating the session-by-session rupture-outcome association and (2) examining potential moderators of that association using routinely collected data from clients (N=12,711) receiving psychotherapy in a large outpatient clinic. Control chart methods were used to evaluate whether alliance scores indicated that a rupture took place. Mixed models were used to examine the link between the between- and within-client effects of ruptures on outcomes in the next session after controlling for nesting (sessions in clients, clients in therapists) and outcomes from the present session. Overall, ruptures occurred in 8.5% of sessions; the majority (71.1%) were repaired. Findings suggest that clients who experienced more ruptures reported worse next-session outcomes compared to clients who experienced fewer ruptures (i.e., between-client effects). However, when an individual client experienced a rupture in one session, that client was more likely to report better outcomes in the next session (i.e., within-client effects). Client presenting problems, the number of sessions completed, and the alliance level at the time of the rupture did not moderate the rupture-outcome association. Findings highlight the utility of using alliance measures and control chart methods to monitor whether ruptures occurred. Therapists should be attentive to ruptures regardless of client presenting concerns, the number of sessions completed, and level of the alliance.

**Developing an Innovative Algorithm to Automatically Detect Ruptures in the Alliance.** *Tohar Dolev-Amit, University of Haifa, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

Alliance ruptures are an integral part of treatment and have the potential to either undermine treatment or enhance it. The most common method, which is the gold standard for identifying ruptures, is through observational methods. However, it is labor intensive, with a long training and coding process. In the current study we aim to identify ruptures through an innovative algorithm able to perform automatic coding of ruptures. This will allow for the coding of many patients, and will be done immediately, enabling real-time feedback on ruptures for therapists. Observational coding using the Rupture Resolution Rating System was collected for 99 patients (518 sessions) in an ongoing randomized controlled trial. In addition, audio-visual and behavioral data using sensing technology and machine learning (ML) are collected from each dyad, and will include body motion, direction of gaze (eye contact), facial expression, facial color, auditory responses and more. In order to develop the algorithm that will enable automatic coding of ruptures, the audio-visual data and the rupture resolution data will be used to train ML algorithms to automatically predict points and types of ruptures in the treatment, N-cross validation and leave-one-out methods will be used to evaluate the trained system. The level of accuracy of the model will be examined and results will be presented at the SPR meeting in June. ML can provide new methods for automatic identification of ruptures. The current study can potentially help therapists resolve ruptures more efficiently, reducing the negative effects of unresolved ruptures.

**Discussants:** Robbie Babins-Wagner, Calgary Counselling Centre;

**Panel**

Internet based

Organizer: Thomas Berger, University of Bern, Switzerland

**Online, Blended, and Face-to-Face Therapy before and during COVID-19**

Research on internet-based interventions has snowballed in the last 20 years. Moreover, during the coronavirus pandemic, even therapists who would never have tried without having been forced to find a solution have begun to use new technologies to provide therapy at a distance. This panel presents research on different internet-based interventions before and during COVID-19 and from therapists' and patients' perspectives. In the first presentation, Marie Drüge and co-authors will present a study to investigate the acceptance and use of different eHealth interventions by therapists during the pandemic and compare them to pre-COVID-19-times retrospectively. Laura Bielinski and co-authors will then focus on blended therapy, the combination of face-to-face and online therapy. They will overview the existing literature concerning participant attitudes toward and satisfaction with blended treatment and present data, both quantitative and qualitative, from an ongoing RCT examining a blended intervention in an outpatient psychotherapy setting. Finally, Mariia Merzhvynska and co-authors will present results from a preregistered meta-analysis investigating whether RCTs of internet-based and face-to-face psychotherapy for depression differ in clinically relevant features of study participants. Stefanie Bauer will discuss and comment on the three presentations, followed by general discussion.

**Ready for eHealth? Acceptance and Use of Psychotherapist-in-Trainings' eHealth Interventions during COVID-19.** *Marie Drüge, University of Zurich, Switzerland; Stefan Albisser, University of Zurich, Switzerland; Stefan Staeck, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

In recent years eHealth interventions have been found effective in treating mental health problems and therefore been suggested as a chance to expand the access to professional help. However, little is known about psychotherapist-in-trainings' acceptance and use of eHealth interventions. COVID-19 has led to the consideration of changing the modality in which psychotherapists had to deliver treatment. Therefore the present study aimed to investigate the acceptance and use of different eHealth interventions during the pandemic and compare them to pre-COVID-19-times retrospectively. Acceptance and possible predictors were investigated based on the Unified Theory of Acceptance and Use of Technology. A total of 216 psychotherapist-in-training (88.4% female) filled out a self-administered online survey in summer 2020. Psychotherapists-in-training reported using different modalities to deliver treatment during Covid-19. Also the results show that acceptance of eHealth interventions in general was moderate, with a variety depending on the modality and increased during COVID-19 ( $t = 6.53, p < .01$ ). Multiple regressions showed moderate explained variance of acceptance ( $R^2 = .483, F(4, 199) = 48.36, p < .001$ ) by the four predictors performance expectancy, social influence, estimation of evidence, and knowledge in the full prediction model. Some of the predictors (e.g. knowledge, estimation of evidence, and experience) were rated significantly higher ( $p < .01$ ) in mid 2020. Though there are some limitations (e.g. retrospective), still the results indicate a need for tailored eHealth education including anchoring knowledge and experience of eHealth interventions in the training programs for practitioners.

**How do patients feel about blended intervention?.** *Laura Bielinski, University of Bern, Switzerland; Jeannine Suter, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland*

Internet interventions for mental health problems have shown to be effective in a multitude of studies. In recent years, an area of research that has become increasingly popular is blended therapy. Blended therapy refers to the combination of face to face therapy and internet intervention. Several studies have examined blended therapies, providing evidence for their efficacy. Beyond the question of efficacy however, an important aspect to be examined for these types of intervention, is how participants feel about them. For internet

interventions, participant attitudes and satisfaction have been examined in several studies. For blended interventions, research on the topic is available but more scarce. The aim of this presentation is to provide a concise overview of the existing literature concerning participant attitude toward and satisfaction with blended interventions and to show preliminary data, both quantitative and qualitative, on this topic from an ongoing pilot RCT examining a blended intervention in an outpatient psychotherapy setting. Preliminary data concerning the Attitude Toward Psychological Online Interventions Questionnaire (APOI), Client Satisfaction Questionnaire (ZUF-8) and qualitative analyses will be presented. Implications for future research and clinical practice will be discussed.

**Prognostic sample characteristics in internet-based and face-to-face psychotherapy for depression: A pre-registered meta-analysis.** *Mariia Merzhvynska, University of Zurich, Switzerland; Thomas Munder, University of Zurich, Switzerland; Tobias Krieger, University of Bern, Switzerland; Alessia Geisshüsler, University of Zurich, Switzerland; Thomas Berger, University of Bern, Switzerland; Markus Wolf, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

Background: Internet-based psychotherapy is a relatively new treatment for depression. Evidence from meta-analyses of randomized controlled trials (RCT) suggests that the effects of internet-based interventions resemble those of face-to-face psychotherapy. While, face-to-face psychotherapy is a well-established treatment for depression, which has been found to be effective across different populations including patients with poor treatment prognosis, the generalizability of the effectiveness of internet-based interventions is less clear. The aim of this study is to investigate whether RCTs of internet-based and face-to-face psychotherapy for depression differ in clinically relevant features of study participants. A further aim is to investigate relations between prognostic characteristics and treatment outcome. We expect RCTs of internet-based psychotherapy to include study samples with less prognostic difficulties than face-to-face psychotherapies. We expect samples with more prognostic difficulties to be related to less benefits from treatment. Method: We included RCTs contrasting internet-based and face-to-face psychotherapy with control groups (treatment as usual or waiting list) in the treatment of adult depression. Change in depressive symptoms and treatment dropout were used as outcomes. The following prognostic characteristics were coded: Symptom severity, full diagnosis, chronicity, comorbid mental disorders, having no partner, low education, low income, no occupation, ethnic minority, and old age. All coding was conducted by two independent coders. Disagreements were resolved in consensus. Random-effects meta-regression was used. Concepts and methods were preregistered (<https://osf.io/4mzyd>). Results: Systematic literature search identified 89 eligible studies. Further results will be presented at the conference.

**Discussants:** Stephanie Bauer, University Hospital, Heidelberg, Germany;

**Panel**  
Practice-training-  
research networks

Organizer: Santiago  
Juan, Universidad de  
Buenos Aires, Argentina

**Operationalized Psychodynamic Diagnosis (OPD-2) in Latin America: a Practice-Oriented Research Tool**

This panel will present three studies related to psychodynamic practice-oriented research in Latin America (Argentina, Brazil and Chile), in line with the following learning objectives: 1) to deepen the paradigm of practice-oriented research in Latin America, 2) to disseminate Operationalized Psychodynamic Diagnosis (OPD-2) as a clinical and research tool in psychodynamic therapies, and 3) to strengthen psychodynamic research networks in Latin America that can use OPD-2's guidelines. In this context, Dr. Santiago Juan and colleagues from Argentina will present a time-series single-case psychodynamic research, that explored, by means of OPD-2, therapeutic foci's level of presence and structural change, and its interaction with the sequences of working alliance, clinical interventions and symptomatic modifications, in a single-case of a long-term

focused psychodynamic psychotherapy (54 therapy's sessions). Results show psychodynamic mechanisms of change which have an impact on both structural and symptomatic modifications, together with the contributions of time-series analysis to better understand how patients can benefit from psychodynamic treatments. Dr. Neusa Rocha and her team from Brazil will present an ongoing research aimed to verify if alterations on OPD-2's Structure Axis are related to alterations on neurobiological markers (BDNF and IL-6) serum levels, in a sample of 80 patients with severe mental disorders who attend the psychotherapy outpatient clinic in a tertiary public referral hospital. Results will be discussed considering that alterations on OPD-2's Structure Axis may be associated to alterations on neurobiological markers (BDNF and IL-6) in response to psychotherapeutic interventions. Dr. Paula Dagnino and colleagues from Chile will present a study aimed to identify and describe clusters of patients with Major Depressive Disorder (MDD), in a sample of 243 consultants in three outpatient clinics. Baseline self-reports were applied measuring symptoms, childhood adversity, attachment, perfectionism, dependency, and social support. In addition, OPD-2 was employed as a measure of personality functioning. A machine-learning approach was applied. Results confirm MDD heterogeneity and the usefulness of practice-research tools such as OPD-2 to grasp it, in an effort to specify personalized and tailor-made interventions. Finally, from Chile, as an expert and reference in the field, Dr. Guillermo de la Parra will be the panel's discussant. Keywords: OPD-2, Practice-training-research networks, Evidence-based psychotherapies, Process and outcome, Change process

**Profiles of Depression: Using machine learning to grasp heterogeneity.** *Paula Dagnino, Universidad Alberto Hurtado, Chile; Ana Calderon, School of Psychology, Universidad Gabriela Mistral, Chile; Rolando De la Cruz, Facultad de Ingeniería y Ciencias, Universidad Adolfo Ibañez, Chile; Sergio Gloger, Millennium Institute for the study of depression and personality (Midap), Chile 6 Center for Psychotherapy Research (Cipsi), Chile*

**INTRODUCTION:** Depressive disorders are one of the leading health problems worldwide with a prevalence rate of 7.5%. In Chile it is higher (15.8%). On top of that, what is described as 'depression' is a heterogeneous construct within which different patients' profiles could be found. This, in turn, affects clinical decision-making. Subtypes of depression must be identified not only from a symptomatic perspective but also from a dimensional view, especially considering personality functioning which is highly correlated with MDD. **AIMS & METHODS:** The aim of this study was to identify and describe clusters of patients with MDD. We report results of 243 consultants in three outpatient clinics in Santiago, Chile. Baseline self-reports were applied measuring areas as symptoms, childhood adversity, attachment, perfectionism and dependency, social support. In addition, Operationalized Psychodynamic Diagnosis (OPD-2) was employed as a measure of personality functioning. A machine-learning (ML) approach was applied. Supervised learning models were trained using random forest. Then Leaving-One-Out Cross Validation was used. Finally, clustering was made through PAM technique. **RESULTS & DISCUSSION:** All measured variables predicted the presence of MDD. Three profiles of MDD were identified: simple depression, moderate depression, and complex depression. Complex depression profile showed higher symptomatology, low integration of personality functioning, high dependence and self-criticism, presence of adverse experiences in childhood, insecure attachment, and low quantity and satisfaction with actual social networks. This study confirms MDD heterogeneity and the usefulness of machine learning and practice-research tools such as OPD-2 to grasp it, in an effort to specify personalized and tailor-made interventions. **Keywords:** Depression, Personality Functioning, OPD-2, Profiles, Machine Learning

**Mechanisms of change in focused psychodynamic therapy: a single case's time-series analysis.** *Santiago Juan, Universidad de Buenos Aires, Argentina; Rocío Manubens, Universidad de Buenos Aires, Argentina; Roberto Muiñoz, Universidad de Buenos Aires, Argentina; Juan Martín Gómez Penedo,*

**INTRODUCTION:** Recent studies have suggested the need for time-series single-case psychodynamic research, currently scarce, in order to systematically analyze the psychodynamic process and change. Also, research on psychodynamic therapy supports that choosing and maintaining a focus facilitates positive outcome. **AIMS & METHODS:** Proposing a time-series single-case psychodynamic research, this study explored therapeutic foci's level of presence and structural change, and its interaction with the sequences of working alliance, interventions and symptomatic modifications, in a single-case of a long-term focused psychodynamic psychotherapy (54 therapy's sessions). After each session, the Outcome Questionnaire (OQ.45.2), the Alliance Negotiation Scale (ANS) and the Comparative Psychotherapy Process Scale (CPPS) was completed by patient. In turn, after each session, the Working Alliance Inventory (WAI) and the Comparative Psychotherapy Process Scale (CPPS) was completed by treating therapist. Two external judges established a psychodynamic profile with five therapeutic foci for the case, using Operationalized Psychodynamic Diagnosis (OPD-2). Each focus' level of presence and structural change was measured by the judges, using the Level of Presence of Foci (LPF) and the Heidelberg Structural Change Scale (HSCS), rated each session. **RESULTS & DISCUSSION:** results show psychodynamic mechanisms of change which have an impact on both structural and symptomatic modifications. Implications for psychodynamic practice-oriented research in Latin America that employ systematic tools such as OPD-2 are discussed, together with the contributions of time-series analysis to better understand how patients can benefit for psychodynamic treatments. **KEY WORDS:** MECHANISMS OF CHANGE - FOCUSED PSYCHODYNAMIC THERAPY - SINGLE CASE RESEARCH - TIME SERIES ANALYSIS - OPD-2

**Neurobiological Markers and Structural Evaluation by OPD-2-Axis IV in Patients with Severe Mental Disorders who Undergo**

**Psychotherapy.** *Neusa Rocha, UFRGS-Universidade Federal do Rio Grande do Sul; Cinthia Danielle Araújo Vasconcelos Rebouças, Universidad Federal Rio Grande do Sul, Brasil; Guilherme Kirsten Barbisan, Universidad Federal do Rio Grande do Sul, Brasil; Leonardo Gonçalves, Universidad Federal do Rio Grande do Sul, Brasil; Marta Haas Costa, Universidad Federal do Rio Grande do Sul, Brasil; Felipe Cesar de Almeida Claudino, Universidad Federal do Rio Grande do Sul, Brasil*

**INTRODUCTION:** There are many neurobiological markers being studied nowadays. The Brain-derived Neurotrophic Factor (BDNF) is considered the main cerebral neurotrophin, and is more concentrated in certain regions of the brain, such as the pre-frontal cortex and the hippocampus- regions, where complex cognitive processes occur including memory, personality, and emotional control. Interleukin 6 (IL-6), a pro-inflammatory marker, is consistently elevated in depressed patients. It is still unclear if the response to psychotherapy can alter these neurobiological markers serum levels. **AIMS:** to verify if alterations on structural axis of the OPD-2, in a Brazilian sample of patients with severe mental disorders who attend the psychotherapy outpatient clinic in a tertiary public referral hospital, are related to alterations on neurobiological markers (BDNF and IL-6) serum levels. **METHODS:** a longitudinal naturalistic study with consecutive sample of all patients who are attending the psychotherapy outpatient clinic was performed. OPD-2 and BDNF and IL-6 serum levels were assessed in baseline and 6 months after participant study inclusion in the study. **RESULTS:** a total of 80 individuals participated in the study. We observed mean differences in the structural evaluation of patients with and without previous history of hospitalization ( $t = -2.337$ ;  $gl=59$ ;  $p=0.023$ ). The structural evaluation mean (OPD-Axis IV) in patients with previous history of hospitalization ( $\bar{x}=22.4$ ;  $\pm 4.1$ ) was higher than patients without a previous history of hospitalization ( $\bar{x}=19.6$ ;  $\pm 4.3$ ;  $t = -2.337$ ;  $gl=59$ ;  $p=0.023$ ). A difference of means between patients with and without a history of suicide attempt was also observed ( $t=2.487$ ;  $gl=56$ ;  $p= 0.016$ ). The structural evaluation mean in

patients with previous suicide attempt ( $\bar{x}=22.2; \pm 4.4$ ) was higher than patients without a previous suicide attempt ( $\bar{x}=19.3; \pm 4.1; t=2.487; df=56; p=0.016$ ). These findings will be associated to BDNF and Interleukin 6 serum levels. DISCUSSION: alterations on Axis IV of the OPD-2 (structural evaluation) may be associated to alterations on neurobiological markers (BDNF and IL-6) in response to psychotherapeutic interventions. Poor structural integration levels may be correlated with the ability to use healthy coping mechanisms in mental illness, leading to possible worse clinical symptoms.

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

**Panel**  
Child & family

Organizer: Tracy Prout,  
Ferkauf Graduate School  
of Psychology

**Outcomes and Processes in Psychodynamic Child Therapy Amid a Changing World**

The operationalization of child psychodynamic psychotherapy protocols has helped expand the evidence base for these interventions. This panel addresses both outcomes and processes of psychodynamic psychotherapy for children, with attention to the current context which often requires a remote, online format. Guilherme Fiorini will present data from the IMPACT trial that describes three trajectories of change in symptom reduction across the three treatment arms of this large randomized controlled trial (RCT). Ayşenur Coşkun's presentation will describe the centrality of mentalization in outcomes of psychodynamic child therapy provided online during the pandemic. Tatianna Kufferath-Lin will present outcomes from a recent RCT of Regulation Focused Psychotherapy for Children, a manualized psychodynamic intervention for children with externalizing disorders. Finally, Sabrina Udwin will offer a detailed case report of a fully online child therapy case conducted as part of an RCT, including child drawings made using the Zoom whiteboard feature. Given the global transition to a largely online therapy format, attendees will be encouraged to discuss with the presenters how these findings might shape and inform how we tailor psychotherapy in a changing world.

**Mentalization Adherence Predicts Good Outcome in the Psychodynamic Child Teletherapy Sessions during the COVID-19 Pandemic.** *Ayşenur Coşkun, Istanbul Bilgi University; Sibel Halfon, Istanbul Bilgi University; Jordan Bate, Ferkauf Graduate School of Psychology; Nick Midgley, University College, London, UK*

**Aim:** Optimizing public health during the COVID-19 pandemic requires identifying protective psychological factors and implementing these in psychotherapy treatment plans. Children are a vulnerable population during the pandemic exposed to high levels of stress and anxiety. Moreover, children with an early history of adverse experiences and attachment trauma may be more at risk during this time. A large body of evidence suggests that mentalizing is a protective factor at times of trauma. This study aimed to investigate whether mentalization adherence in the psychodynamic child teletherapy sessions conducted online during the COVID-19 pandemic predicted good outcome. **Methods:** The sample included 45 Turkish children (Mage =8.32, 44 % girls) with internalizing (35.5%), externalizing (8.8%), comorbid (28.8%) problems, and 22.2 % of the children were in the non-clinical range. %17.7 of the children were at high risk for post-traumatic stress disorder in the aftermath of pandemic. They applied to psychotherapy services for psychodynamic child tele therapy at Istanbul Bilgi University Psychotherapy Center between March 2020 to March 2021. Parents were administered child-related trauma scales and children were administered attachment scales at the beginning of treatment. Children's problem levels were assessed every month over the course of treatment for a total of 152 sessions and each session was rated for mentalization adherence using the Mentalization Based Treatment Adherence Scale (MBT-CAS; Bate & Midgley, 2020). **Results:** Multilevel modeling analyses indicated that children's behavioral problems showed a significant quadratic change over the course of treatment. Adverse childhood experiences positively predicted problem

behaviors. Attention control interventions practiced within the sessions significantly predicted a decrease in problem behaviors. Discussion: These findings suggest that fostering mentalization, in particular attention control interventions, in psychodynamic psychotherapy with children could be protective at times of psychological distress. This is especially crucial with more vulnerable children who have early adverse experiences.

**Outcomes from a Randomized Controlled Trial of Regulation Focused Psychotherapy for Children (RFP-C).** *Tatianna Kufferath-Lin, Ferkauf Graduate School of Psychology; Tracy Prout, Ferkauf Graduate School of Psychology; Yulia Gorokhovsky, Ferkauf Graduate School of Psychology; Timothy Rice, Icahn School of Medicine at Mount Sinai*

Aim: There is a critical need for the development, evaluation, and implementation of evidence-based psychodynamic treatments for youth, particularly treatments that address core deficits in implicit emotion regulation. This study sought to evaluate the efficacy of Regulation Focused Psychotherapy for Children (RFP-C), a manualized, psychodynamic approach, as compared to a waitlist control group for decreasing symptoms of oppositional defiant disorder (ODD) in school-aged children. Method: A randomized controlled trial of 43 children (ages 5-12) were randomized to RFP-C or a waitlist control group. Symptoms of ODD, broad spectrum externalizing symptoms, and emotion regulation capacities were assessed at baseline and at the end of treatment and waitlist. Results: RFP-C significantly reduced children's symptoms of ODD across multiple measures with large effect sizes compared to waitlist ( $d = 1.00 - 1.41$ ). There were no observed changes in explicit emotion regulation. Discussion: This study is the first randomized controlled trial of a manualized psychodynamic intervention for children with ODD. RFP-C reduced symptoms of ODD and overall externalizing symptoms after 10 weeks of treatment. Additional investigations are needed to further establish the efficacy of RFP-C relative to other active treatments, to assess changes in implicit emotion regulation as a potential mechanism of change, and to assess long-term maintenance of symptom improvement. Attendees will have the opportunity to learn more about RFP-C case formulation and how to identify children who may benefit from this approach.

**Little Girl, Big Feelings: Online Child Psychotherapy Amidst the COVID-19 Pandemic.** *Sabrina Udwin, Ferkauf Graduate School of Psychology*

Aim: The COVID-19 crisis has provided unique opportunities for the expansion of telepsychotherapy services. To date, the extant literature on telepsychotherapy has not included many strategies for effective telepsychotherapy with youth and families. This presentation describes the evolution of a play psychotherapy conducted fully online amidst the COVID-19 pandemic in 2020. Methods: Consent was obtained from the child and family in this case for detailed material to be shared in a peer-reviewed publication and professional conferences. The family reviewed the paper prior to its submission. Detailed clinical notes, supervisory reflections, and material from the online sessions (drawings, online chats, and session recordings) were included for review. Results: A review of the telepsychotherapy literature is provided and then multiple aspects of online psychotherapy are explored within the context of a completed, online psychotherapy treatment with one eight-year-old girl with externalizing symptoms. This case study is the first start-to-finish online case of Regulation Focused Psychotherapy for Children, and the only completed, online, child psychotherapy case published. Clinical vignettes and drawings created on Zoom illustrate how identifying defenses can occur and how a child's ability to understand and tolerate painful emotions can progress through online psychotherapy. In addition, countertransference reactions of a novice therapist, treating her first psychotherapy patient, are highlighted. Discussion: This case provides support for the value of an online, play-based treatment for children with behavioral issues. Attendees will be invited to discuss how the material in this case intersects and diverges from their own online work.

**Trajectories of change in general psychopathology levels among depressed adolescents in short-term psychotherapy.** *Guilherme Fiorini, University College, London, UK; Rob Saunders, University College, London, UK; Peter Fonagy, University College, London, UK; IMPACT Consortium, IMPACT Consortium; Nick Midgley, University College, London, UK*

Aim: Psychological therapies promote reduction in general psychopathology (p) among depressed adolescents, however, little is known about differential response in this domain. This presentation summarises the findings of a study that aimed at investigating trajectories of change in p and lower-domain symptoms among depressed adolescents who received short-term psychotherapy. Methods: Participants were 465 adolescents with major depressive disorder who participated in the IMPACT trial, a randomised controlled trial of three therapies for depression (Cognitive-Behavioural, Short-Term Psychoanalytic Psychotherapy, and a Brief Psychosocial Intervention). Measures of depression, anxiety, obsessions-compulsions and conduct problems were assessed at six-time points, and bifactor analysis was performed from individual items scores to extract p and lower-domain loadings. The factor loadings were submitted to Latent Class Growth Analyses to identify patterns of change in the symptom domains over time. Results: Three different trajectories of change in p were identified. Two trajectories displayed reductions in p across time-points, one of which had a rapid decrease, and the other slower and steady improvement. The third trajectory presented decrease in p up until the 12th week after baseline but ceasing improvement on subsequent time-points. Trajectories of lower-domain symptoms showed little change in levels over time. Patients' baseline p significantly predicted their outcome trajectories. Discussion: Besides allowing for the identification of different patterns of change, looking into p seemed to describe more parsimoniously the patients' outcomes when compared to narrow-band symptoms. Discussion with the audience will include opportunities to consider the clinical and research applications and implications of p.

**Discussants:** Leon Hoffman, Icahn School of Medicine, Mount Sinai Hospital;

**Panel**  
Process and outcome

Organizer: Shimrit  
Fisher, Haifa University,  
Israel

**Outside the Box and Inside the Therapeutic Relationship: Epistemic Trust and its' Determinants in Psychotherapy.**

Epistemic Trust (ET) refers to the extent to which individuals are willing to consider new information as personally relevant and, therefore, generalizable. ET is regarded as developing throughout social interactions with significant others throughout life. This conceptualization posits ET as pertinent to psychotherapy. In recent years, researchers and clinicians show a growing interest in the concept of ET and further suggest it as a critical component of any effective psychotherapy. The current panel introduces innovative implementations of ET to psychotherapy both from clinical and empirical perspectives. The first presentation will address the early emergence of epistemic trust and its manifestations in childhood. A case study will demonstrate how therapists can pave the royal road to ET through a designated intervention to support healthy personality development in children. The second presentation will highlight the developmental continuity of ET into adulthood. It will address how epistemic trust and mentalization are intertwined and constitute a mechanism of change in adults' psychotherapy. As ET can be considered a two-way process, the third presentation will address the therapist's perspective and its links with the well-studied constructs in psychotherapy: therapeutic alliance. Understanding the centrality of epistemic trust in therapy requires that we can measure it validly and reliably. The fourth presentation will bring preliminary findings of constructing a rating system for epistemic trust within the therapeutic relationship. Although new to psychotherapy, ET seems to be a promising structure to deepen our understanding of what works in therapy and for whom. Dr. Luyten will discuss the findings.

**The Mediational Intervention for Sensitizing Caregivers: The fostering of epistemic trust.** *Carla Sharp, The University of Houston*

Epistemic trust between caregiver and child (and psychotherapist and client) is essential for optimal personality development and function. The current presentation introduces an extension of mentalization-based theory and practice, in the form of Mediational Intervention for Sensitizing Caregivers (MISC) to demonstrate how psychotherapists and caregivers alike can scaffold mentalizing and healthy personality development through MISC affective and cognitive components. The MISC intervention components are introduced, and empirical data in support of MISC components and outcomes are presented. In addition, case material is presented to demonstrate the implementation of MISC with a mother of an adopted 10-year-old girl who shows signs of affect avoidance and non-optimal personality development. The case illustration shows how video feedback sessions facilitate the gradual use of affective and cognitive components in the daily interactions between mother and daughter, scaffolding epistemic trust and the development of a representational (psychological) self in service of optimal personality development.

**Can we enhance mentalization by facilitating epistemic trust? An experimental study on change mechanisms.** *Lea Kasper, University Hospital, Heidelberg, Germany; Alessandro Talia, University of Heidelberg, Germany; Anna Georg, Universität Heidelberg; Svenja Taubner, University of Heidelberg, Germany*

**Aims:** A new change theory considers changes in mentalizing as a general mediator of change in psychotherapy. Following mentalization theory, changes in mentalizing are intertwined with changes in epistemic trust. Thus, facilitating epistemic trust is thought to enhance mentalizing. A way to facilitate epistemic trust is the creation of a therapeutic process in which the patient feels perceived and understood as an intentional agent. The aim of this experimental study is to test whether the use of therapeutic interventions associated with epistemic trust can improve mentalization. **Method:** The analysis is based on data of a short version of the AAI from 60 students. The level of mentalizing is measured by the Reflective Functioning Scale (RF-Scale). The experiment consists of four phases of questions: warm-up question, the pre-assessment of RF, the modified questions with the experimental interventions, and finally, the questions for the post-assessment of RF. As interventions a self-state conjecture (tentative conjectures about the patient's present self-state) and an empathic validation (affirmative interventions about the patient's present self-state) is used. **Results/Discussion:** The experimental study is currently executed and evaluated. The results will be presented at the conference. Results will shine light to the function of empathic validation in terms of increasing mentalizing.

**Reconceptualizing organized and disorganized attachment in psychotherapy: From Proximity-seeking to Epistemic Trust.** *Alessandro Talia, University of Heidelberg, Germany; Robbie Duschinsky, Primary Care Unit, University of Cambridge, United Kingdom;; Diana Mazzarella, Cognitive Science Centre of the University of Neuchâtel, Switzerland;; Madeleine Miller-Bottome, Department of Health Psychology, California Pacific Medical Center, San Francisco (CA), United States;; Svenja Taubner, University of Heidelberg, Germany; Peter Fonagy, University College, London, UK*

**Abstract:** Attachment research shows how early experiences of being soothed when distressed give rise to attachment-related differences of lifelong significance. Psychotherapy research has drawn from attachment theory, among other things, for conceptualizing individual differences in patients as well as the patient-therapist relationships. However, we currently do not understand how early attachment experiences may influence later outcomes, including engagement in psychotherapy. To address this and other knowledge gaps, in this presentation we will discuss a wholesale reconceptualization of attachment-

related differences as broader differences in epistemic trust, i.e. the trust that overtly communicated information is relevant to oneself. Our reconceptualization weaves together infant research on learning from testimony, cognitive linguistics (Relevance Theory), and psychotherapy research. We put forward three theses: 1) that infant attachments reflect differences in epistemic trust vis-à-vis the caregiver; 2) that they contribute to biases in communication after infancy 3) that these communicative biases influence patients' and therapists' engagement in psychotherapy.

**Epistemic Trust Rating System (ETRS) in Psychotherapy: Development and Validation.** *Shimrit Fisher, Haifa University, Israel; Sigal Zilcha-Mano, University of Haifa, Israel; Peter Fonagy, University College, London, UK*

Background: Epistemic trust (ET) is the willingness to consider new information as personally relevant and generalizable. The concept of ET has received much theoretical attention and is suggested to play an essential role in psychotherapy. Whereas much has been theoretically written about the importance and implications of ET to psychotherapy, empirical studies have not yet established the notion that individuals differ in the ability to develop and maintain ET. One of the main reasons is the lack of a method to measure the patients' ET in psychotherapeutic relationships. The current study aims to build the Epistemic Trust Rating System (ETRS) to identify high- and low-ET individuals. Method: The present study is part of an ongoing RCT at the University of Haifa, in which individuals diagnosed with Major depression receive 16 sessions of short-term psychodynamic therapy. We followed the Consensual Qualitative Research framework (CQR) and used data from videotaped therapeutic sessions to identify specific markers postulated to reflect ET. Results: We were able to identify ET markers and to sort them into categories that construct the concept of ET. Preliminary analyses align with the theoretical literature and show good interrater reliability, convergent, and discriminate validity. Data analysis will be completed by June 2021. Discussion: Developing a measurement tool for ET will enable identifying patients' needs and tailoring the therapeutic techniques used in the treatment to bring about advisable change.

**Discussants:** Patrick Luyten, University College London;

**Panel**  
Quantitative & qualitative  
method

Organizer: Olga  
Fernández, Universidad  
de Chile, Santiago

**Pandemic and Mental Health: therapist experience and changes in clinical practice**

This panel presents quantitative and qualitative studies from different countries that have the objective to explore the effects of the confinement on the mental health of the population, on therapists and their clinical practice. Scherb, et al., will present the preliminary results a study that explores the psychosocial aspects implied in living in the context of pandemic in Argentina. It shows data related to mental health and wellbeing of general population. Bernik, et al., will present a qualitative research that investigates how psychotherapists detect, embrace, and improve their psychological wellbeing by activating and nurturing resilience, both connected to their work experience as well as their personal lives at home. Data collection included online meetings with a small group of participants, followed by questionnaires for a larger sample. Espinosa, et al., will present of an Ibero-American Collaborative Study that explores the impact on psychotherapeutic practices of the period of confinement, considering the emotional state of therapists and their attitude to the use of technologies in psychotherapy and the challenges of clinical practice. Finally, Krause, et al., will present preliminary results of that a qualitative study that explore the subjective experience of therapists and their clinical practice during the pandemic. Twenty therapists from different Latin American countries were interviewed. The 4 panel presentations emphasize the impact of the pandemic and highlight the complementary use of quantitative and qualitative methodologies.

**Experiencing everyday life in the Context of Pandemia. Resilience, Anxiety and Remoralization in General Population.** *Elena Scherb, Universidad de*

*Flores; Bernardo Kerman, Universidad de Flores*

This research emerges in the context of the COVID Pandemic in Argentina, prior to approval of vaccines, to the advent of the subsequent "waves" and to virus mutations registered in several countries. For this reason, the conclusions should be understood within a framework of temporal relativity. The literature around the psychosocial impact is enormous, emerging from different areas, public health, politics, psychology, sociology, economics, philosophy, etc. The goal of this research is to explore and investigate how we experience living with the Pandemic; in a sample of N> 1500 adult subjects in our country. The Survey investigates socio-demographic variables, changes in lifestyle, risk behaviors, coping strategies, belief systems, fears, anguish and hopes, and the level of General Well-being. It was administered Online, and contains open and closed questions, and two measures to evaluate General Well-being, Anxiety and Depression validated in Argentina, the Remoralization Scale and the BDI II. For data analysis, quantitative and qualitative methods were used. We hope that the conclusions will provide useful insights on strengths and vulnerabilities in the daily confrontation with this situation, without labeling. This evidence based perspective we believe, will inform on best practices and how to intervene in times of pandemic.

**Impact of COVID – 19 on psychotherapists and embracing the trauma as a necessity for successful psychotherapy process and outcome.** *Lea Bernik, Sigmund Freud University, Vienna, Austria*

Seeing the difficulty and peculiarity of the world-wide COVID-19 situation, the idea was to make an impact by researching how psychotherapists detect, embrace and improve their psychological wellbeing by activating and nurturing resilience, both connected to their work experience as well as their personal lives. Looking at the importance of the therapeutic alliance, Yalom once said: "The act of revealing oneself fully to another and still being accepted may be the major vehicle of therapeutic help". The aim of this research is to promote transparency of psychotherapist's personal trauma during the COVID-19 epidemic. In addition to this qualitative research, an online project entitled Corona VS Resilience was conducted. A recorded online session with a small group of participants had been conducted to gather data, followed by open-ended questionnaires. The questionnaires were filled out by participants later at home. In a short period of time, one more recorded online session was conducted to reflect on the questionnaires and the previous online session. While ongoing research is at the stage of data analysis, some preliminary results are already available. Results show that grief, for now, is the main category at hand. Particularly, grieving over our lives and work before COVID-19. Grieving over a change (bringing about body absence, suspension of in-person psychotherapy), points to the importance of resilience on a new level. This opens up many questions about current psychotherapy research and practice in the era of COVID-19.

**Psychotherapy during confinement: How do psychotherapists feel? and How do they perceive their current practice?.** *H-Daniel Espinosa, Universidad CES; Javier Fernandez-Alvarez, Fundación Aiglé, Buenos Aires, Argentina*

Psychotherapy and psychotherapists were impacted by the changes produced by the COVID-19 pandemic. These transformations have been sudden, unexpected, and forced, and have had unprecedented implications for the practice of psychotherapy and research. Aim: In this context, the present study aims to know the impact the phase of confinement in Latin America and Spain has had on the psychotherapeutic practices. Method: A cross-sectional quantitative study was carried out with an online survey, including 3,097 Ibero-American psychotherapists of all theoretical orientations, to estimate the impact the pandemic and the confinement have had on their professional life, their attitudes towards technologies and their emotional state. Results: The main

results show an exponential increase in the use of videoconferencing. No differences by gender or by theoretical orientation are identified in the therapists' attitude towards videoconferencing. Some therapeutic processes were interrupted because of lack of time, or because patients prefer not to do online therapy. Confinement had a negative impact on dimensions such as: economic stability, management of professional activities, fatigue in sessions, emotional balance, and time management. The negatively affected aspects of the therapeutic process are non-verbal communication in session and the use of contextual / bodily elements in session. Discussion: The study allowed to see the possibilities and limitations associated with the exercise of psychotherapy in times of confinement and opens doors to the understanding of how this condition has generated transformations that can be sustained over time in this field.

**Personal experience of therapists from different Latin American countries about their clinical practice during the pandemic..** *Olga Fernández, Universidad de Chile, Santiago; Mariane Krause, Catholic University of Chile; Carolina Altimir, Universidad Alberto Hurtado; Cecilia de la Cerda, Universidad de Playa Ancha, Valparaiso, Chile; Sofia Fernández, Pontificia Universidad Católica de Chile, Santiago; H-Daniel Espinosa, Universidad CES; Clara Paz, Universidad de Las Américas, Ecuador; Arturo Lozano, Universidad de Guadalajara, México; Carla Mantilla, Universidad Católica del Perú; Doris Argumedo, Universidad Católica del Perú; Paz Lancho, Universidad Católica del Perú; Javier Fernandez-Alvarez, Fundación Aiglé, Buenos Aires, Argentina*

Background: The health conditions generated by the pandemic severely restricted face-to-face therapy, and the non-presential psychotherapy was put into practice. This led to changes in the personal and professional life of the therapist, as well as the clinical practice (Fernández- Alvarez, & Espinosa, 2020). Quantitative studies have been carried out on the topic, but there are few studies that explore from a qualitative approach the subjective experience of the therapist and their clinical practice. Aim: To describe and analyze how the pandemic has influenced therapists' personal experience and clinical practice from their perspective. Method: Qualitative interviews were conducted with 20 therapists belonging to different theoretical approaches, who had performed non-presential therapy during the pandemic. The information was analyzed following the open and axial coding procedures of the Grounded Theory model of qualitative analysis. Results: A comprehensive model about the therapists' experiences and changes in practice during the pandemic will be presented. The model incorporates and relates: therapists' perceptions of their professional work, patients' attitudes towards this new modality of psychotherapy, the perception of therapeutic relationship and the therapeutic process, as well as facilitators and hindrances experienced in non-presential therapy. Discussion: The impact of non-presential therapy on the therapeutic process, the results, and the therapeutic relationship, as well as on the therapist's wellbeing, are discussed. Future developments in psychotherapy based on the lessons learned from its practice during times of pandemic will be reflected upon.

**Panel**  
Personality

Organizer: Yogev Kivity,  
Bar Ilan University

**Personality Pathology: Findings and Implications for the Process and Outcome of Psychotherapy**

Personality disorders (PDs) are prevalent and severe conditions. Individuals with PDs experience significant impairments in multiple life domains, tend to have high rates of comorbidity with other psychological disorders and require a substantial amount of mental health services, including specialized psychotherapeutic approaches (Ansell et al., 2007; Penner-Goeke et al., 2015; Soeteman et al., 2008). The current panel includes studies on the role of personality pathology in the process and outcome of psychotherapy. First, David Kealy will present a study that examined associations between attachment dysfunction and externalization in predicting the therapeutic alliance as well as subsequent treatment outcome of an 18-week integrative group treatment program for personality dysfunction. Then, John Ogronczuk will present a

study from the same treatment program that examined whether emotional suppression has a moderating effect on the association between avoidant personality symptoms and treatment outcome. Next, Yogev Kivity will present a study on changes in borderline and narcissistic personality features during psychotherapy at a university-based clinic as well as the moderating role these features play in treatment process and outcome. The panel will conclude with a discussion led by Kenneth N. Levy. These lines of research may ultimately promote a better understanding of the process and outcome of psychotherapy for individuals with personality pathology in an effort to reduce the burden of mental health experienced by this population.

**Attachment and externalization: Associations with alliance and outcome in integrative group treatment for personality dysfunction.** *David Kealy, University of British Columbia, Vancouver, Canada; John Ogrodniczuk, University of British Columbia, Vancouver, Canada; Anthony Joyce, University of Alberta*

The relative security or insecurity of patients' attachment can shape their experience of the alliance in psychotherapy. Patients' defensive functioning may also have implications for the alliance; individuals who rely on externalizing defenses tend to blame others and behave impulsively, which may limit their use of therapeutic relationships. The interaction of attachment insecurity and externalization may be particularly salient in group treatment for personality dysfunction, involving intense interpersonal interactions for the purpose of social learning and insight development. Using data from a naturalistic study (N = 77) of an 18-week integrative group treatment program, the present study examined associations—including interactions—between dimensions of attachment dysfunction and externalization in predicting patients' experiences of the therapeutic alliance, as well as subsequent treatment outcome as mediated by the alliance (i.e., moderated mediation). Externalization was a significant moderator of the 'rejected/rejecting' attachment dimension; patients with greater attachment dysfunction and higher externalizing defenses experienced stronger alliance in group treatment. Furthermore, significant moderated mediation was found regarding improvement in psychiatric symptoms. Thus, patients with high levels of both disordered attachment and externalization experienced stronger therapeutic alliance early in treatment, which in turn contributed to positive change in psychiatric symptoms through the course of therapy. While preliminary, the findings suggest that attention to either attachment or defensive functioning alone may be insufficient in considering who will form a positive alliance and benefit from therapy, with implications for patient selection, group composition, and tailoring interventions to patient personality features.

**Investigating the interactive effect of avoidant personality disorder symptoms and emotional suppression on the outcome of a psychodynamically-oriented day treatment program.** *John Ogrodniczuk, University of British Columbia, Vancouver, Canada; David Kealy, University of British Columbia, Vancouver, Canada; Anthony Joyce, University of Alberta*

Avoidant personality disorder (AVPD) is a relatively common disorder that is associated with significant distress, impairment, and disability. Furthermore, patients with AVPD are generally regarded as having a poor prognosis for treatment. However, few studies have investigated possible contributing factors to the limited responsiveness to treatment that is often experienced by patients with AVPD. Previous research has identified various maladaptive strategies of affect regulation associated with AVPD, notably emotional suppression, as a way of shielding one's self from negative emotions by downregulating one's emotional responses to stressful situations. Thus, it is conceivable that the presence of emotional suppression among individuals with AVPD may exacerbate the avoidant tendencies already present among these patients, thus further complicating the therapeutic process. Using data from a naturalistic study (N = 34) of an 18-week, group-based day treatment program for patients with significant personality dysfunction, we examined whether there was a compound

effect of avoidant personality disorder symptoms and emotional suppression on treatment outcome. The findings revealed a significant moderating effect of emotional suppression on the association between avoidant personality symptoms and treatment outcome. Specifically, the outcome for patients with more severe avoidant personality disorder symptoms was particularly poor when they engaged in high levels of emotional suppression. Though based on a small sample, the findings suggest that attending to either avoidant personality symptoms or emotional suppression alone may be insufficient for considering who will benefit from a comprehensive group therapy for patients with personality dysfunction.

**The Role of Comorbid Borderline and Narcissistic Personality Features in the Process and Outcome of Psychotherapy at a University-based Clinic.** *Yogev Kivity, Bar Ilan University; Leeav Sheena, Bar Ilan University; Yari Gvion, Bar Ilan University; Dana Atzil-Slonim, Bar Ilan University*

Aim: Studies suggest that comorbid personality pathology may have a detrimental effect on the outcome of psychotherapy for various disorders (Keefe et al., 2018; Porter & Chambless, 2015). However, little is known about changes in personality pathology during psychotherapies that target other disorders and whether these changes are related to treatment outcome (Keefe et al., 2018). The current study examined the role of borderline (BP) and narcissistic personality (NP) pathology in outpatient psychotherapy. We examined whether: a) baseline personality pathology predicts worse treatment outcome; b) personality pathology subsides from pre- to post-treatments; c) changes in personality pathology are related to changes in other outcome measures. Methods: Patients (n = 344) received yearlong, weekly psychotherapy at a university clinic. Self-reports of symptomatic distress (Hopkins Symptom Checklist—Short Form; Lutz et al., 2006) and functioning (Outcome Rating Scale; Miller et al., 2003) were collected weekly. Self-reported personality pathology was measured at pre- and post-treatment using the Personality Inventory for DSM-5 Brief Version (PID-5-BF; APA, 2013). BP and NP pathology was operationalized as scores on eight BP-related and two NP-related PID-5-BF items. Results: Data analysis is underway and will be carried out using multi-level models. We expect baseline BP and NP to predict worse outcome. Furthermore, we expect pre-post decreases in BP and NP and that larger decreases would be related to better outcome. Discussion: The findings are expected to promote a better understanding of the role of BP and NP in the process and outcome of psychotherapy for other disorders.

**Discussants:** Kenneth Levy, Penn State University, University Park, USA;

**Panel**  
Feedback

Organizer: Andrew Page,  
University of Western  
Australia, Perth

**Personalizing Psychotherapy for Clients at Risk: Assessment, Client Experience, and Treatment**

Personalizing psychotherapy is not only about identifying effective treatments and psychotherapy processes, but it involves identifying and managing clients who are at risk. Adverse outcomes can come in many varieties and the present symposium will consider various facets of risk. Suicidal risk is a key issue and talks will examine the impact of suicidality upon both the therapeutic processes such as alliance, and upon the client, showing the reciprocal relationship between perceived burdensomeness and self-harm during treatment. The symposium will also cast a wider frame of reference to consider the science-practice gap in high risk criminal justice and how treatments to manage risky behaviours can be delivered in a timely manner. Together the series of talks bring an international perspective to the multidimensional issue of risk, with each talk pointing to how psychotherapy can be personalized more effectively for each client.

**The effects of baseline suicidality on alliance through client moderators: a petition for predictive utility.** *Katherine Davis, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park,*

USA; Rebecca Janis, Penn State University, University Park, USA; Dever Carney, Penn State University, University Park, USA; Jeff Hayes, Penn State University, University Park, USA

Objective. It is the consensus of psychotherapy process and outcome research that the alliance, an affective bond accompanied by mutually agreed-upon tasks and goals of therapy, can account for a significant amount of variance in posttreatment outcome. But for which clients does predicting the alliance matter the most? Uncertainty remains surrounding which pre-treatment client characteristics are associated with vulnerability for a potentially weaker alliance. Such association, however, is likely to be complex. For instance, it may be that clients who are more prone to social withdrawal and isolation, such as those presenting with baseline suicidality, would come to rely on the alliance more, but also struggle to form one with the necessary strength compared with those clients without this harbinger of dire therapeutic outcome. The present study explores a) whether the endorsement of baseline suicidality predicts a pattern of alliance across treatment and b) what client moderators impact this association. Method. Data for these analyses will derive from naturalistic settings in a university counseling center. The relationships between presenting suicidality and alliance will be examined alongside the effects racial, gender, and sexual orientation as moderators. Conclusions. These findings may provide insights about what the alliance means for specific clients and under what conditions the alliance is a more critical tool for providers. The study may also have clinical implications for a mechanism through which matching therapists and clients can translate to more client improvement.

**A vicious cycle between perceived burdensomeness and self-harm: Implications for psychotherapy.** Priyanjali Mithal, University of Western Australia, Australia; Andrew Page, University of Western Australia, Perth; Geoff R. Hooke, University of Western Australia and Perth Clinic, Perth; Michael Kyron, University of Western Australia, Perth

Objective: To identify time-lagged relationships between interpersonal factors and self-harm in psychiatric patients. Method: Using cross-lagged panel modelling, patients (N=3740) in a Perth psychiatric hospital were assessed daily over three consecutive days for levels of perceived burdensomeness and thwarted belongingness. Self-harm incidents were logged by clinical staff. Results: Perceived burdensomeness on the previous day predicted self-harm. Furthermore, self-harm predicted heightened perceived burdensomeness and thwarted belongingness the next day. Conclusion: There appears to be a vicious cycle between perceived burdensomeness and self-harm. This finding has implications for psychotherapy and can be used to design targeted interventions for suicide.

**Addressing the science-practice gap in high-risk criminal justice system involved youth through implementation science and community based participatory research.** Soo Jeong Youn, Massachusetts General Hospital; David Zepeda, Boston University

It takes 17-20 years for evidence-based practice (EBP) to reach routine practice, and this science-practice gap is 10-years larger in mental health and for at-risk populations. Establishing effectiveness of an EBP is not enough for uptake. To address this gap, implementation science and community based participatory research (CBPR) provide a systematic method of implementation and evaluation. Using a CBPR partnership as an example, this presentation describes how IS was used to address contextual factors to facilitate the adoption of a cognitive behavioral theory (CBT) skills curriculum to address the significant mental health needs of high-risk youth involved in the criminal justice system. The 10-skill modular CBT curriculum was iteratively developed using formative evaluation to be flexibly delivered by paraprofessionals, and it was found to be feasible and acceptable. Data from 1116 high-risk young men collected as part of routine programming at the community organization were

analyzed using log-linear and logistic regression models. Youth that practiced all 10 different CBT skills had 67.4% more total days enrolled compared to those that didn't practice any CBT skills. In terms of job obtainment, participants who practiced all 10 CBT skills had 260.4% increased odds of obtaining a job compared to those who didn't practice CBT. Compared to those that didn't practice any CBT, participants who practiced more than 5 CBT skills did not differ in their odds of new criminal charges despite increased elevated risk factors. Future directions of innovative methods to address the access to care problem in high-risk populations is discussed.

**Relative effectiveness of a brief transdiagnostic Dialectical Behavior Therapy.** *Lillian Seow, University of Western Australia, Australia; Geoff R. Hooke, University of Western Australia and Perth Clinic, Perth; Andrew Page, University of Western Australia, Perth*

Briefer versions of Dialectical Behavior Therapy (DBT) may enhance patient outcomes in diverse service settings. This study examined the effectiveness of two DBT-informed treatments for diagnostically heterogeneous groups: 5-day group training in DBT skills (DBT-5) and a 12-week DBT program (DBT-12). Depression, anxiety, stress, borderline symptoms, self-esteem and general mental wellbeing were measured at pre-and post-treatment in a sample of inpatients and outpatients (N=142). Rates of clinically significant change on these measures were calculated and effect sizes benchmarked against prior DBT outcome studies. Readmission rates were used to measure treatment response maintenance. DBT-5 and DBT-12 were comparably effective. Effect sizes (Cohen's  $d$ 's=0.32–1.36) were within range of prior DBT outcome studies. One to two thirds of patients were classified as improved or recovered at post-treatment. Readmission rates were low (5–6.8%). Brief DBT-informed treatments may offer a fast reduction in symptoms and quicker return to functioning.

**Panel**

Client effects

Organizer: Arthur Bohart,  
California State  
University, Dominguez  
Hills, USA

**Personalizing Psychotherapy: Aligning with the client**

The common thread in the three papers will be a focus on responding to clients in terms of their own goals, agency, and creativity. Clients have their own intentions and future goals, their own values about what change in psychotherapy is, and actively and creatively contribute to achieve their own self-healing. Oddli and colleagues report on a qualitative analysis of transcripts on how therapists orient themselves around a shared sense of the possible or preferred futures available to the client on an ongoing basis. Four themes were identified. A core finding was that therapists aligned with clients' directionality in a forward-driven, gradually evolving process. Morill and colleagues report on a confirmatory factor analysis of a new measure, The Clients' Experiences of Therapy Scale. The scale measures something distinct from symptom reduction. It is especially useful in offering feedback for therapists because it identifies the central in-session dynamics that clients have identified as facilitating of change. This measure can allow therapists to tailor their interventions and relationships to client specific needs. Bohart will draw implications from his research review on the client as active self healer, for personalizing therapy by working with the client as an active, creative agent. The major implication is to focus on moment-by-moment responsiveness, with personalization being an ongoing process.

**Centering Client Perspectives in Psychotherapy Outcome Assessment: A Confirmatory Factor Analysis of the Clients' Experiences in Therapy Scale (CETS).** *Zenobia Morrill, University of Massachusetts Boston; Heidi Levitt, University of Massachusetts Boston; Takuya Minami, University of Massachusetts Boston; Lauren Grabowski, University of Massachusetts Boston*

Aim: Researchers typically have used symptom-focused measures to evaluate psychotherapy outcome. Although symptom reduction can be a useful indicator of change from a medical perspective, it fails to reflect many changes that are important from a client perspective and across therapy orientation. This

presentation introduces a new measure, the Clients' Experiences of Therapy (CETS) that was developed to capture meaningful psychotherapy outcomes as experienced by clients. Method: The CETS is based upon findings from a large meta-analysis of qualitative research on clients' experiences in psychotherapy (Levitt, Pomerville, & Surace, 2016). Exploratory factor analyses had demonstrated strong test-retest reliability and inter-item consistency resulting in a 15-item measure with five subscales. Confirmatory analyses now have corroborated these findings, examining 368 client-participants. Results: Five subscales were confirmed: 1) Pattern Identification, (2) Disconnection/Disengagement from Therapist, (3) Therapist Responsiveness, (4) Client Agency, and (5) Transformative Acceptance/Safety. When compared with other outcome measures, the CETS has been shown to measure a distinct construct from symptoms reduction. Discussion: The CETS grounding in qualitative research underlies its strong construct validity in addition to its psychometric qualities. It is especially useful in offering feedback for therapists because it identifies the central in-session dynamics that clients have identified as facilitating of change. This measure can allow therapists to tailor their interventions and relationships to client specific needs. The five subscales demonstrate promise for predicting client dropout as well as holding across varying demographic groups and psychotherapy orientations making it a suitable tool for implementation in a diversity of treatment settings.

**Future orientation in successful therapies. Therapists align with clients' directionality.** *Hanne Weie Oddli, University of Oslo, Norway*

Aim: In order to better understand how therapists facilitate client goal attainment in therapy, we wanted to explore how therapists and clients orient their therapeutic work around a shared sense of the possible or preferred futures available to the client. To maximize our chances of observing such activities, we analyzed therapists' future-oriented actions in good outcome cases in which clients rated agreement on the goal factor (WAI-SR) to be high. Methods: We selected clients who were within the clinical range (OQ-45.2) at pretreatment, who demonstrated reliable change at the end of treatment, and who recorded high WAI client goals scores early in treatment. We conducted qualitative analyses of the transcripts of the initial three sessions and client post-treatment interviews followed by a "next level analysis" to identify themes across the two separate sets of findings. Results: Four themes that expressed a future-orientedness were identified: 1) picking up explicit and implicit intentions; 2) using linguistic devices, such as meta-communication, action language and hedging; 3) using evocative interventions 4) nudging the client into practicing change. A core finding was that Therapists aligned with clients' directionality in a forward-driven, gradually evolving process. Discussion: Conceptual and clinical implications for psychotherapy practice are discussed.

**Personal-izing Psychotherapy From the Perspective of the Client as an Active Self Healer..** *Arthur Bohart, California State University, Dominguez Hills, USA*

Aim. Research has supported the idea of the client as a potentially active, creative agentic force in the therapy process (Bohart & Wade, 2013). I will draw implications from this research for personalizing psychotherapy on a moment to moment basis. Method. A brief review of research findings supporting the concept of the client as an active self-healer will be given. Clients actively co-manage the therapy relationship and process. What they perceive as helpful is often different from what therapists think is helpful. Clients' theories of change influence how they see what they are receiving, and how they react to, process, and assimilate it to their pre-existing goals and schemas. Clients can be and often are creative "intervenors" in their own right. Results. The implication is that personalizing therapy by statically matching what the therapist does to client characteristics, beliefs, and culture, etc., is not enough. Therapists need to be constantly personalizing by responding in an ongoing way to the emerging context between themselves and the client. By sensitively responding in the

moment therapists can promote client agency and draw on their creativity and create ongoing creative collaborativity. Finally, research suggests that personalizing therapy in the sense of responding to the personhood of the client, to the unique person you are working with, is itself a core “healing” element, over and above its value for increasing useful client participation. Personalizing depends heavily on appropriate therapist responsiveness. Discussion. Implications for practice and future research will be discussed.

**Discussants:** William Stiles, Miami University, Oxford, USA;

**Panel**  
Alliance

Organizer: Dana Tzur Bitan, Ariel University and Shalvata MHC, Israel

**Physiological correlates of the therapeutic process and their association with outcome**

In recent years there has been a growing interest in the trajectories through which therapeutic processes are associated with distinct physiological activities. Nonetheless, the physiological underpinnings of different therapeutic interventions and their association with therapy outcomes have not been fully delineated. In this panel we aim to expand the current knowledge pertaining to the physiological correlates of therapy process and outcome, by presenting studies involving physiological measurement, experimental design, and conceptual framework. The panel will start with a presentation of preliminary findings related to the mediating role of attachment in the association between changes in oxytocin (OT) levels and emotional synchrony. Results from a randomized controlled trial to assess the effect of OT administration on alliance, attachment, and psychotherapy outcomes will follow. A conceptual framework linking physiological synchronization with OT levels in therapeutic settings will be presented. Finally, findings pertaining to the association between validation responses and physiological synchronization of the therapist-patient dyad, as measured by skin conductance, will be presented. The integration of the presented findings with the current knowledge, potential limitations, and potential clinical and empirical implications of the presented studies, will be discussed.

**Oxytocin as potential facilitator of psychotherapy outcomes in severe mental illness: Preliminary findings from a randomized controlled study.** *Ariella Grossman-Giron, Ariel University and Shalvata MHC, Israel; Hagai Maoz, Shalvata MHC; Uriel Nitsan, Shalvata MHC; Shlomo Mendlovic, Shalvata Psychiatric hospital, Israel; Yuval Bloch, Shalvata MHC; Sigal Zilcha-Mano, University of Haifa, Israel; Yogev Kivity, Bar Ilan University; Dana Tzur Bitan, Ariel University and Shalvata MHC, Israel*

The involvement of oxytocin (OT) in the formation and management of affiliative prosocial behavior has precipitated it to be one of the leading mechanisms suggested to mediate psychotherapy. Nonetheless, studies exploring the facilitating effect of OT on therapy process and outcome have produced inconsistent results, partially due to methodological limitations such as small sample size, inadequate simulation of the therapeutic process, and the use of correlational designs. One of the competing explanations suggested to account for some of the inconsistencies can be found in the social salience hypothesis, which postulates that the effect of OT is context-dependent. Nonetheless, the lack of well-controlled studies that systematically assess whether OT indeed influences therapeutic processes precludes the ability to determine between the two. In 2018 we initiated a double-blind, placebo-controlled, randomized trial to assess the effect of intra-nasal administration of OT on the process and outcome of psychotherapy provided in the setting of inpatient hospitalization. Patients agreeing to participate received either 16IU of intra-nasal OT or placebo, twice a day, for a period of four weeks. Patients were assessed weekly for depression and anxiety symptoms, therapy outcomes, and the working alliance, and were also examined for attachment and personality patterns pre- and post-treatment, while therapists completed weekly measures of the therapeutic alliance. In this presentation we aim to present preliminary results of this controlled trial. An in-depth discussion of the theoretical, empirical, and

clinical implications will follow. This study is supported by the American Psychological Foundation's Walter Katkovsky Grant.

**Oxytocin as the Neurobiological Basis of Synchronization: A Research Proposal in Psychotherapy Settings.** *Emanuele Pick, FISPPA Department, University of Padova, Italy; Dana Tzur Bitan, Ariel University and Shalvata MHC, Israel; Ariella Grossman-Giron, Ariel University and Shalvata MHC, Israel; Johann Kleinbub, FISPPA Department, University of Padova, Italy; Arianna Palmieri, FISPPA Department and Padova Neuroscience Center, University of Padova, Italy*

Physiological synchronization (PS) occurring between interacting humans has not been understood in terms of its neuro-transmittorial underpinnings. There are several reasons to believe that oxytocin (OT) could play a central role in PS. Both high PS levels in interacting dyads and high levels of OT, separately, have been demonstrated to underlie affective empathy, social engagement, and attachment-related dynamics. Moreover, intense and aversive social dynamics such as ingroup-outgroup member aggressivity, highly conflictual exchange, and competition, have all been reported as associated with both OT release and high PS. Of note, both synchronization phenomena and OT levels have previously been associated with good psychotherapy outcomes. These premises highlight the need to directly investigate OT as an eligible candidate to be the neurobiological mediator of PS. The deepening of such a hypothesis obtains its relevance mainly in the psychotherapeutic context. In this presentation, we will focus on the implementation of experimental designs that could favor this type of investigation. We will highlight possible caveats that may be encountered in the clinical setting when studying synchronous physiological signals of interacting dyads, as well as potential caveats in the consideration of exogenous OT administration versus measurement of endogenous OT levels. Our goals are to encourage scientific interest to a better comprehension of both PS and the social function of OT; to inspire the new generation of researchers to test the hypothesis of oxytocin as the neurobiological underpinning of PS; and to suggest appropriate research paradigms which might overcome the discussed potential theoretical impasses.

**Exploring changes in oxytocin and patient-therapist emotional synchrony: the moderating role of patient's attachment.** *Hadar Fisher, Haifa University, Israel; Simone Shamay-Tsoory, University of Haifa, Israel; Dovrat Atias, Haifa University, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

Emotional synchrony and oxytocin levels have both been studied in a large range of social contexts and been shown to play a key role in establishing affiliative bonds and developing adaptive emotion regulation. However, much less is known about how these processes interact in the context of client-therapist relationships within psychotherapy. Recent studies provide preliminary evidence for the role that attachment potentially play in the association between oxytocin levels and emotional synchrony. It was found that following administration of intranasal oxytocin, patient with aversive early attachment representations showed negative emotional response and less movement synchrony, while those with more positive representations showed positive emotional response and increased movement synchrony. The proposed study aims to investigate whether patients' differences in attachment moderate the association between changes in oxytocin from pre to post-session and client-therapist emotional synchrony. We hypothesized that patient with high insecure attachment will demonstrate association between emotional synchrony and decrease in oxytocin levels. In contrast, patient with low insecure attachment (i.e., securely attached) will demonstrate association between emotional synchrony and increase in oxytocin levels. Video sessions of 65 patients undergoing short-term psychodynamic therapy were analyzed moment-by-moment for both patient and therapist emotions using an automatic coding system software (Imotion). In addition, patients completed attachment measures at baseline. For the purpose of the current study, we will use the emotions

coding from the 4th session. In this session patients' levels of oxytocin were assessed before and after the session. The results will promote personalized understanding of the mechanism underlying therapeutic change and will shed light on how emotional and biological processes interact in the context of client-therapist relationships.

**Interpersonal physiology and clinical micro-processes: a focus on the Therapeutic Collaboration Coding System's (TCCS) somatic correlates.** *Ylenia Cariolato, University of Padova, Italy; Arianna Palmieri, FISPPA Department and Padova Neuroscience Center, University of Padova, Italy; Johann Kleinbub, FISPPA Department, University of Padova, Italy; Emanuele Pick, FISPPA Department, University of Padova, Italy; Eugénia Ribeiro, University of Minho*

The fast-expanding field of interpersonal physiology (IP) focuses on the study of temporal interactions in physiological processes between two or more individuals. Among IP-related techniques, physiological synchronization (PS) seems to provide the possibility of measuring moment-to-moment implicit dynamics of mutual regulation. In the clinical setting, evidence was found in favor of an association between PS and patient's perceived empathy by his/her therapist, and more in general between PS and interpersonal mechanisms of implicit attunement. However, specific correspondence between IP phenomena and clinical processes is still unknown and current matter of scientific debate. Aiming to identify specific therapeutic micro-process associated to high PS levels, we acquired skin-conductance signals from a patient-therapist dyad involved in a 16-session brief psychodynamic therapy comparing them to Therapeutic Collaboration Coding System (TCCS) categorizations. We chose TCCS as it encodes moment-to-moment interactions, including all the therapist's interventions and subsequent patient's responses. Our main hypothesis is that the general coding of "Validation responses" should predict enhanced PS. Results showed that a specific sub-coding of Validation responses (i.e., "Validation for Safety") better predicts heightened PS. "Validation for Safety" specifically refers to the patient's experience of safety in the therapeutic relationship and his/her subsequent acceptance of the therapist's intention of understanding or challenging his/her usual perspective. It categorizes a context of perceived sharing and comprehension of actions, affects and experiences. Our results delineate one of the trajectories in which IP can contribute to the understanding of the clinical process by providing an insight on its somatic counterpart.

**Discussants:** Fredrik Falkenström, Linnaeus University, Sweden;

**Panel**  
Methods

Organizer: Mariagrazia Di Giuseppe, University of Pisa, Italy

**Playing Defense – Assessment and Clinical Relevance of Child, Adolescent, and Parental Defenses and Personality Styles**

Assessment of personality and defense mechanisms using observer-rated measures has helped understanding the role of unconscious psychological factors in the therapeutic process. Longitudinal studies highlighted the ontogenetic line of development of personality and defense mechanisms and their effects on mental health. This panel addresses the importance of assessing personality and defense mechanisms in children, adolescents and their parents, with attention to the development of novel computerized measures based on valid and reliable instruments as the Shedler-Westen Assessment Procedure-200 (SWAP-200) and the Defense Mechanisms Rating Scales (DMRS). Guido Giovanardi will present findings from a study on the associations between personality, defense mechanisms and body satisfaction in individuals diagnosed with Gender Dysphoria (GD). Thomas Kui's presentation will describe the associations between personality and defense mechanisms in parents of children children with externalizing disorders in treatment with Regulation Focused Psychotherapy for Children. Alexandro Fortunato will present preliminary results of the development and validation of the novel Child Personality Assessment Q-Sort, a measure for the assessment of personality in

children. Finally, Lauren Wildes will describe the development of a new measure for the assessment of defense mechanisms in children based on the Defense Mechanisms Rating Scale Q-Sort (DMRS-QC). Given the importance of personality and defense mechanisms in process-outcome research, attendees will be encouraged to discuss with the presenters how the systematic assessment of unconscious phenomena with modern instruments might impact evidence-based psychotherapies.

**Defensive functioning of individuals diagnosed with Gender Dysphoria at the beginning of their hormonal treatment.** *Guido Giovanardi, Sapienza University of Rome, Italy; Marta Mirabella, Sapienza University of Rome, Italy; Mariagrazia Di Giuseppe, University of Pisa, Italy; Francesco Lombardo, Sapienza University of Rome, Italy; Anna Maria Speranza, Sapienza University of Rome, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy*

**Aims:** The current study is the first to assess the whole hierarchy of defense mechanisms and their role for psychological adjustment in individuals diagnosed with Gender Dysphoria (GD). Transgender people during their journey towards gender reassignment may experience several stressful experiences. Research proved that defenses make an important contribution to individual differences in responses to stressful environments. Few studies investigated self-reported defensive functioning in transgender individuals and found high frequencies of maladaptive defense. Our aim was to analyze the defensive functioning and its association with personality adjustment and body satisfaction in a sample of individuals diagnosed with GD. **Methods:** Defensive functioning and personality features were assessed in 36 individuals (14 trans-females, 22 trans-males, mean age 23.47), diagnosed with GD, using the Defense Mechanisms Rating Scales (Perry, 1990) and the Shedler-Westen Assessment Procedure-200 (Shedler, Westen, & Lingiardi, 2014). Body Uneasiness was assessed with the Body Uneasiness Test (BUT; Cuzzolaro et al., 1999). Defense mechanisms of the GD sample were compared to a sample of age-matched cisgender controls. **Results:** showed that a higher use of mature defenses were associated to a higher personality functioning and lower body satisfaction. Moreover, GD individuals showed lower defensive functioning compared to cisgender controls. Finally, we found in transgender individuals a higher frequency of immature defenses on the obsessional and on the action levels. **Discussion:** Findings are discussed in the light of clinical implications for people with GD, highlighting the psychological and social risk factors at the basis of their immature use of defenses, and suggesting the importance of psychological support before, during and after gender transitions.

**Defense Mechanisms Among Parents Participating in Psychotherapy for Childhood Oppositional Defiant Disorder.** *Thomas Kui, Ferkauf Graduate School of Psychology, Yeshiva University*

**Aims:** Defense mechanisms are unconscious and automatic psychological processes that serve to protect the individual from painful emotions and thoughts. This presentation describes the assessment of parental defense mechanisms in the context of treatment for children with oppositional defiant disorder (ODD). Despite an abundance of research on parents' emotion regulation capacities and their impact on children's emotion and behavioral regulation, the literature on parental defense mechanisms is relatively limited. This study provides preliminary information about how parents unconsciously regulate emotional and psychological conflicts provoked by parenting in this unique context. **Methods:** Parents in this study were recruited through a randomized controlled trial of Regulation Focused Psychotherapy for Children. Parents' use of defense mechanisms was measured with the Defense Mechanism Rating Scale, Q-sort. The relationships between defenses, personality styles (SWAP-200), and childhood externalizing symptoms were assessed. Data on defenses and personality style were also compared with a nonclinical sample of parents. **Results:** Higher parental defensive functioning was correlated with fewer externalizing symptoms in children. Specific defenses

– projection, splitting, and help rejection – were associated with higher ratings of externalizing symptoms. High functioning personality styles were associated with reports of fewer externalizing symptoms. Parents of children with disruptive behaviors were also less likely to utilize adaptive defenses compared to a non-clinical sample of parents. Discussion: Being a caregiver to children with externalizing disorders is a difficult task that amplifies the already stressful experience of parenting. Attendees will be invited to discuss the relevance of assessing parental defenses in the context of child treatment.

**CPAP – Q-Sort: An assessment procedure for personality, traits and disorders in childhood.** *Alexandro Fortunato, Sapienza University of Rome, Italy; Annalisa Tanzilli, Sapienza University of Rome, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy; Anna Maria Speranza, Sapienza University of Rome, Italy*

Aims: The controversy over the possibility to assess childhood personality has continued despite a growing number of studies confirming that it is possible from a developmental perspective. The aim of this work is the validation of the CPAP-Q (Child Personality Assessment Q-Sort; Fortunato, Speranza, Tanzilli, Lingiardi, 2018), a Q-Sort instrument able to assess the childhood personality. Methods: The validation procedure includes: 150 children, from 4 to 11 years old evaluated by 150 clinicians. Children are in treatment from 2 to 12 months. Procedure includes other instruments: an ad-hoc questionnaire for information on the clinician, on the child and his/her family, CPNI (Coolidge, 2002), CBCL (Achenbach, 2001) and PDC-C (Malberg, Rosenberg & Malone, 2017). For the validation procedure it was conducted the Q-Factor analysis to obtain Emerging Personality Patterns empirically derived. Results: 7 factors emerged from the Q-Factor analysis (High Functioning, Inhibited/Withdrawn, Dysphoric/Anxious, Obsessive, Borderline/Dysregulated, Borderline/Impulsive, Schizoid). Validation procedure highlights the Q-Sort's validity. Discussion: Preliminary data is promising and define that it's possible to evaluate the developmental pathways for emerging personality patterns in childhood and how these may lead to personality disorders in adolescence and adulthood. Data confirm that the Q-Sort procedure is the best way to assess childhood personality and its elements.

**Development of the Defense Mechanisms Rating Scale Q-Sort for Children.** *Lauren Wildes Ammar, Ferkauf Graduate School of Psychology, Yeshiva University; Carly Teperman, Ferkauf Graduate School of Psychology, Yeshiva University; Ella Storey, Ferkauf Graduate School of Psychology, Yeshiva University*

Aims: While there has been progress in providing valid and reliable measures for assessing defense mechanisms in adults few empirically validated instruments exist for assessing defenses in children. The overall goal of this project is to identify defense mechanisms in the child psychotherapy using a valid and easy-to-use observer-rated measure adapted for children and consistent with the hierarchical organization of defense mechanisms. Methods: A new measure for the assessment of defense mechanisms in children, based on the empirically supported Defense Mechanisms Rating Scale Q-Sort (DMRS-Q-sort for adults), has been developed. Items on the adult measure were modified in consultation with experts in the field of childhood defensive functioning. Preliminary ratings of child psychotherapy sessions, using the computerized DMRS-Q-sort for Children, are being conducted. Results: We expect that a wide range of defense mechanisms will be observable in children, comparable to prior reports of defense use among adults and with strong inter-rater reliability. We expect to detect increases in Overall Defensive Functioning (ODF) among children after completing psychotherapy. We also expect to find parallels between the defensive profile of children with ODD and defensive functioning observed in cluster B emerging personality disorders among adolescents. Discussion: Changes in defense mechanisms during psychotherapy inform clinicians about the patient's response to treatment and may be used as outcome indexes of the patient's overall functioning. The

DMRS-Q-C has the potential to help clinicians and researchers identify key defenses that can be targeted in a range of psychotherapy interventions.

**Discussants:** Mariagrazia Di Giuseppe, University of Pisa, Italy;

**Panel**  
Change process

Organizer: João Batista,  
Universidade do Minho,  
Braga, Portugal

**Promoting change through resource activation and ambivalence resolution**

The processes by which people change have been studied in psychotherapy research for decades. A recent approach proposes that resource activation can foster personal change, facilitating symptom improvement and the development of an early therapeutic bond. Another process that is receiving attention in psychotherapy research is that of ambivalence towards change and how it comes to be resolved. In this panel we address both processes' role in the complex process of change. "Ambivalence resolution in the UP treatment: an exploratory case study" analyzes the ambivalence resolution in a recovered case treated with the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. Results show that self-reported ambivalence decreases to non-clinical levels after the motivation enhancement for treatment engagement module and that observed ambivalence decreases throughout therapy. Different strategies of resolution have distinct evolution and correlations with posterior ambivalence. "Preliminary data from a protocol to elicit resources – Feedback Initiated Narrative Development (FIND)" presents the preliminary results of a RCT using the FIND protocol in emotional disorders. This protocol intends to promote client's resources in the therapeutic process, allowing the mobilization of past resources or resources from other fields of clients' lives, to facilitate change. Finally, "Write and let go: A writing-based intervention for university students" presents the preliminary results of a program for university students based on a combined writing paradigm. This program combines expressive writing instructions, aiming at emotional venting, with instructions centered on resource activation. Self-reported ambivalence was measured along the writing program.

**Ambivalence resolution in the UP treatment: an exploratory case study.** *Helena Ferreira, Universidade do Minho, Braga, Portugal; Cátia Braga, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho*

**INTRODUCTION:** Client ambivalence towards change is a central therapeutic target in the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. However, the impact of the module designed to deal with ambivalence both on ambivalence and ambivalence resolution strategies have not yet been explored. Also, process research has been identifying different client ambivalence resolution strategies, with distinct impacts on ambivalence. However, the ambivalence resolution process has also not yet been studied in the UP. **OBJECTIVES:** This exploratory case study aims at a) measuring the impact of the Motivation for Treatment Engagement module on self-report and observational ambivalence measures; b) describe the evolution of ambivalence and ambivalence resolution strategies across sessions; c) evaluate the impact of distinct ambivalence resolution strategies on ambivalence measures. **METHOD:** The complete sessions of a recovered case treated with the UP were coded with observational measures of ambivalence and ambivalence resolution. Ambivalence and symptomatology self-reported outcome measures were also used. **RESULTS:** Self-reported ambivalence decreased to non-clinical levels after the Motivation for Treatment Engagement Module, and remained below clinically significant levels until the end of treatment. Distinct ambivalence resolution strategies revealed distinct progressions and impacts on ambivalence. Results on ambivalence resolution partially differed from those encountered in previous studies with distinct therapeutic approaches.

**Preliminary data from a protocol to elicit resources -Feedback Initiated Narrative Development (FIND).** *Carina Magalhães, Universidade do Minho, Braga, Portugal; Robert A. Neimeyer, University of Memphis; Pablo Fernandez-*

*Navarro, Universidade do Minho, Braga, Portugal; Andreia Milhazes, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho*

Introduction: There is evidence that clients in psychotherapy change also by capitalizing previous resources besides compensating their deficits. However, how this occurs, and how can be improved is still unclear. A procedure - Feedback Initiated Narrative Development Protocol - was developed to activate clients' resources from the beginning of the therapeutic process, and to be integrated into the therapeutic intervention. This is the first attempt to use previous results obtained from the Innovative Moment's research to inform clinical practice. Through two clinical interviews and three therapeutic letters, FIND Protocol focuses clients' and therapists' attention on aspects, episodes and positive moments of the clients' life, in order to capitalize them for the change process, and hopefully to improve psychotherapy efficacy. OBJECTIVES: The present study tests the efficacy of the FIND Protocol (e.g., to improve the likelihood of treatment success, to reduce dropout rates) in a randomized controlled trial, with clients suffering from anxiety and/or depressive disorders. METHODS/DESIGN: Clients with anxiety and mood disorders were randomly assigned to one of two conditions: 1. Cognitive-behavioural therapy (CBT) as usual plus FIND Protocol and 2. CBT as usual. Client's evolution throughout the treatment, and pre- and post-treatment outcome will be evaluated. RESULTS: This is an ongoing study, without results yet. DISCUSSION: It is expected that this study can contribute to the literature on the capitalization of resources in psychotherapy.

**Write and let go: A writing-based intervention for university students.** *João Batista, Universidade do Minho, Braga, Portugal; Janine Marinai, Universidade do Minho, Braga, Portugal; Melissa Gouveia, Universidade do Minho, Braga, Portugal; Miguel Gonçalves, University of Minho*

Aim: With 17% of university students in Portugal diagnosed with mental disorders, mental health should be high up on the agenda of higher education institutions. Expressive writing interventions have a long tradition in psychology with programs developed to the academic community. Writing about deeply personal experiences has proved to enhance physical and mental health. In this study we introduce Write 'n' Let Go, an online pilot writing-based program to support university students. We aim to test combined instructions that guide participants to reflect on a problem of choice, based on expressive writing and resource activation paradigms. Ambivalence will be studied as a potential mediator of the intervention outcomes. Method: Using a randomized-controlled trial design, using a waiting list group as control, n=110 students are being recruited from Portuguese universities. Enrolment and writing activities are performed online at [www.writtenletgo.pt](http://www.writtenletgo.pt). Students complete four 20-minute writing tasks in consecutive days related to their problem of choice. Different writing instructions are provided in each task. Participants respond to questionnaires in the beginning, 1 week and 2 weeks later. Outcome measures include ambivalence, anxiety, depression, affective valence and satisfaction with life. Results: Expected results include improved outcome measures on the intervention group compared to control and ambivalence as a mediator of the intervention outcomes. Discussion: The feasibility and efficacy of low intensity interventions based on writing tasks will be discussed taking into account the literature and the present study results.

**Discussants:** Christoph Flückiger, University of Zurich, Switzerland;

**Panel**  
Internet based  
  
Organizer: Andres  
Perez-Rojas, New  
Mexico State University

**Psychotherapy During Covid-19: Lessons from the U.S. and India**  
Mental health and psychotherapy are shaped by larger sociocultural and structural factors. The COVID-19 pandemic has been no exception. According to the World Health Organization (2020), COVID-19 has disrupted or halted therapeutic services in 93% of countries, at the same time that demand for such services has risen. Indeed, many countries have seen increases in the rates of

anxiety, depression, post-traumatic stress, and more (Xiong et al., 2020), outcomes that appear most acute for members of marginalized groups (e.g., Black, Indigenous, and Latinx people in the U.S.; Abrams & Szeffler, 2020; CDC, 2020). Against this backdrop, it is vital to ask how therapists are faring, personally and professionally. After all, as mental health providers, therapists may treat clients for pandemic-related concerns that they, too, may share, while also seeing their practices severely disrupted due to policies aimed at combating the virus. The present panel includes three presentations that address these issues. The first (Godinez et al.) is a grounded theory study of 28 psychotherapists in the U.S. about their experiences in the early months of COVID-19, while the second (Norwood et al.) is a CQR study on the views of therapists who were conducting video-therapy before COVID-19 about how it compares to in-person psychotherapy. The final presentation (Bhatia et al.) addresses the experiences of psychotherapists in India adapting to COVID-19. The presentations will be discussed by two experienced psychotherapy researchers who recently co-edited a special issue of *Counselling Psychology Quarterly* on psychotherapy practice in the midst of the global pandemic.

**Psychotherapy in the Early Months of COVID-19.** *Karen Godinez, New Mexico State University; Andres Perez-Rojas, New Mexico State University; Ted Bartholomew, Scripps College; Allison Lockard, Bucknell University; Gonzalez Jazmin, New Mexico State University; Giovanna Perez, New Mexico State University*

The pandemic caused by the novel coronavirus COVID-19, and the restrictions put in place to slow its spread, have severely impacted people's well-being and general experience. The latest news and scientific reports, however, have largely omitted the well-being and experiences of psychotherapists. Indeed, very little data exist on how psychotherapists have experienced daily life during the pandemic, how they altered their practices (beyond migrating to telehealth), and the impact these alterations have had on the process and outcome of psychotherapy. Thus, in this grounded theory study, we interviewed 28 clinical and counseling psychologists in the United States about their experiences in the early months of COVID-19. Our goal was to explore how the pandemic has affected psychotherapists, both personally and professionally, as the virus began to spread more rapidly across the country. Specifically, we sought to answer the following questions: (a) How have psychotherapists personally experienced and coped in the early phases of COVID-19? And (b) How have psychotherapists experienced their therapeutic work during the early phases of COVID-19? Data were gathered via a phone or video interview, which were conducted between April 30 and May 25, 2020, and lasted between 30 and 60 minutes. Example interview questions included, "How would you describe your emotional well-being now compared to before the outbreak of COVID-19?" "What, if anything, is different about your clinical practice now in light of COVID-19?" "What impact, if any, has your emotional well-being had on your clinical work during this time?" and "What, if anything, is different now about what you and your clients focus on in session?" Data analysis is currently underway, guided by Charmaz's (2014) constructivist grounded theory methodology (e.g., incident with incident coding, research team memoing, and constant comparison to generate categories). Ultimately, based on these data, a grounded theory of psychotherapists' experiences during COVID-19 will be constructed. Our hope is that the findings will deepen our understanding of what happens when clients and therapists live through the same "collective trauma" or "shared reality" (Baum et al., 2010), so that we can inform policies and guidelines that support our professional communities in navigating such an unprecedented public health emergency.

**Therapists' experiences during COVID-19: Perceptions of Loneliness, Post-Traumatic Growth, Therapeutic Relationships and Professional Quality of Life.** *Bhatia Avatika, Ashoka University; Shudarshana Gupta, Private Practice; Aradhita Gupta, Public Health Foundation of India; Kriti Jain, BrainSightAI*

**Aim:** Along with the threat to physical health and wellbeing, the Covid-19 pandemic is recognized to contribute to significant impairment in mental health functioning. Mental health workers remain on the frontlines of managing the responses of stress, trauma, anxiety and isolation faced by members of the population, while also struggling with the implications of the pandemic on their own lives. The goal of the present study is to examine the positive and negative consequences of therapeutic work during the pandemic on therapists practicing in India. Specifically, we utilize Stamm's (2010) model of professional quality of life to examine how aspects of therapists' personal and professional lives contribute to their reports of compassion satisfaction and compassion fatigue. **Methods:** The analyses will be based on data collected from 167 therapists engaged in clinical work in India during the pandemic. Therapists with at least one year of psychotherapy experience at the post-Master's level participated in this study. Participants completed measures on their current case load, experienced sense of community and loneliness, perceptions of the therapeutic relationship (working alliance and real relationship) with the majority of their clients, post-traumatic growth as a result of the pandemic, and professional quality of life (compassion fatigue and compassion satisfaction). **Results and Discussion:** Descriptive data on therapists' transition to remote clinical work, both web-based and telephonic, will be presented. Regression analyses will be utilized to examine how person-level variables (number of clients, experienced sense of community, loneliness, post-traumatic growth) and therapeutic-work related variables (perceptions of the real relationship and working alliance) contribute to compassion fatigue and compassion satisfaction among this sample of therapists. Results will be discussed in the context of past literature on therapist experiences during shared traumatic events. Findings and implications for future research and practice will be discussed.

**A Qualitative Exploration of Therapist Experiences Providing Video Psychotherapy Pre- and Post-Covid-19.** *Earta Norwood, Private Practice; Barbara Thompson, Private Practice, Maryland; Stephanie Yee, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA*

Providing psychotherapy through video conferencing methods, or video psychotherapy (VP), has grown exponentially in the past decade (Backhaus et al. 2012; Hubley et al., 2016; Jimenez-Molina et al., 2019), until it became the sole method in the wake of the COVID-19 pandemic. A strong emerging body of research indicates equal effectiveness between video psychotherapy and in-person therapy, generally (Drago, Winding, & Antypa, 2016) and with specific disorders (Chakrabarti, 2015), as well as resulting in similar outcomes in working alliance and client satisfaction (Cowan et al., 2019; Lopez et al., 2019). The aim of our study is to explore the similarities and differences in the therapeutic process and interventions, as noted by experienced clinicians who were doing VP prior to COVID-19. Our purpose is to shed light on how clinicians, guided by clinical wisdom and experience, have adapted their therapeutic approach and interventions to the medium of synchronous video. Using Consensual Qualitative Research the research team analyzed interviews with clinically experienced therapists and identified specific differences in therapeutic processes (e.g. interventions or therapeutic alliance) and structural aspects of therapy (e.g. start of sessions or use of technology) between in-person therapy and VP, with special consideration of pre and post COVID-19. For example a number of clinicians report greater use of self-disclosure in video psychotherapy during COVID-19. The reasons for this include reassuring clients during the global health crisis, processing shared trauma related to losses associated with the pandemic, and a higher likelihood of both clients and therapists being in their homes. Panelists will discuss training and clinical implications of their findings to promote more effective use of VP.

**Discussants:** Sarah Knox, Marquette University, Milwaukee, USA; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan;

**Panel**  
Depression

Organizer: Birgit Watzke,  
University of Zurich,  
Switzerland

**Psychotherapy of depression and anxiety: challenges and solutions for treatment pathways**

Although effective treatment options for depression and anxiety disorders are available, the prevalence rates for common mental disorders remain at a high level. Taking the perspective of mental health care, one reason for this are challenges in the treatment pathway of patients. Main areas of concern refer to deficits in regards to: (1) an appropriate and timely access to evidence based treatments; and (2) systematic follow-up strategies after termination of psychotherapy in order to reduce the risk of relapse. The panel addresses these two elements of treatment pathways and presents studies on models of care and treatment strategies which hold promise in improving access to treatment and the sustainability of psychotherapy. The first paper, presented by Birgit Watzke, investigates a comprehensive stepped-care model within a cluster randomized trial and explores access, treatment utilization and outcome of primary care patients with different levels of initial depression severity. The second paper by Ben Lorimer also refers to stepped-care and analyses a large routine data set of the IAPT initiative in England. It uses machine learning to build a model for the better prediction of relapse in low-intensity CBT for depression and anxiety. The paper of Savion Hesse adopts another perspective on relapse by investigating characteristics of strategies that patients have learned during psychotherapy, which have the potential of being transferred to everyday life in order to reduce relapse. Markus Mössner will comprehensively discuss the presented papers and give final input for the open discussion.

**Treatment access, utilization and outcome of stepped care for different severity levels of depression.** *Birgit Watzke, University of Zurich, Switzerland; Daniela Heddaeus, University Medical Center Hamburg-Eppendorf, Germany; Maya Steinmann, University Medical Center Hamburg-Eppendorf, Germany; Anne Daubmann, University Medical Center Hamburg-Eppendorf, Germany; Karl Wegscheider, University Medical Center Hamburg-Eppendorf, Germany; Martin Haerter, University Medical Center Hamburg-Eppendorf, Germany*

Stepped care models (SCM) including low intensity as well as conventional psychotherapeutic approaches offer an option to facilitate access to evidence based treatments for depression. Given their complexity and heterogeneity, research on SCM is still sparse. We investigated access rates, treatment utilization and effectiveness of a SCM differentiating for initial levels of depression severity within a cluster RCT (N=737 primary care patients receiving SCM or TAU). In regard to differential effectiveness we calculated a multiple linear mixed model with group (SCM vs TAU), depression severity (PHQ-9 at baseline: mild-moderate (MMD) vs. severe depression (SD)) and their interaction as fixed effects and general practitioner as random effect (primary outcome: PHQ-9 at 12-months-follow up). Utilization rates were analyzed descriptively. Effectiveness analysis (ITT applying LOCF) results in a significant interaction [ $p=0,036$ ] and a significant difference in symptom reduction for MMD in comparison to TAU (-3,9; [95% CI: -5,1 bis -2,6,  $p < 0,001$ ;  $d=0,64$ ]) but not for SD (-1,6; [95% CI: -3,4 bis 0,2,  $p = 0,093$ ;  $d=0,27$ ]). In the sensitivity analyses (ITT applying MI; per protocol analysis) the interaction does not reach significance anymore. However, effect sizes remain larger for MMD. Percentages of access to and utilization of evidence based treatments were larger for MMD than for SD. According to our results SCM is less effective for severely depressed patients than for patients with mild to moderate depression. Utilization pattern might partly explain this difference. Potential barriers on the patient, provider and systemic level are discussed.

**Predicting Relapse of Depression and Anxiety after Low-Intensity Cognitive Behavioural Therapy using a Machine Learning Approach.** *Ben Lorimer, University of Sheffield, UK; Jaime Delgadillo, University of Sheffield, UK; Stephen Kellett, University of Sheffield, UK; James Lawrence, Behavioural Insights Team*

**Aim:** Low-intensity cognitive behavioural therapy (LiCBT) can help to alleviate acute symptoms of depression and anxiety, but some patients relapse after completing treatment. Little is known regarding relapse risk factors, limiting our ability to predict its occurrence. Therefore, this study aimed to develop a dynamic prediction tool to identify cases at high risk of relapse. **Method:** Data from a longitudinal cohort study of LiCBT patients was analysed using a machine learning approach (XGBoost). The sample included N = 317 treatment completers who were followed-up monthly for 12 months (n = 223 relapsed; 70%). An ensemble of XGBoost algorithms was developed in order to predict and adjust the estimated risk of relapse (vs maintained remission) in a dynamic way, at four separate time-points over the course of a patient's journey. **Results:** Indices of predictive accuracy in a cross-validation design indicated adequate generalizability (AUC range = 0.72–0.84; PPV range = 71.2–75.3%; NPV range = 56.0–74.8%). Younger age, unemployment, and residual symptoms were identified as important predictors. Every participant unemployed at the beginning of treatment relapsed, while 95% of participants unemployed at the end of treatment relapsed. **Discussion:** It is possible to identify cases at risk of relapse and predictive accuracy improves over time as new information is collected. Early identification coupled with targeted relapse prevention could considerably improve the longer-term effectiveness of LiCBT.

**Psychotherapeutic strategies to prevent depressive relapse after treatment termination.** *Savion Hesse, University of Zurich, Switzerland; Markus Wolf, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

**Introduction.** The maintenance of individual antidepressant strategies learned during cognitive behavioral therapy (CBT) is recommended as psychological prevention against further episodes of depression and anxiety disorders after the termination of psychotherapy. In order to be implemented regularly, relapse-preventive strategies should be relevant and concrete. However, there is little research about individuals' intention to maintain CBT strategies once treatment has finished. The present study aims to identify which strategies are helpful from the patient perspective and how these strategies can be characterized. Furthermore, it will be investigated which patient or treatment related factors impact the formulation of concrete and feasible strategies. **Methods.** A patient-focused, mixed-methods approach will be applied to relate characteristics of patients' individual antidepressant strategies to factors of preceding therapy. 150 patients with anxiety disorders or depression are taking part in the naturalistic DYNAMO-study with assessments at termination of index CBT (t0) and four months after termination (t1). Questionnaires (patient self-ratings) comprise sociodemographic and clinical variables, treatment characteristics of index CBT, antidepressant strategies elaborated during index CBT, treatment pathways, motivational factors for maintaining strategies, symptom severity (PHQ-9), therapeutic alliance (WAI) and depression-related self-efficacy (DSW). As a first step of the analyses, qualitative content analysis according to Mayring will be used to categorize patients' antidepressant strategies in terms of content and characteristics by two independent coders. Subsequently, factors influencing the characteristics will be identified by multiple regression analysis. **Results.** On average the participating patients (51% female) are M = 43 years old (SD = 12) and received inpatient CBT for M = 68 days (SD = 28). Data collection is ongoing at the moment. Cross-sectional results of the t0-assessment will be presented. It is assumed that longer treatment pathways, positive therapeutic alliance, lower symptom severity and higher depression-related self-efficacy positively influence a beneficial elaboration of the strategies. **Discussion.** The formulation of strategies in the context of psychotherapy will be discussed. Results may help tailor index psychotherapy to patients' individual needs. By identifying determinants of beneficial formulation, antidepressant strategies could be prepared more effectively in index psychotherapy and appropriate strategies could be highlighted. A deeper understanding about determinants may help to maintain antidepressant strategies and to conduct follow up care more specifically.

**Discussants:** Markus Moessner, University Hospital, Heidelberg, Germany;

**Panel**

Therapist training and development

Organizer: David Orlinsky, University of Chicago, USA

**Psychotherapy Trainees' Quality of Life: Demographic and Personal Factors and Implications**

Aim: It is a plausible hypothesis that therapists who are personally distressed themselves may not be optimally effective in clinical practice with their clients (e.g., Nissen-Lie et al, 2013; Nissen-Lie, Orlinsky & Rønnestad, in press). It is also plausible that students who are in personal distress are not likely to be optimally effective learners. This panel presents new research on the quality of life of psychotherapy trainees, who are both learners and novice clinicians, as part of the international collaborative study of psychotherapy training programs and trainees being conducted by the SPR Interest Section on Therapist Training and Development (SPRISTAD). Method: Drawing on data collected with the Trainee Background Information Form (TBIF), one of the online survey instruments used by the SPRISTAD study, ratings by trainees of their personal life satisfaction and stress will be explored. Results: Paper 1 will present sample characteristics for the trainees from 12 nations who participated in the pre-pandemic phase of the SPRISTAD study, analyzes trainee life satisfaction and stress, and illustrates the Life Quality Profiles constructed from them. Paper 2 compares the Life Quality Patterns of trainees from different countries. Paper 3 examines potential demographic, situational and personal determinants of trainees' Life Quality Patterns. Discussion: Implications for future research, training and practice will be discussed.

**Psychotherapy Trainees of 12 Nations: Their Backgrounds and Current Quality of Life.** *Michael Helge Rønnestad, University of Oslo, Norway; David Orlinsky, University of Chicago, USA; Ulrike Willutzki, Witten/Hedecke University*

Aim: This presentation introduces the psychotherapy trainees (N=846) who participated in the prior to its interruption by the worldwide Covid19 pandemic. Method: Relevant data will be drawn from the Trainee Background Information Form (TBIF) online survey of trainees' personal characteristics and backgrounds. Results: (1) Basic sample characteristics will be reported. (2) Trainees' ratings of their current life satisfactions and stress were investigated. (3) Four Life Quality Profiles based on those ratings were then constructed: Happy, Hectic, Constrained, and Distressed. (4) Trainees' Life Quality Profiles will be compared to similar data from a large international sample of therapists (N=12,000) previously studied by the SPR Collaborative Research Network. Discussion: Discussion will focus on the generality and implications of the findings.

**Correlates of Trainee Life Quality: Life Circumstances, Childhood Experiences, and Personal Therapy.** *David Orlinsky, University of Chicago, USA; Michael Helge Rønnestad, University of Oslo, Norway; Ulrike Willutzki, Witten/Hedecke University*

Aim: This paper explores a variety of possible factors that may differentiate between psychotherapy trainees whose Life Quality Profiles are relatively Happy, Hectic, Constrained, or Distressed. Method: Different sections of the TBIF questionnaire contain information about trainees' current life situations, family backgrounds, and experiences in personal therapy. These will be examined to determine which if any appear to account for differences between trainee Life Quality Profiles. Results: Current life situation variables include age, gender, relationship/marital status, financial wellbeing vs. hardship, and age, sex, relationship/marital status, religious vs. secular orientation. Childhood experience variables include family intactness, socioeconomic background, religious background, and nurture vs. trauma or abuse. Personal therapy variables include attendance and personal benefit. Discussion: Patterns of positive and negative associations between Life Quality Profiles and trainee characteristics will be discussed.

**Trainees' Life Quality in Different Countries: Variations in Happiness and Distress.** *Henriette Loeffler-Stastka, Medical University of Vienna, Austria; Irene Messina, Universitas Mercatorum, Rome; David Orlinsky, University of Chicago, USA*

Aim: Do the life quality patterns of psychotherapy trainees vary significantly between training programs in different countries? Method: The incidence of different Life Quality Profiles will be compared among trainees of eight countries that each had at least 30 participants. Results: Statistically significant difference emerged in Life Quality Profiles between trainees in Austria and trainees in Italy. Proportionally, there appeared to be twice as many Happy trainees in the Austrian sample, and four times as many Distressed trainees in the Italian sample. Further comparisons of the two national groups were made to detect possible reasons for the difference. Discussion: Discussion will focus on the explanations of the differences between two countries that otherwise appear to have many similarities, and their relation to the Life Quality Profile correlates found in Paper 2.

**Discussants:** Helene Nissen-Lie, University of Oslo, Norway;

**Panel**  
Anxiety

Organizer: Nelson  
Valdes-Sanchez,  
Universidad Santo  
Tomás, Santiago, Chile

**Quarantine, confinement, and social distancing due to COVID-19: meanings, effects, and coping strategies on Chilean and Peruvian populations**

While it is true that this is not the first time that the world has faced the need to establish a period of quarantine or confinement to control and prevent the spread of an infectious disease, studies that have been conducted in this regard indicate that it is always accompanied by costs in the psychological well-being of individuals. Most of the investigations carried out show that the inability to physically contact family and friends is strongly associated with an increase in anxious and depressive symptoms, and that these symptoms even remain long after the health crisis has ended. It has also been observed that there are some personal characteristics associated with a negative impact on the mental health of individuals, such as: age, educational level, and gender. Likewise, the findings suggest that during quarantine, the increase in problematic drinking is related to depressive symptoms associated with an increased urge to drink to cope with negative emotions. In the children's case, the situation is not different, and how they cope with this pandemic is influenced by how parents or their primary caregivers are managing this situation. In fact, post-traumatic stress levels tend to be much higher in children in quarantine, compared to those who did not have this experience; while 28% of quarantined parents reported sufficient symptomatology to warrant a mental health disorder related to the isolation experience. This panel includes the following three presentations: Rubén Díaz (185269) will present about the effect of some demographic variables and quarantine characteristics able to predict anxious and depressive symptomatology in Chilean population. Doris Argomedo (185073) will present the results of the same study replicated with Peruvian population, in which the most vulnerable groups in psychological terms would be the burdened health personnel, teachers, law enforcement staff, elderly, young, women, as well as people with a history of mental health problems. Diana Gómez (184916) will describe the meanings of children from 6 to 10 years old about the covid-19 pandemic through narrative and graphic resources to identify protectors and risk factors related to this complex experiences. Finally, Mahaira Reinel (184631) will present about the relationship between patterns of alcohol consumption identified in Chilean population during the quarantine due to COVID-19, and its association with depressive symptoms.

**Emotional drinking during quarantine by COVID-19 in Chile: the role of depressive symptoms on problematic alcohol consumption.** *Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago; Yamil Quevedo, Pontificia Universidad Católica de Chile, Santiago; Cristobal Hernández*

*Contreras, Universidad Adolfo Ibáñez. Millennium Institute for Depression and Personality Research; Viviana Miño, Pontificia Universidad Católica de Chile, Santiago; Andrés Rojas, Servicio de Salud de Talcahuano, Chile.*

**Aim:** This study aimed to assess the relationship between the pattern of alcohol consumption in the context of quarantine by COVID-19 Chilean adult population and its association with depressive symptoms. **Methods:** A correlational and transversal study was conducted. Alcohol consumption and depressive symptoms were measured through an online survey, including the PHQ-9 Chilean version and the Item banks for alcohol use from the Patient-Reported Outcomes Measurement Information System (PROMIS). Mediation analysis models were conducted in order to assess whether the relationship between depressive symptoms and problematic drinking was mediated by drinking to cope with negative emotions. **Results:** 32% of the sample scored 7 or more in PHQ-9 which is the cut-off of the instrument for the Chilean population. Regarding alcohol consumption, 84% acknowledge having been drunk during the previous 30 days and 18% acknowledge an increase in the amount of alcohol every time that they use it. The presence of depressive symptomatology alone positively predicts problematic alcohol consumption during the quarantine, however, when it includes analyzing the reasons for drinking alcohol, this relationship becomes negative and shows a significant mediation effect in the relationship between depressive symptomatology and problematic drinking through increased drinking to calm down negative emotions. **Conclusion:** The findings suggest that during quarantine, the increase in problematic drinking is related to depressive symptoms associated with an increased urge to drink to cope with negative emotions. Clinical implications will be discussed.

**Children's meanings about the COVID 19 pandemic through their graphics and narratives.** *Diana Gómez, Universidad Santo Tomás, Santiago, Chile; Marcela García-Huidobro, Universidad Santo Tomás, Santiago, Chile; Verónica Navarrete, Universidad Santo Tomás, Santiago, Chile; Gabriela Capurro, Universidad Santo Tomás, Santiago, Chile; Thiare Padilla-fernandez, Universidad Santo Tomás, Santiago, Chile; Catalina Cisterna, Universidad Santo Tomás, Santiago, Chile*

The current Covid 19 Pandemic can overwhelm people's coping mechanisms (Martínez, 2020). In the children's case, the situation is not different, and how they cope with this pandemic is influenced by how parents or their primary caregivers are managing this situation. Children tend to be less visible as they are not the most urgent problem. In these types of circumstances, the concern for economic activation and job security prevails. Despite this trend, some studies show the richness of children's gaze and their analysis of reality, which shows that they can actively contribute to understanding critical situations and ideas of how to approach them (López & Augustowsky, 2007). The aim of this study is to describe the meanings of children from 6 to 10 years old about the covid -19 pandemic through narrative and graphic resources. Eighteen children were asked to perform pictures and narratives about the pandemic. These are central elements in the child's symbolic capacity and allow the expression of all kinds of experiences from every day to the most complex, such as facing a pandemic (Acaso 2000; Sáinz, 2011). A qualitative analysis will be performed to analyze children's graphics and narratives. The results will be discussed to identify protectors and risk factors related to their experiences and clinical implications.

**Psychological effects of quarantine and COVID pandemic in Chilean population.** *Rubén Díaz, Universidad Católica Santa María la Antigua, Panamá; Nelson Valdes-Sanchez, Universidad Santo Tomás, Santiago, Chile; Valeria Capurro, Universidad Santo Tomás, Talca, Chile; Cristian Bosco, Universidad Santo Tomás, Talca, Chile*

Quarantines are being used worldwide as a strategy to limit the spread of the COVID-19 pandemic. Previous research suggests quarantines have effects on

people's psychological wellbeing. A mixed methodology was used in the present study. A sample of 1964 Chilean adults (18-65 years old; % female) were surveyed using self-report questionnaires about their experiences during quarantine, including GAD-7 and PHQ-9. SEM analysis was used to test whether demographic variables and quarantine characteristics predicted anxious and depressive symptomatology. In addition, the effect of the symptomatology (anxious and depressive) on the participants' perceived need for therapy was evaluated. Moderate to severe depressive symptomatology was found in 44.1% of the participants; while moderate-to-severe anxious symptomatology, in 31.4%. Gender, age, education, and length of quarantine are significant predictors of both depressive and anxious symptomatology. Neither the severity of anxious or depressive symptomatology predicted the self-identified need for therapy. However, the degree to which these symptoms interfere with work, household chores, or relations with other people did predict the self-identified need for therapy.

**The experience of confinement in the context of COVID-19: Meanings, effects on mental health and coping strategies in Peruvians.** *Doris Argumedo, Universidad Católica del Perú; Carla Mantilla, Pontificia Universidad Católica del Perú; Lourdes Ruda, Universidad Católica del Perú; Paz Lancho, Universidad Católica del Perú*

The COVID-19 pandemic is one of the worst health crises in the history of the world, not only because of the number of people infected and the mortality rates, but also for the drastic measures that governments had taken to prevent further infections. In Peru it has been particularly complex to deal with this situation due to the precariousness of our health systems, the fragility of our economy, and the delicate political situation. In terms of the strategies adopted by the government, a long and strict quarantine was chosen, with its usual social and labor restrictions. The crisis generated by the COVID-19 pandemic is having a serious impact on people's mental health and well-being. In Peru, it is estimated that among the most vulnerable groups in psychological terms would be the burdened health personnel, teachers, law enforcement staff, the elderly, the young, women, as well as people with a history of mental health problems. Within the described context, it is extremely important to ask ourselves how and how much this crisis affects the mental health of Peruvians. In that sense, the present investigation had as objectives (1) to describe the meanings associated with the experience of social isolation lived during the obligatory quarantine due to Covid-19 pandemic, from the perspective of participants, (2) to determine which are their main effects on the mental health and the psychological well-being of the population according to age and gender, and (3) to know the individual strategies used to face this situation. The study used a mixed methodology in which, based on a concurrent triangulation design, a cross validation was carried out between the data collected during its two phases, quantitative and qualitative. The first stage included a descriptive survey and the PHQ-9 scales for depression and GAD-7 for anxiety, while the second was based on 25 semi-structured interviews. Data analysis increased our understanding about the impact of the pandemic on Peruvian population mental health and the individual strategies used to address it, and allowed us to identify the most vulnerable population groups, in order to design relevant and specific interventions for them.

**Panel**  
Client effects

**Relationships between Contextual Factors and Psychotherapy Outcomes**  
A wealth of empirical evidence has demonstrated how psychotherapy outcomes are influenced by client, therapist, treatment process, and therapy factors. Of emerging importance is the examination of the role played by external, contextual factors. The goal of this panel is to explore such contextual factors at various levels of scope, including the counseling center, college campus, and surrounding neighborhoods. All of the studies utilize multilevel modeling to parse the variance in outcomes explained by the different levels of nested variables. The collegiate mental health setting represents one such context. System-wide

policy decisions (such as staffing levels and treatment model) may impact client outcomes (Carney et al.). In that same collegiate setting, the characteristics of the campus or neighborhood (such as racial composition and crime rates) may influence the effectiveness of psychotherapy, especially for racial and ethnic minorities with historical mental health disparities (Owen et al.). Research extended beyond the college setting examines the role of socioeconomic deprivation, the organization providing treatment, and the neighborhood where a patient lives in order to understand more about how outcomes are systematically affected (Firth). This panel will provide international perspectives on how understanding the role of contextual factors can have implications for higher education, counseling centers, and health disparities. The presenters will also discuss methodological and statistical challenges to conducting this kind of research.

**Clinical Load Index and clinical treatment model as predictors of collegiate psychotherapy outcomes.** *Dever Carney, Penn State University, University Park, USA; Louis Castonguay, Penn State University, University Park, USA; Rebecca Janis, Penn State University, University Park, USA; Brett Scofield, Penn State University, University Park, USA; Benjamin Locke, Penn State University, University Park, USA*

**Aim:** As treatment-seeking increases in collegiate mental health settings, university counseling centers are tasked with making critical decisions to cope with the increasing demand. This includes choices about staffing levels. A new metric called the Clinical Load Index (CLI) has emerged as a means of measuring staffing levels in a standardized manner. Centers also make decisions around treatment dosage (i.e., frequency and number of sessions provided). Some move towards an “absorption model” that typically offers fewer and less frequent sessions, while others adopt a “treatment model” that typically offers more frequent, or weekly, sessions. This study will empirically evaluate how a center’s CLI and clinical treatment model affect client psychotherapy outcomes. **Methods:** This project will use data collected from the Center for Collegiate Mental Health, a nationally representative practice-research network with over 600 college and university counseling center members. Multilevel models will examine the effect of CLI and clinical model on client symptom outcomes. **Discussion:** This project will shed light on how staffing and treatment model decisions can impact client outcomes, and will have practical implications for system-level clinical policies.

**Center Effects: The role of external factors on the effectiveness of psychotherapy for racial/ethnic minorities.** *Jesse Owen, University of Denver; Jeremy Coleman, University of Denver; Joanna Drinane, University of Utah, Salt Lake City, USA; Karen Tao, University of Utah, Salt Lake City, USA; Zac Imel, University of Utah, Salt Lake City, USA; Bruce E. Wampold, Modum Bad Research Institute, Vikersund, Norway; Mark Kopta, Aalborg University, Denmark*

There are well-documented mental health disparities between racial/ethnic minorities (REM) and white individuals. These disparities also extend into psychotherapy, including psychotherapy at university/college counseling centers. However, there is less known about how campus racial/ethnic composition might affect outcomes from psychotherapy for REM and white clients. This study examined psychotherapy outcomes from 33 counseling centers and 16,011 clients. The psychotherapy outcome measure was the Behavioral Health Measure, and the campus racial/ethnic composition was coded from public available data. Three-level multilevel models were conducted (clients nested within therapists who were nested within counseling centers). The results demonstrated that REM clients had lower therapy outcomes than white clients when they were at campuses where there were more white students. Other campus and environmental factors were not associated with client outcomes, such as crime rates, location (urban/rural), financial status of the university/college, etc. Implications for higher education, counseling centers,

and mental health disparities are provided.

**The effect of deprivation on neighborhood and clinic effects in psychotherapy outcomes.** *Nick Firth, University of Sheffield, UK*

A rapidly growing evidence base suggests that psychological intervention outcomes, systematically vary according to aspects of the context in which they are provided, over and above variability due to the characteristics of individual patients, therapists, and therapy models. In particular, this has included an increased focus on the clinic or organization providing care, the neighborhood where a patient lives, and the impact of socioeconomic deprivation. Although high quality research is beginning to explore these issues, this is a complex domain. Nuanced methodological challenges confound research results and limit confidence in study conclusions. Understanding and appropriately responding to these challenges is key as the field develops. "The Bigger Picture" project is using large N practice-based multilevel modelling approaches to model this variability at multiple levels, accounting for effects and explanatory factors simultaneously across these levels. The model will therefore distinguish neighborhood effects from clinic or organization effects. The project also aims to understand the extent to which socioeconomic indicators at each level of abstraction might explain these effects. The project uses data from the UK Improving Access to Psychological Therapies (IAPT) national initiative.

**Discussants:** Fredrik Falkenström, Linnaeus University, Sweden;

**Panel**  
Child & family

Organizers: Stefanie Schmidt, University of Bern, Switzerland; Katharina Weitkamp, University of Zurich, Switzerland; Agnes Von Wyl, University of Applied Sciences Zurich; Aarno Laitila, Jyväskylä; Nina Tejs Jørring, CAMHS Capital Region of Denmark;

**Relevance of family and group processes in psychotherapy with children, adolescents and emerging adults**

It is common practice to include family members or peers in psychotherapy with young people. While it has often been taken for granted that this leads to beneficial effects, evidence is sparse and inconclusive. Further, we still have a limited understanding under which conditions family and group involvement might exert the best effect and which family variables might work to predict therapy process and outcome. Therefore, this panel presents evidence on the effectiveness of counselling and psychotherapy in family as well as group settings in children, adolescents and emerging adults and shows how family and child variables might add complementary information to predict drop-out from psychotherapy. The first talk by Nina Tejs Jørring focuses on the beneficial effects of Narrative Family Therapy on the child's self-reported burden and the parent reported knowledge, skills and confidence to manage their child's health and healthcare. The second talk by Aarno Laitila will demonstrate that the inclusion of children diagnosed with conduct and oppositional defiant disorders in family therapy can have beneficial effects, in particular when reflecting about it after the session. In the third talk, Agnes von Wyl will present the results of a group counselling program with special emphasis on peer support in a sample of emerging adults, who are aged between 16 and 29 years and at heightened risk for mental health problems due to unemployment. Finally, Katharina Weitkamp will demonstrate how family and child variables can be used to predict dropout from psychodynamic and cognitive behavioral therapy with adolescents.

**Effectiveness of Narrative Family Therapy from child and parent perspective.** *Nina Tejs Jørring, CAMHS Capital Region of Denmark*

**Aim:** Many children and adolescents at the Child and Adolescent Mental Health Services (CAMHS) of the Capital Region of Denmark present with psychiatric co-morbidity. But only little research has been undertaken on this group and it is seldom subject to evidence-based treatment. Likewise, since there is little evidence base for narrative family therapy (NFT), it is seldom available to children and adolescents with a psychiatric disorder. **Methods:** A clinical single group design was used to examine the efficacy of NFT for children and adolescents with different diagnoses. Families receiving NFT from the Family Therapy Team (FTT) filled out psychometric measurements before and after

treatment. Patients evaluated the burden of symptoms using Beck's Youth Inventory (BYI), and parents evaluated their personal agency in relationship to their child's psychiatric disorder using Parent Activation Measurement (PAM). Results: We analyzed data from 48 patients and found a significant increase in median BYI measures of Self-Concept (40.5 to 46.0,  $p = 0.002$ ) with an effect size of 0.60, decreases in BYI Depression Index (58.0 to 54.0,  $p = 0.030$ ) with an effect size of -0.41, decreases in BYI Disruptive Behaviour Index (48.0 to 43.0,  $p = 0.030$ ) with an effect size of -0.38, and a significant increase in PAM from 56.4 to 68.5,  $p = 0.001$  with an effect size of 0.61. Conclusions: Results from this study suggest that NFT has a direct positive effect on patients' own evaluation of the burden due to symptoms, and parents' perceived personal agency regarding their child's distress.

**“Inclusive”: Group counseling in a non-clinical setting for emerging adults in transition.** *Agnes Von Wyl, University of Applied Sciences Zurich; Filomena Sabatella, University of Applied Sciences Zurich; Ran Wehrli, University of Applied Sciences Zurich*

Aim: Job-seeking adolescents and young adults with multiple stressors often fail to find a training place or a job. A lot of them suffer from mental disorders, that have often not been recognized or treated. The lack of treatment is often due to the reluctance of young people to take advantage of appropriate psychotherapeutic services. One explanation might be the fear of being stigmatized on the one hand, while on the other hand they often seem to lack the necessary insight to need help and to make use of it. Usually, the transitional programs focus on school and social deficits without offering psychotherapeutic services. However, studies have shown that early intervention is important to positively influence the course of a mental disorder if the disorder is treated early and immediately. Methods: To enable an early intervention in a non-clinical setting, we started a group therapy program with elements of Positive Peer Culture (PPC) in a transitional program for unemployed youth. A single group trial was conducted to examine the effectiveness of the intervention in a pre-post-follow up design. Primary outcome measure was perceived work ability. In addition, participants were assessed with a number of self-rating scales (BSI, depression, perceived stress, self-esteem, and self-efficacy). Results: Forty emerging adults aged 16-29 participated in the program and thus in the intervention. Findings will be presented at the conference. Discussion: Discussion and recommendations will focus on implications for early intervention in emerging adulthood.

**Adolescent treatment dropouts in psychodynamic and cognitive behavior therapy from the therapist's perspective: A qualitative interview study in Germany and Switzerland.** *Katharina Weitkamp, University of Zurich, Switzerland; Saskia Strauch, MSH Medical School Hamburg; Joy Borgovan, MSH Medical School Hamburg; Safira Tissira, University of Applied Sciences Zurich; Agnes Von Wyl, University of Applied Sciences Zurich*

Therapy drop-outs in adolescence remain a prevalent and complex problem with inconsistent research findings: Although a number of possible predictors have been identified, such as difficult family situations and development-related autonomy efforts, the underlying mechanisms and processes are hardly explained. In this qualitative study, 24 interviews were conducted with resident child and youth psychotherapists with either psychodynamic or cognitive behavior therapy background. The therapists reported a self-chosen drop-out case from their practice and were also asked about their views on what they consider typical for adolescent dropouts. The content analysis yielded factors relating to three topics as reasons for dropouts from the therapist's perspective. The area of therapy included themes such as setting variables or disagreement about therapy goals. The family and environment area included all reasons concerning the family, e.g., lack of parental support or parents opposing therapy. Finally, reasons such as therapy being too demanding, lack of motivation, loyalty conflicts were assigned to the adolescents. To conclude, a sensitive handling

seems to be necessary when trying to balance the adolescent's striving for autonomy and their therapeutic needs as well as finding the right dosage of parental involvement with parents who are often in need of treatment themselves.

**Child Participation in Family Therapy.** *Aarno Laitila, Jyväskylä; Mira Helimäki, University of Jyväskylä; Kirsti Kumpulainen, University of Eastern Finland, Joensuu*

**Aim:** This presentation is about the project Family-centred Treatment and Systematic Feedback in the Prevention of Social Exclusion for Children Diagnosed with Conduct and Oppositional Defiant Disorders. The research project is a collaborative research of the University of Jyväskylä, University hospital of Kuopio as well as the University of Eastern Finland. **Methods:** In this presentation, we will provide the overall picture of data collection, some vignettes of master level studies, and will focus on issues of researching child participation with one example of follow-up interviews. Applying Dialogical Methods for Investigations of Happening of Change (DIHC) it was investigated how children talked about their experiences of family therapy in the collaborative post-therapy research interview. **Results:** The results showed that children who had been diagnosed with an oppositional defiant or conduct disorder participated as dialogical partners talking in genuine, emotional, and reflective ways. Children, encountered as full-membership partners, also co-constructed meanings for their sensitive experiences. However, children's verbal initiatives appeared in very brief moments, which could have been easily missed. **Conclusions:** The results suggest that the collaborative post-therapy interview offered a safe forum for co-reflection by participants on what they had found useful or difficult in the family therapy process.

**Discussants:** Henriette Loeffler-Stastka, Medical University of Vienna, Austria;

#### Panel

Organizers: Sharon Ziv-Beiman, Academic College of Tel-Aviv; Avigail Bar Sella, Haifa University, Israel;

#### **Research of therapeutic technique from common factor perspective: contemporary research projects**

There has been skepticism regarding the utility of empirical investigations of therapeutic technique due to the failure of therapists' therapeutic approaches to meaningfully explain variance in therapy outcome (Wampold, 2015). Emerging research findings on the diverse use of technique among therapists who hold the same approach (Ablon and Jones, 2002) and on the importance of therapists' technical responsiveness (e.g., Owen & Hilsenroth, 2014; Solomonov et al., 2017) highlight the need to explore the impact of therapeutic techniques beyond the therapist's approach from a common factor perspective. Such a perspective focuses on the associations between the actual operationalized characteristics of the therapeutic technique (types of interventions, ratio between different kinds of interventions, diversity of the interventions used during a session and more) and process and outcome variables. After presenting the rationale for exploring the therapeutic technique from a common factor perspective, three research projects that have adopted this perspective will be presented and discussed. **key words:** therapeutic technique, confrontation, emotional experience, diversity of therapeutic technique

**That didn't feel good: Effects of therapist confrontation on client emotional expression.** *Christina Soma, University of Utah, Salt Lake City, USA; Shrikanth Narayanan, University of Southern California; David Atkins, University of Washington; Zac Imel, University of Utah, Salt Lake City, USA*

Though established as an effective form of mental health treatment, some patients may not respond to psychotherapy (Lambert & Ogles, 2004). Differentiated from treatments that actively cause harm to patients (e.g., Lilienfeld, 2007), there are some proscribed therapeutic behaviors are housed within bona fide psychotherapies and are theorized to have negative therapeutic consequences. For example, the therapist judging or shaming a client is

generally avoided across therapies (White & Miller, 2007). Different from therapeutic confrontation, judgment and shaming has been theorized to be harmful to patients in a variety of ways. Within Motivational Interviewing, for instance, judgment and shaming - coined "confrontation" - have been theorized to be elicit client defensiveness (Miller & Rollnick, 2013), and may be other consequences including the inducement of negative emotion. Social psychologists have theorized defensiveness within interpersonal communication, as a result of judgment and shaming, can indicate deeper individual painful feelings, such as shame and guilt (Stamp et al, 1992). Psychotherapy research has yet to investigate the immediate emotional consequences of therapist behaviors, like confrontations. In the current study, we will use a combination of signal and natural language processing techniques to evaluate the immediate impact of therapist confrontations on client emotional expression. We expect patients will have an increase in emotional expression after a therapist confrontation, and in particular, an increase in arousal and in increase in negatively valenced language.

**Understanding Interdependence of Patients' and Therapists' Affect Experiencing: Examination at Universal and Individual Difference**

**Levels.** *Avigail Bar Sella, Haifa University, Israel; Ashley Randall, Arizona State University; Sigal Zilcha-Mano, University of Haifa, Israel*

The importance of interdependence processes of patients' and therapists' affect experiences (AEs) over the course of treatment has been highlighted by numerous therapeutic orientations. Yet, most studies focused on snapshot observations and there is a dearth of knowledge regarding session-to-session patient-therapist AE interdependence. Using actor-partner interdependence model analysis in a sample of 70 patient-therapist dyads across 16 sessions of psychodynamic treatment, the present study investigated whether (a) patients' and therapists' changes in positive and negative AEs are universally interdependent throughout treatment, and (b) whether individuals' differences in AE interdependence can be explained by patients' anticipated ability to form a strong therapeutic alliance, and by the actual alliance with the therapist during treatment. Findings suggest that patients' and therapists' changes in positive and negative AEs are interdependent throughout treatment. Moderation analysis suggests that when patients report stronger anticipated ability to form a strong alliance, an increase in therapists' negative AE from one session to another predicts a greater decrease in their patients' negative AE to the following session. Additionally, focusing on patients' actual alliance with the therapist during treatment, when patients report a stronger alliance with their therapist, a subsequent increase in therapists' positive and negative AEs from one session to the next predicts greater subsequent increases in their patients' positive and negative AEs in the next session. Taken together, findings suggest that patients' and therapists' AEs are interdependent over the course of treatment, though individual differences exist.

**Diversity of therapeutic technique - inquiring technique from common factors perspective.** *Sharon Ziv-Beiman, Academic College of Tel-Aviv; Roei Chen, Bar Ilan University; Asaf Leibovich, Academic collage Tel- Aviv*

The presentation will focus on exploring therapeutic technique from a common factor perspective that aims to understand which characteristics of the technique promote therapeutic change beyond approach. This line of research focuses on characteristics such as combinations of interventions, number of interventions, the balance between supportive and challenging interventions, and the diversity of the therapeutic technique (the degree to which the therapist uses different interventions). We will present a research project that maps the therapeutic interventions that 23 therapists used while treating 86 clients for 12-session brief integrative psychotherapy (BIP). Meetings 1, 3, 7, and 10 were analyzed using Hill's (1988) Helping Skills System. The Shannon index (Shannon, 1948), which represents the degree of diversity of the therapeutic technique, was calculated for each session. We will describe the extent to which the session, the client,

and the therapist variables explain the variance of the diversity of the therapeutic technique of the session, and will screen findings regarding the relations between the diversity of the therapeutic technique, stages of therapy, process and outcome variables.

**Discussants:** Zac Imel, University of Utah, Salt Lake City, USA;

**Panel**

Organizer: George Silberschatz, University of California, San Francisco, USA

**Research on Control-Mastery Theory**

Control-mastery theory, developed by Sampson and Weiss and empirically investigated by the San Francisco Psychotherapy Research Group, is a transdiagnostic model of how psychopathology develops and how psychotherapy works. The theory does not privilege one therapeutic technique over another. Rather, the emphasis is on the degree to which therapists correctly understand the patient's particular problems and needs. Interventions that are guided by such understanding are helpful and lead to a productive therapeutic process and positive treatment outcomes. Recent research on control-mastery theory is the focus of this panel. The first presentation (Curtis) focuses on research studies on the reliability of the formulation method—the procedure for assessing the patient's particular problems and needs. The second (Novak) focuses on a systematic review of 33 studies that have focused on how patients test their therapists and the effects of therapists passing or failing patient tests. The third (Kadur), presents new research on the effects of therapists passing or failing patient tests (the extent to which interventions correctly address the patient's specific problems) using the Helping Skills System developed by Hill. The final presentation (McCollum) will review a variety of recently developed patient measures that have opened new areas of research for testing control-mastery hypotheses.

**Research on formulating the patient's problems and goals.** *John Curtis, University of California, San Francisco, USA*

For more than 45 years the San Francisco Psychotherapy Research Group has tested the broad hypothesis that when a therapist intervenes in accord with a formulation that accurately identifies the conflicts and needs of a patient, the patient will show improvement immediately in the session and ultimately at therapy outcome. Failure to respond in accord with such a formulation will lead to stagnation or decline. This approach to psychotherapy is case-specific and requires that interventions be tailored to the individual needs of the patient. Moreover, this approach does not privilege particular therapeutic techniques or interventions—again suggesting that whatever techniques or interventions are employed be determined by the unique needs of the patient. To test our ideas, we have for the most part adopted a research strategy of repeated single-case studies. For these studies, we have first developed a unique formulation of each case and then used that formulation to rate the “accuracy” of the therapist's interventions—defined as compatibility with the formulation. We then determine the relationship between the accuracy of the therapist's interventions and immediate changes in the process of the therapy and ultimate therapy outcome. The first step in this strategy was to develop a reliable method for formulating individual cases. In this presentation, I will review the development of our formulation method (The Plan Formulation Method) and then give an overview of its application to studies of the process and outcome of psychotherapy

**Patient Testing in Psychotherapy on the basis of Control Mastery Theory: Manifestations of Testing & Complexity of the Concept.** *Alexandra Novak, University of Klagenfurt, Austria*

Patients are presumed to bring past relational histories into therapy and probe the therapist with the goal of challenging pathogenic adaptations to early experiences. Naturally taking place in the therapeutic relationship, the phenomenon of testing, is concretized to provide an explanation of how psychotherapy may work. Previously reported test examples in empirical studies

are collected, systematized, and compared to provide an overview of what psychotherapists might encounter in clinical practice. Testing takes place through the interaction with the therapist, self-presentation, narratives, or by the use of the setting. An in-depth analysis of clinical vignettes illustrating testing examples allows to determine their potential meaning. The results suggest a common pattern of testing but also point to its complexity since one single test may have different meanings across patients and may also change meaning within a patient during the course of treatment. Furthermore, patients combine tests and test multiple conflictual themes within a single test. The relationship of successful testing and treatment process-outcome variables must always be interpreted in context. The importance of applying a case-specific approach, based on a thorough understanding of a patient, becomes evident. Keywords: Transference, Object Relations, Psychotherapy

**Tests of the patient and therapist's helping skills in psychotherapy.** Jennifer Kadur, *Alpen-Adria-Universität, Klagenfurt, Austria*; Dorothea Huber, *International Psychoanalytic University, Berlin, Germany*; Günter Klug, *Technische Universität München*; Imke Grimm, *International Psychoanalytic University, Berlin, Germany*; Sylke Andreas, *University of Klagenfurt, Austria*

Background Already in 1936 Rosenzweig postulated that psychotherapeutic change is not only based on therapeutic technique, but also on overall common factors. Common factors imply "empathy, warmth and the therapeutic relationship" (Lambert & Dean, 2001, p. 357). A theory of psychotherapy that focusses rather on relational issues is the Control-Mastery Theory (CMT; Weiss, Sampson, & The Mount Zion Psychotherapy Research Group, 1986). According to CMT improvement in patients depends on the extent to which the therapist acts in a way that disconfirms the patient's pathogenic beliefs (Rappoport, 1996). One way to take a closer look at this therapeutic relationship, is to analyze the concrete interaction between the therapist and his patient in psychotherapy sessions and to find out what happens in the therapeutic process. The aim of this study is to find out whether there is an association between the concepts of CMT and the statements of the therapist after the patient's test situations. Method 21 patients of the Munich Psychotherapy Study (Huber, Zimmermann, Henrich, & Klug, 2012) will be examined for test situations according to CMT. Therapist statements after these test situations are then coded using the "Helping Skills System" (HSS; Hill, 2014), a measurement that encodes the verbal utterances of a therapist. Statistical analyses are performed to identify correlations between passed and failed tests and the therapist's behaviour. Results and discussion Results of this study will be presented and discussed on the 52th International Annual Meeting of the SPR in Heidelberg. References Hill, C. E. (2014). *Helping skills: Facilitating exploration, insight, and action* (Fourth edition). Washington, D.C: American Psychological Association. Huber, D., Zimmermann, J., Henrich, G., & Klug, G. (2012). Comparison of cognitive-behaviour therapy with psychoanalytic and psychodynamic therapy for depressed patients - a three-year follow-up study. *Zeitschrift Fuer Psychosomatische Medizin Und Psychotherapie*, 58(3), 299–316. Lambert, M., & Dean, B. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy*, 38(4), 357-361. Rappoport, A. (1996). The structure of psychotherapy: Control-mastery theory's diagnostic plan formulation. *Psychotherapy: Theory, Research, Practice, Training*, 33(1), 1–10. Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6(3), 412–415. Retrieved from <http://dx.doi.org/10.1111/j.1939-0025.1936.tb05248.x> Weiss, J., Sampson, H., & The Mount Zion Psychotherapy Research Group. (1986). *The psychoanalytic process: Theory, clinical observations, and empirical research*. New York, N.Y.: Guilford Press.

**Objectively Measuring the Patient's Perspective.** James McCollum, *San Francisco Psychotherapy Research Group*

Many approaches exist to capture the thoughts and feelings of patients in psychotherapy. The research method most frequently employed by the San Francisco Psychotherapy Research Group has relied on analyzing the verbatim content of therapy sessions using trained clinical judges. This presentation will discuss new research on several recently developed measures to capture patients' perspectives directly through rating scales. The measures discussed here include the Personal Beliefs Scale, Patient Experience of Attunement Questionnaire, and the Problems in Therapy Scale. These scales provide empirical measures of components of the Control Mastery Theory of the therapeutic process. These measures are designed to be used in both research and clinical practice. The presentation will discuss the development and ongoing research using these scales, as well as potential clinical applications in diagnosis, treatment planning, and monitoring outcomes of therapy.

**Panel**  
Feedback

Organizer: Brittany King,  
University at  
Albany/SUNY, USA

**Routine clinical assessment and feedback: Innovative approaches to assessments of psychotherapy process and progress**

Clinical measurement and feedback offer promising methods for improving psychotherapy process and, subsequently, outcome. This panel reviews several studies examining methods for evaluating therapy-process feedback from a variety of sources: therapist, patient, and observer. Each paper discusses or directly examines the impact of process-feedback on psychotherapy outcomes such as therapists' awareness of patient symptom severity, patterns of change, change mechanisms, fidelity, and out-of-session work. Promising new measurement approaches are introduced and discussed.

**Patterns of Change and Change Mechanisms in Psychotherapy for Depression: Which comes first, resource or problem activation?. Danilo Moggia, Universität Trier, Germany; Jessica Prinz, Universität Trier, Germany; Susanne Edelbluth, Universität Trier, Germany; Brian Schwartz, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany**

Background and Aim: Psychotherapy is the first-line treatment recommended for depression in numerous clinical guidelines. However, some patients do not respond and others even deteriorate. After decades that the effectiveness of psychotherapy for depression has been proved it is still not known why psychotherapy is effective for some cases and not for others. Why and how psychotherapy works to conduct to certain outcomes, are questions that still intrigue psychotherapy researchers. One model which try to address these questions is Grawe's general change mechanisms. It is a common factor model which states that there are five processes present in every psychotherapy that led to change: therapeutic relationship, motivational clarification, problem activation, resource activation and mastery. In the current study, we examine two of these processes, problem and resource activation, trying to establish the temporal concatenation they follow in different patterns of change tracked in a sample of patients who received psychotherapy for depression. Method: A sample of 755 patients who received psychotherapy for depression at a university outpatient clinic is analysed. Patients were assessed with a battery of instruments (including outcome and processes measures) before, during and after treatment. Growth mixture modelling is applied to identify patterns of change in terms of outcome trajectories within the sample. Afterwards, latent change score analyses are carried out to establish the temporal sequence of problem and resource activation within each pattern. Finally, pre-treatment characteristics of the patients which predict each pattern are explored. Results and Discussion: Results are discussed in the context of processes-outcome and patient-focused research, highlighting the importance of not only knowing about patterns of change in terms of outcome to personalise treatments but also processes and their temporal sequence.

**Development and Validation of a Clinician Self-Report Fidelity Measure for Implementation in an Intensive Eating Disorder Treatment Setting. Jennifer Oswald, Brown University, Providence, USA; James F Boswell, University at**

*Albany, State University of New York; Melanie Smith, The Renfrew Center; Gayle Brooks, The Renfrew Center*

Aim: Fidelity monitoring is vital to successful implementation of evidence-based practice in routine treatment settings. However, resource-intensiveness and low clinician buy-in pose barriers to traditional observer-report monitoring. Self-report (SR) approaches may therefore have practical utility in such settings. Using cognitive interviewing and convergent validity analyses, this study aimed to 1) develop a SR fidelity measure of a transdiagnostic evidence-based protocol tailored for acceptability, accuracy, and ease of use within its designated setting, and 2) to assess measure validity via convergence with observer ratings. Methods: N = 10 clinicians at a residential eating disorders treatment center participated in cognitive interviewing to address areas of confusion, poor design, or excessive burden in an initial measure draft. Using the finalized measure, N = 15 clinicians self-rated fidelity in daily therapy sessions for a four-month period. Bivariate correlations and mixed-model intraclass correlations were used to assess measure internal consistency and reliability as well as convergence between SR and observer ratings for a sample of N = 51 sessions. Results: Cognitive interviewing indicated a need for expanded instructions, clearer language, and more specific rating anchors. The final measure demonstrated good internal consistency and reliability and convergence with observer-report data on categorical adherence ratings and mean quality ratings. Dimensional and item-level ratings showed less agreement. Discussion: The unique challenges posed by routine fidelity monitoring in routine settings will be discussed along with potential solutions, e.g. clinician involvement in tool development, use of SR monitoring to supplement observer ratings, and strategies for integrating monitoring into routine practice.

**Therapist and client attitudes toward client independent review of recorded psychotherapy sessions.** *Brittany King, University at Albany/SUNY, USA; James F Boswell, University at Albany, State University of New York*

Aim: Researchers and clinicians have benefited from the ability to record and review psychotherapy sessions, by both improving clinical skills and furthering understanding of psychotherapy processes. While such recordings have at times been utilized clinically in the treatment of couples and individuals with trauma, less is known about the potential benefits of client independent session review for other patients with a range of presenting problems. This study evaluated and compared therapist and client attitudes toward incorporating this review practice into treatment. Method: Therapist participants (N = 178) included trainees and experienced clinicians. Client participants (N = 275) were adults in current or past psychotherapies. All participants were asked about ways in which client review of sessions could be helpful to patients (e.g., improved memory of session content, increased processing of topics) and how it might be detrimental or difficult to incorporate (e.g., therapist and/or client anxiety, confidentiality concerns). Results: Therapist and client attitudes varied based on each question topic; comparison of descriptive statistics from both surveys indicate that clients and therapists both agree and differ on certain matters. For example, both agreed that client review could allow patients to think more deeply about therapy topics, while attitudes differed regarding its ability to improve objective self-view, with therapists rating this lower (i.e. less likely) than clients. Additional descriptive and inferential results will be presented. Discussion: Client review of sessions may be a novel avenue for patients to further engage in treatment and reflect on therapeutic topics and progress. Implications for future research and implementation in routine practice will be discussed.

**The role of therapists' awareness of patients' functioning for the effects of ROM and feedback.** *Julian Rubel, University of Giessen, Germany; Frederik Rapp, University of Giessen, Germany; Brian Schwartz, Universität Trier, Germany; Mila Hall, University of Giessen, Germany; Robin Wester, University*

*of Giessen, Germany; Christopher Lalk, University of Giessen, Germany; Wolfgang Lutz, Universität Trier, Germany*

Psychometric feedback and decision-support tools have been shown to be helpful means to improve the outcomes of patients at risk for treatment failure. However, less is known about the mechanisms through which feedback works. In the present study, therapists' awareness of their patients' symptom severity is investigated as a potential mediating factor of feedback effects. Thus, we expect that feedback signals lead to a higher awareness for negative developments enabling therapists to adapt their current treatment approach. Data is used from a recent randomized controlled trial testing the effects of psychometric feedback and decision support tools. Therapist-patient dyads (N = 538) in an CBT outpatient clinic were randomized to either having access to a decision support system (intervention group, IG; n = 335) or not (treatment as usual, TAU; n = 203). Therapists' awareness of client change is measured via the correlation and average bias of therapist and patient session ratings of patient functioning. The truth and bias model is used to estimate the correlation between the perspectives as well as their average discrepancy. Awareness before an off-track signal is compared with awareness after an off-track signal. Increase in awareness is tested as a mediator of feedback effects. Results are discussed in the context of future implementations of psychometric feedback and decision-support systems.

**Panel**  
Alliance

Organizer: Carolina  
Altimir, Univesidad  
Alberto Hurtado

**Rupture-resolution under the lens: tailoring the specificities of the alliance during the therapeutic process**

Background: The therapeutic alliance is a central factor for the change process, supporting a renewed interest to determine specific elements/mechanisms involved in its configuration. The study of alliance ruptures has contributed with relevant insights regarding how the relationship is negotiated moment-by-moment, and their relevance for the continuation of therapy. Micro-analysis of the distinctive elements associated to the emergence and resolution of ruptures may contribute to further specify them, allowing a tailor-based approach to clinical interventions. Aim: This panel gathers three contributions to the study of alliance ruptures from a micro-analytic perspective. The first presentation describes the alliance along a single case of online therapy, and a detailed description of the types, frequency and intensity of ruptures, resolution strategies and their clinical significance across the treatment. The second study examines the therapist's subjective experience during ruptures and resolution strategies, reconstructed retrospectively through video-assisted interviews, in a brief psychodynamic psychotherapy. The third presentation describes verbal and nonverbal markers of therapeutic presence within different types of rupture-resolution strategies sequences, along 12 therapies. Method: All studies apply a micro-analytic observational approach to the description of alliance and rupture-resolution process. The first two are systematic single case studies, including interviews to therapy participants. The last two include qualitative content analysis to the data. Results: Findings highlight the presence of distinctive elements characteristic of a complex phenomenon as the alliance negotiation. Discussion: Micro-analytic multiple-lens approach to ruptures-resolutions allows further specification of its complexity, facilitating a tailored approach to the different manifestations of participants' subjectivity. Keyword: ruptures

**Therapeutic Alliance in a successful case of online psychodynamic psychotherapy.** *Luan Feijo, Universidade do Vale do Rio dos Sinos; Eduarda Barcellos, Universidade do Vale do Rio dos Sinos; Fernanda Serralta, Universidade do Vale do Rio dos Sinos*

Background: The therapeutic alliance (TA) is a modest but consistent predictor of positive psychotherapeutic outcome. Studies show that even when alliance is well established between the pair, fluctuations are inevitable during treatment, and that the therapist's strategies to repair them are crucial to process. Intensive analyses of the TA process in online psychotherapy are still scarce. Aim: This

systematic case study aimed to describe the general characteristics of the psychotherapeutic process, estimate the level of therapeutic alliance throughout the sessions accordingly with the perception of both patient and therapist, and describe types, frequency and intensity of TA ruptures, the resolution strategies and their clinical significance across the treatment microprocess. Method: Participants were a female psychodynamic oriented therapist and a young female adult patient with complaints for anxiety symptoms. The treatment consisted of 24 psychodynamic-oriented online sessions, videotaped and transcribed and its result was successful, considering both symptomatic and intrapsychic changes. Data were collected using the Working Alliance Inventory and the Rupture Resolution Rating System, which were analyzed descriptively. Results: The results indicated an overall collaborative process in which the dyad, especially the patient, reported consistently high scores in overall TA and all domains. In the microprocess, there were more withdrawal ruptures ( $n = 18$ ) than confrontation ( $n = 1$ ) and global impact of resolutions (mean = 2.50) was greater than the impact of ruptures (mean = 1.75). Discussion: New studies with systematic cases should be carried out, in addition to evaluating ruptures and resolutions of TA online in different cases.

**Therapist's subjective experience of ruptures and resolutions of the alliance in a brief psychodynamic psychotherapy: A retrospective account..** *Carolina Altimir, Univesidad Alberto Hurtado; Geraldine Farias, Universidad de Las Américas; Camila Varas, Universidad de Las Américas*

Background: Therapists' ability to address alliance ruptures is relevant to decrease their negative impact on the quality and progress of psychotherapy (Coutinho, et al., 2011; Coutinho et al., 2014). Accessing therapist's experience and internal dialogue during ruptures is relevant as it demands the therapist's ability to be attentive to the oscillations of the relationship and to access technical, relational and personal resources for their adequate management (Castonguay et al., 2015). Few studies have focused on a deep understanding of therapists' internal processes during these events. Aim: To identify and describe the therapist's subjective experience during alliance ruptures (R) and resolution strategies (RS), reconstructed retrospectively through video-assisted interviews, in a brief psychodynamic psychotherapy. Method: Single case study, where participants included a female young adult patient with anxiety symptoms and an experienced psychodynamic oriented male therapist. Treatment consisted of 17 videotaped sessions subjected to the Rupture Resolution Rating System, yielding 10 R and 12 RS. Videotaped events were reviewed with the therapist using Interpersonal Process Recall, and their transcripts were analyzed using Grounded Theory. Results: Therapist's experience of R and RS shared the sense of effortful presence, collaboration and oscillation between meeting and disagreement. R were experienced as "work in progress" with vigilance and acceptance to the emergent, and therapist's missattuned proposals. RS were experienced as "a consolidation process", with therapist's formulating understandings, seeking connection and focusing on the relationship. Discussion: Understanding therapist's internal experience during difficult events of therapy can contribute to explicit the processes that influence interventions, thus contributing knowledge on therapeutic process and clinical training.

**Therapeutic presence during rupture-resolution sequences: A qualitative content analysis of therapist facilitative factors..** *Pedro Arévalo, Pontificia Universidad Católica de Chile, Santiago; Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago; Nina Immel, Pontificia Universidad Católica de Chile, Santiago; Daniel Vásquez, Pontificia Universidad Católica de Chile, Santiago; Carolina Altimir, Univesidad Alberto Hurtado*

Background: Alliance ruptures represent a challenge for therapists, and their adequate management has been associated with significant benefits to patients (Safran, et al., 2005), a better quality of the therapeutic alliance and positive therapy outcomes. Therapists' factors (technical/relational) have shown to be related with the presence of ruptures and their resolution. Presence is a state in

which therapists can remain at once centered on themselves, committed to their patient and his/her needs, and attentive to the aspects of the interaction (Hayes & Vinca, 2017). This may be particularly relevant for the identification and redirection of therapists' reactions when they are confronted with alliance ruptures (Schneider, 2015). Aim: To describe distinct verbal and nonverbal markers of therapeutic presence associated with different types of ruptures (confrontation and withdrawal) and resolution strategies sequences. Method: Videotaped sessions of 12 brief individual therapies of different theoretical approaches were observed using the Rupture Resolution Rating System (3RS) for the identification of ruptures and resolution strategies. A qualitative content analysis of a sample of different types of alliance ruptures-resolutions sequences will be carried out. Verbal and non-verbal markers of therapeutic presence (Colosimo & Post, 2011) will be identified based on videotape and transcripts of the different sequences. Results: Therapeutic presence will show different verbal and nonverbal characteristics according to the specific rupture-resolution sequences. Discussion: Understanding the specificities of the therapeutic presence associated to different interactional scenarios within rupture-resolution sequences contributes to guiding mindful therapeutic interventions and appropriate addressing of difficult moments in therapy.

**Discussants:** Chris Muran, Adelphi University, New York, USA;

#### Panel

Organizer: Thomas Munder, University of Zurich, Switzerland

#### **Scrutiny in psychotherapy outcome research: Interindividual differences in treatment effects, risk of bias, and intensity of control groups**

Psychotherapy outcome research investigates whether and to what degree psychotherapy leads to positive changes for patients. Randomized trials (RCT) and meta-analyses (MA) of these trials are considered one of the most credible methods to approach these questions and consequently receive much attention. However, RCTs and MAs are not immune from bias and therefore their results need to be scrutinized from different angles in order to yield valid information: The papers assembled in this panel do this (a) by looking at interindividual differences in treatment effects in a re-analysis of a large RCT, (b) by critically examining the effects of mentalization-based therapy in a MA taking into account several risks of bias, and (c) by exploring the impact of control group intensity in a MA of treatment for depression.

**Mentalization-based treatment for borderline personality disorder and other disorders – a systematic review and meta-analysis of MBT treatments in BPD and other disorders.** *Tobias Nolte, University College, London, UK; Chloe Campbell, University College, London, UK; Thomas Munder, University of Zurich, Switzerland; Anthony Bateman, University College, London, UK; Patrick Luyten, University College London; Peter Fonagy, University College, London, UK*

Background and Objective: To assess the quality of existing MBT and to report a meta-analytically derived effect size for studies included. MBT is a relatively new form of psychotherapy which has expanded considerably over the last decade. Originally developed for the treatment of BPD, it is now being used in the treatment of a range of mental health disorders, such as depression, eating disorders and psychosis. The purpose of this presentation is to critically review and meta-analyze, where appropriate, data from studies using both RCT and non-RCT designs in order to examine the efficacy and effectiveness of MBT. The review will include all psychological disorders and problems for which MBT has been used as a form of treatment. It is possible that there may only be sufficient data to meta-analyse outcomes for MBT for BPD. If the evidence is insufficient or too heterogeneous we may need to amend the meta-analytic strategy. A growing number of empirical treatment outcome evaluations have been reported to assess the effectiveness of MBT (using both RCTs and less rigorous approaches). Effect sizes were within the normal range of psychotherapy outcome research and differed dependent upon study and outcome measures. However, to date the quality of these studies have not been

systematically assessed and preliminary meta-analytic summaries of overall MBT effectiveness are missing. Design: We conducted a Prospero-registered MEDLINE EMBASE, Medline/Pubmed, Cochrane, and Psychinfo. In addition, we will also check reference lists of reviews, meta-analyses, and other manuscripts. The publication period will be between 1999 and 1 February 2021 with a search to locate all published randomized controlled trials as well as other trials of MBT to identify relevant outcome. Studies that randomized participants to two or more treatments, one of which was identified as “mentalization-based” treatment, were included. Studies that identified themselves as precursors to larger and more were also included for exploratory reasons. Methods: Studies in which MBT is the main component of intervention with the following design types: RCT, open trial, case series (N>20) or cohort study for any psychological disorder or problem. Group, individual or combined MBT will be included. Inpatient and outpatient MBT will both be included. The Randomized Controlled Trial Psychotherapy Quality Rating Scale (RCT-PQRS) was applied to all studies; modified for non-RCTs. We will further assess included studies for risk of bias by evaluating nine design criteria. We will use a checklist developed by Cuijpers, Van Straten, Bohlmeijer, Hollon, and Andersson (2010), which will be slightly modified to fit the focus of the present meta-analysis. Meta-analytic effect sizes were calculated for overall effectiveness, target problems, general psychiatric symptoms, personality functioning, and social functioning. The primary outcome of RCT trial or other study will be validated problem specific scales (symptom related and personality functioning). Results: Preliminary findings indicate that standard mean differences between MBT and comparator range from .5 to 1.1 Final results of meta-analytic calculations will be reported at the conference. For the updated search: If numbers permit, we will undertake subgroup/ sensitivity analyses of studies in which therapy was manualized, which had adherence ratings, which had blinded ratings of outcome, which diagnoses was by structured interview versus others, when treatment was group versus individual treatment formats Limitations: Due the small number of included studies and heterogeneity of study designs/clinical populations treated the emerging meta-analytic evidence for MBT has to be treated as preliminary. Conclusion: It is feasible to compute meta-analytically derived effect sizes for the effectiveness of MBT and to evaluate the quality of MBT RTCs and other outcome studies based upon state-of the art quality assessment procedures.

**Intensity of treatment as usual in randomized trials of psychotherapy for depression: A pre-registered meta-analysis..** *Thomas Munder, University of Zurich, Switzerland; Alessia Geisshüsler, University of Zurich, Switzerland; Tobias Krieger, University of Bern, Switzerland; Johannes Zimmermann, Universität Kassel, Germany; Markus Wolf, University of Zurich, Switzerland; Thomas Berger, University of Bern, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

Background: There is a longstanding debate about the construct quality of treatment as usual (TAU) as a control group. One critical issue is that TAU groups are heterogeneous in terms of the care provided and therefore treatment effects vis-à-vis TAU are difficult to interpret. The aim of our meta-analysis was to investigate the intensity of TAU as a moderator of treatment effects. Method: All study methods were pre-registered in a study protocol. We defined control group intensity based on six indicators (e.g., provision of care to all patients in, unconstrained access to usual care). We included randomized trials comparing face-to-face or internet-based with either TAU or waiting list in the treatment of adult depression. Results: A systematic literature search identified 89 eligible trials. Pre-registered meta-regressions showed a significant and robust effect of control group intensity on outcome. The effect was most pronounced for TAU groups Conclusions: The results suggest substantial efficacy differences within TAU groups and call for the need to incorporate more information on the care provided to patients in TAU in the interpretation of treatment effects.

**Interindividual Differences in Treatment Effects Based on Structural**

**Equation Models with Latent Variables: An EffectLiteR Tutorial.** *Johannes Zimmermann, Universität Kassel, Germany; Axel Mayer, Bielefeld University, Germany; Jürgen Hoyer, Technical University Dresden, Germany; Simone Salzer, International Psychoanalytic University Berlin, Germany; Jörg Wiltink, Johannes Gutenberg-Universität Mainz, Germany; Eric Leibling, Aalborg University, Denmark; Falk Leichsenring, Justus Liebig University Giessen*

The investigation of interindividual differences in the effects of a treatment is challenging, because many constructs in psychological research such as depression or anxiety are latent variables and modeling heterogeneity in treatment effects requires interactions and potentially non-linear relationships. In this presentation, we present a tutorial of the EffectLiteR approach that allows for estimating individual treatment effects based on latent variable models. We describe step by step how to apply the approach using the EffectLiteR software package with data from the multicenter randomized controlled trial of the Social Phobia Psychotherapy Network (SOPHO-NET) and provide guidelines and recommendations for researchers. The focus is on explaining the results of a comprehensive effect analysis in an accessible language and on highlighting the opportunities the EffectLiteR approach offers for analyzing interindividual differences in treatment effects.

**Discussants:** Jack Keefe, Weill Medical College of Cornell University;

**Panel**

Therapist training and development

Organizer: Antje Gumz,  
Psychologische  
Hochschule Berlin

**Studies on psychotherapy training**

In Germany, a new university "psychotherapy degree programme" was launched in autumn 2020. The political reform places new demands on the development of university curricula and psychotherapy training. Key requirements include to make the training more practice oriented. Thus, development of new formats of teaching and examination is necessary to achieve that goal. The reform sparked intensive discussions and debates. Different attitudes exist among clinicians, researchers and lecturers. The panel presents new research findings on that topic. First, the results of a survey are demonstrated focussing at hopes and fears among psychotherapists concerning the reform. The attitudes differ depending on psychotherapeutic school and social identification (i.e., superordinate, dual, particular, separate). The ability to establish a good therapeutic alliance and to constructively deal with alliance ruptures has been acknowledged as an essential component of the future university training. The second paper looks at this component on the basis of a qualitative study and discusses how psychotherapy trainees´ experienced the Alliance-Focused Training (AFT, Eubanks-Carter, Muran u. Safran, 2015; Gumz et al., 2020) as part of their psychotherapy training. The third paper is about psychotherapy trainees´ experiences with a longitudinal curriculum for the development of psychodynamic intervention competencies (DYNAMIC-curriculum). The qualitative study shows that participants highly valued the role-plays with peers and standardized patients in small groups as well as to practice psychodynamic interventions in a protected fault-forgiving environment. The fourth paper addresses the questions how psychodynamic competencies can be evaluated.

**Psychotherapist's Social Identification, Psychotherapy School, and Attitudes Towards the Ongoing Reform of Psychotherapy Training in Germany – a Cross-Sectional, Correlational Study.** *Klaus Michael Reininger, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Holger Zapf, University Medical Center Hamburg-Eppendorf, Child and Adolescent Psychiatry and Psychotherapy Center for Psychosocial Medicine; David Algner-Herzmann, University Medical Center Hamburg-Eppendorf, Institute of Psychotherapy, Institute and Outpatients Clinic for Psychosomatic Medicine and Psychotherapy,; Hannah Marie Biel, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für*

*Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Nora Rebekka Krott, Universität Bielefeld, Institut für interdisziplinäre Konflikt- und Gewaltforschung, Bielefeld, Deutschland; Timo Hennig, Universität Hamburg, Fakultät für Erziehungswissenschaft, Hamburg, Deutschland; Bernd Löwe, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Ingo Jungclaßen, University of Applied Sciences for medium-sized companies (FHM)*

The political reform of German psychotherapy training has been agreed upon between 2019 and 2020, bringing about profound changes to current practices in studies and training. The demands formulated in the context of the reform consequently need to be implemented in psychotherapy training in Germany. In contrast to current practices in German universities, the reform demands that all psychotherapeutic schools (e.g. cognitive-behavioral, psychodynamic, systemic psychotherapy) should be equally taught in bachelor and master study programs. Some psychotherapists now carry 'expansive' hopes, arguing that university chairs would have to multiply to ensure plurality in research and teaching. Others fear that plurality will be assured in university's practice due to the current predominance of cognitive-behavioral university chairs of clinical psychology in Germany. It thus seems that the political reform of Psychotherapy training in Germany is fueling both hopes and fears in psychotherapists - both in training and practice. It therefore seems likely that attitudes towards the ongoing reform should be ambivalent and should differ based on psychotherapists' social identification and psychotherapeutic schools. In a sample of 353 psychotherapists (in training or practice), we asked for their identification as psychotherapists and their evaluation of the current reform. Descriptive and correlational data show that attitudes towards the reform differ based on psychotherapeutic schools and social identification (i.e., superordinate, dual, particular, separate). We discuss these results and their potential implications for the current reform of psychotherapy training.

**Psychotherapy trainees' experience of Alliance-Focused Training as a part of psychotherapy training – a qualitative analysis.** *Lena Walther, Department of Psychosomatics and Psychotherapy, Psychologische Hochschule Berlin; Laurence Reuter, Professur für Psychosomatik und Psychotherapie, Psychologische Hochschule Berlin; Antje Gumz, Psychologische Hochschule Berlin*

Background and Aims: Interpersonal competencies of therapists in dealing with alliance ruptures is related to therapeutic success. Therefore, it is of particular importance to learn and to train these competencies. A method which was developed specially for this purpose is the Alliance-Focused Training (AFT, Safran & Muran, 2000). The aim of the study was to determine what expectations and concerns the training candidates had at the beginning of the training and what helpful or hindering experiences they had with the AFT. Methods: Seven psychotherapy trainees received AFT (workshop and AFT focused supervision). In semi-structured interviews pre- and post-AFT, they were asked about their expectations from and experiences with the training. The transcriptions of the interviews were analyzed using the Consensual Qualitative Research (CQR; Hill et al., 2012) method. Results and Discussion: Before the AFT, participants showed ambivalent attitudes and fears mainly towards self-revelation. After the training, they mainly described personal development, in particular a more self-confident handling of alliance ruptures and enactments, an increased empathy for the patient and therapeutic processes and growth through self-confrontation and self-exploration. The study participants also stated a progress in learning to deal with alliance ruptures and to use them in a helpful way for the therapy process. Video recordings of therapy sessions, role plays and training of metacommunication skills were experienced as being helpful and practice related. The results indicate that the AFT has a great potential for improving competencies of psychotherapists. The method will be

illustrated by video examples during the lecture.

**Psychotherapy trainees' experiences with a practice-oriented longitudinal curriculum for the development of psychodynamic intervention competencies (DYNAMIC-curriculum).** *Inka Montan, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Ulrike Dinger, University Hospital, Heidelberg, Germany; Julia Dück, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Johannes C. Ehrenthal, University of Cologne, Germany; Timo Storck, Psychologische Hochschule Berlin; Svenja Taubner, University of Heidelberg, Germany; Leoni P. H. Weintz, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Moritz Thake, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Christoph Friederich, University Hospital, Heidelberg, Germany; Henning Schauenburg, University Hospital, Heidelberg, Germany; Jobst-Hendrik Schultz, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital*

Background: The development of psychotherapeutic intervention competencies demands comprehensive curricula offering practice-oriented teaching formats. To date, such comprehensive formats are scarce. Based on Kern's (1998) cycle of curriculum development we implemented and evaluated a longitudinal curriculum for the development of psychodynamic intervention competencies (DYNAMIC-curriculum). Didactic elements include practice-orientated training in small groups, enfolded model learning, peer- and standardized patient role play, and qualified feedback including video feedback. Study aim: To qualitatively explore (A) perceived competency development of psychotherapy trainees participating in the DYNAMIC-curriculum, (B) their evaluation of the didactic formats. Methods: The curriculum comprises eight modules addressing specific psychodynamic intervention types and was implemented at a university-based German psychotherapy training institute. For qualitative evaluation, semi-standardized interviews were conducted after each module. Questions addressed (A) self-perceived competency development, and (B) evaluation of the teaching formats. Eighty-two interviews were analysed applying qualitative content analysis (Mayring, 2015). Results: (A) Participants perceived a growth in their psychodynamic intervention competencies in terms of 1) using the interventions more intentionally, 2) reflecting their use in relation to the patient's conditions, 3) feeling more self-efficacious. They realized the importance of the therapeutic relationship and the use of directly working with it, and felt active in their therapeutic role. (B) Participants evaluated the role plays plus (video-) feedback as a valuable opportunity to practice the interventions in a protected fault-forgiving environment, learning from teachers and peers as role models. Conclusion: Participants perceived the DYNAMIC-curriculum as effective and helpful for increasing their psychodynamic competencies and shaping their therapeutic attitude.

**Assessing Psychodynamic Competencies in the Context of Psychotherapy Training.** *Holger Zapf, University Medical Center Hamburg-Eppendorf, Child and Adolescent Psychiatry and Psychotherapy Center for Psychosocial Medicine; David Algner-Herzmann, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Hannah Marie Biel, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Bernd Löwe, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2 Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Psychosomatische Medizin und Psychotherapie, Hamburg, Deutschland; Klaus Michael Reininger, 1 Universitätsklinikum Hamburg-Eppendorf, Institut für Psychotherapie, Hamburg, Deutschland 2*

Competence-based teaching is an important endeavor for academic and postgraduate psychotherapy trainings. In line with the three dimensions of the taxonomy of psychotherapeutic competencies proposed by the Federal Chamber of Psychotherapists in Germany (2014; i.e., factual knowledge, knowledge of justification, and competence to perform), we inductively generated items to assess psychodynamic competencies. We grounded the item-construction on scales assessing distinctive psychotherapy interventions and on theoretical proposals (such as Tucket, 2005 or the Federal Chamber of Psychotherapists in Germany, 2014). In a sample of 40 psychotherapists in training, we investigated a preliminary scale for psychodynamic competencies and observed a three-factorial structure which relates to the three dimensions of the taxonomy of psychotherapeutic competencies. Using this scale, we can discriminate beginners in psychotherapy training from prospective graduates. We discuss further steps in the development of a scale assessing psychodynamic competencies in the context of psychotherapy training.

#### **Panel**

Qualitative

Organizers: Bediha Ipekci, University of Massachusetts Boston; Greta Kaluzeviciute, University of Essex; Heidi Levitt, University of Massachusetts Boston; Zenobia Morrill, University of Massachusetts Boston; Javier L. Rizo, University of Massachusetts Boston; William Stiles, Miami University, Oxford, USA; Jochem Willemsen, Université Catholique de Louvain;

#### **Synthesizing qualitative research**

A sizeable body of scientific literature has been generated that uses qualitative methods to collect and analyse data in the field of psychotherapy. In order to utilise this body of literature for the development of theory, practice and policy, different methods are used to synthesize and integrate qualitative studies. Qualitative meta-analysis is a method developed in social and health sciences for synthesizing insights derived from qualitative studies. In this panel, three strategies to synthesize findings from qualitative studies in the field of psychotherapy will be discussed. The first presentation will focus on meta-analysis of primary qualitative studies. After a brief introduction to the new APA standards for reporting qualitative meta-analysis, findings of an omnibus meta-analysis on the literature on therapists' experiences in psychotherapy will be presented. The second presentation will demonstrate the method of theoretical synthesis, in which a guiding theory enables the aggregation and integration of various primary qualitative studies. This strategy will be illustrated with a review guided by the assimilation model. The third presentation will discuss the potential and limits of using case studies as primary material in a qualitative meta-analysis. A tool for the evaluation of the evidential quality of case studies will be presented and demonstrated. The panel will end with a critical reflection on the value of synthesizing qualitative research in the field of psychotherapy. Keywords: qualitative meta-analysis, therapists' experiences, therapeutic relationship, client agency, self-development

**A New Agenda for Research on Personalizing Therapy: Findings from an Omnibus Qualitative Meta-analysis of Therapists' Experience.** *Heidi Levitt, University of Massachusetts Boston; Bediha Ipekci, University of Massachusetts Boston; Zenobia Morrill, University of Massachusetts Boston; Javier L. Rizo, University of Massachusetts Boston*

Aim: Qualitative meta-analyses are a relatively new method for psychotherapy researchers. This presentation briefly will orient the audience to key elements of the American Psychological Association (APA) standards for reporting qualitative meta-analysis (Levitt et al. 2018), now in the 7th edition of the APA publication manual, but will focus upon findings from an omnibus meta-analysis on the literature on therapists' experiences in psychotherapy. Methods: Using a grounded theory meta-method, we reviewed 140 studies that ranged in qualitative method and topic, incorporating consensus procedures. Inclusion criteria included a focus on adult individual psychotherapy based in therapists' descriptions, and English-language articles. Results: Findings will focus on three of the six clusters in the analysis. In describing the first cluster, we present an understanding of the therapy relationship that seeks to expand the focus of the field from a concentration on the alliance (as defined by goals, tasks and bond)

toward an emphasis on those elements of the relationship that therapists perceive as actively transformative. Our second set of findings considers how therapists can support client agency, providing specific direction that can be instrumental for both clinical practice and training. Finally, the third cluster focuses on therapists' own self-development and the processes by which therapists report seeking to develop a rich internal world that, in turn, influences the therapy process. Discussion: We consider how this conceptualization can further responsiveness in psychotherapy training and practice. In addition, our presentation discusses recommendations for researchers by highlighting the methods and inquiry approaches that are commonly used.

**Theoretical synthesis of qualitative research results.** *William Stiles, Miami University, Oxford, USA*

**Aims:** Like all reviewing methods, theoretical synthesis aims for aggregation and generalization. Reviewers aim to pull together a body of work to permit statements of broader relevance and greater confidence than is achieved in isolated studies. The puzzle is how to do this in the case of qualitative research, where rich observations are not restricted to a few specified variables. **Method:** A guiding theory offers a vehicle for aggregation and integration. The range of generality is specified by the theory itself. As in primary theory-building research, qualitative research observations are framed in theoretical terms and the fit with existing theory is assessed. Confidence in the theory is then adjusted depending on whether or not the observations fit the theory, and the theory itself is adjusted (modified, elaborated, expanded) to fit unexpected observations, an operation called abduction. This is how observations are integrated in natural sciences that have a Kuhnian paradigm. **Results:** A review guided by the assimilation model, a theory of psychological change, offers an illustration. Results of studies dealing with how work with a therapist advances the therapeutic process, therapeutic collaboration, client ambivalence, therapist errors, and setbacks in the treatment process can be understood (synthesized) using the theoretical concept of the therapeutic zone of proximal development. **Discussion:** In contrast to the meta-analytic strategies used in fact-gathering research (qualitative or quantitative), theoretical synthesis can integrate distinctive or rare observations as well as common observations. It can thus accommodate the richness and range characteristic of clinical observations of psychotherapy.

**Generating knowledge from case studies: presentation of the Case Study Evaluation-tool (CaSE) and a worked example.** *Greta Kaluzeviciute, University of Essex; Jochem Willemsen, Université Catholique de Louvain*

**Aim:** The aim of this presentation is to discuss the potential and the limitations of qualitative meta-analysis as a method to synthesize knowledge from published case studies. Case studies contain rich, contextualized knowledge about therapy processes. Synthesizing this knowledge through qualitative meta-analysis holds the promise of developing generalisable knowledge from case studies. However, one of the challenges of this approach is the varying evidential quality of case studies. **Method:** The Case Study Evaluation-tool (CaSE) is developed on the basis of existing tools for the assessment of primary qualitative research in the context of a qualitative meta-analysis. The tool is applied to published psychotherapy cases from the Single Case Archive. **Results:** A first version of the CaSE-tool will be presented, as well as its application in a qualitative meta-analysis of published case studies on therapist interventions and therapeutic alliance building in psychoanalytic psychotherapy. The first results of this study will be presented as a means to demonstrate the utility of the tool. **Discussion:** The CaSE-tool fills a gap in the field of psychotherapy case study research by providing a framework and method to evaluate the evidential quality of a single (clinical or systematic) case study in relation to a specific research question. Qualitative meta-analysis of case studies can provide practice-level theories that are both evidence-based and close to clinical practice.

**Discussants:** Ladislav Timuřák, Trinity College Dublin;

**Panel**  
Adolescents

Organizers: Stefanie Schmidt, University of Bern, Switzerland; Sophie Hauschild, University Hospital, Heidelberg, Germany; Randi Ulberg, University of Oslo, Norway; Xenia Häfeli, University of Bern, Switzerland;

**Tailoring psychotherapy in children and adolescents by focusing on a dynamic network approach, developmental peculiarities and mechanisms of change**

Mental disorders are one of the leading causes of disability in young people. However, children and adolescents access and use mental health services less frequently than other age-groups and show limited therapy success and high drop-out rates. This results in a high number of untreated individuals in need of care and a long duration of untreated illness. This panel will therefore summarize recent evidence to better tailor psychotherapy to the specific needs, resources and difficulties of young people. The first talk by Xenia Häfeli will highlight the promise of moving from static, disorder-specific prevention models to dynamic, transdiagnostic network-models of mental health to better address the high levels of comorbidity and changing targets found in adolescents with emerging psychopathology. The second talk by Stefanie J. Schmidt will emphasize the importance of taking developmental peculiarities in psychotherapy into account by showing that children and adolescents aged 1-19 years reacted in an age-dependent way to the COVID-19 pandemic as a global stressor. This implies that monitoring and treatment of mental health issues should be carried out in a developmentally sensitive way. The third talk by Randi Ulberg tackles the issue of tailoring psychotherapy by showing that the exploration of the patient-therapist-relationship (i.e. transference work) in a recent RCT in adolescents with depression resulted in better longer-term effects than psychodynamic therapy alone. The fourth talk by Sophie Hauschild will report on the effects of a feasibility RCT targeting mentalization as a potential mechanism of change in psychotherapy in adolescents with conduct disorder.

**Age-dependent effects of the COVID-19 pandemic on mental health of children and adolescents.** *Stefanie Schmidt, University of Bern, Switzerland; Lara P Barblan, University of Zurich, Switzerland; Irina Lory, University of Bern, Switzerland; Markus A Landolt, University of Zurich, Switzerland*

**Aim:** Children and adolescents are affected in various ways by the lockdown measures due to COVID-19. The objective was to investigate and compare the effects of the COVID-19 pandemic on mental health in three age groups (1-6 years, 7-10 years, 11-19 years) and to examine the associations with psychological factors. **Methods:** In this cross-sectional study, children and adolescents aged between 1 and 19 years were recruited as a population-based sample. They were eligible if they were residents in Austria, Germany, Liechtenstein or Switzerland, were parents/caregivers of a child aged between 1 and 10 years or adolescents  $\geq 11$  years, had sufficient German language skills and provided informed consent. **Results:** Among 5823 participants, between 2.2% and 9.9% reported emotional and behavioral problems above the clinical cut-off and between 15.3% and 43.0% reported an increase of these problems during the pandemic. Significant age-effects were found regarding type and frequency of problems ( $\chi^2(4) \geq 50.2$ ,  $P \leq 0.001$ ). While preschoolers (1-6 years) had the largest increase in oppositional-defiant behaviors, adolescents reported the largest increase in emotional problems. Adolescents experienced a significantly larger decrease in emotional and behavioral problems than both preschoolers and school-children. Sociodemographic variables, exposure to and appraisal of COVID-19, psychotherapy before COVID-19 and parental mental health significantly predicted change in problem-scores ( $F \geq 3.69$ ,  $P \leq 0.001$ ). **Conclusions:** A substantial proportion of children and adolescents experience age-dependent mental health problems during the COVID-19 pandemic. These problems should be monitored, and groups to improve communication, emotion regulation and appraisal style.

**How do adolescents with depression improve in psychodynamic psychotherapy with or without transference work?.** *Randi Ulberg, University*

*of Oslo, Norway; Benjamin Hummelen, University Hospital Oslo; Anne Grete Hersoug, University of Oslo; Nick Midgley, University College, London, UK; Per Andreas Høglend, University of Oslo, Norway; Hanne-Sofie Johnsen Dahl, University Hospital Oslo*

Aim: Little is known about the effects of In-session exploration of the patient-therapist relationship (that is, transference work) in psychodynamic psychotherapy. The aim is to study the effects of transference work for depressed adolescents. Methods: 70 adolescent patients (aged 16 to 18 years) with a current diagnosis of DSM IV major depressive disorder were included in the RCT. The patients were randomized to 28 weeks with psychodynamic psychotherapy with either a moderate level of transference work or no transference work. Only the therapist were aware of the randomization. The patients were reassessed three times during therapy (week 3, 12, and 20), at post-treatment, and 1 year after treatment termination. The primary outcome measures were the independent rater rated measure Psychodynamic Functioning Scales (PFS), the patient rated Beck Depression Inventory (BDI), and the clinician rated Montgomery and Åsberg Depression Rating Scale (MADRS). Results: The patients improved significantly during therapy in both treatments. The level of depressive symptoms changed significantly different in the two treatment groups. Conclusions: The findings suggest that the way depressed adolescents' relations to the therapist and others are explored, amplify the long-time effects of short-term psychoanalytic psychotherapy on their symptoms.

**Mentalization-Based Treatment for adolescents with Conduct Disorder (MBT-CD): A feasibility and pilot study**  
**Mentalization-Based Treatment for adolescents with Conduct Disorder (MBT-CD): A feasibility and pilot study.** *Sophie Hauschild, University Hospital, Heidelberg, Germany; Lea Kasper, University Hospital, Heidelberg, Germany; Jana Volkert, University Hospital, Heidelberg, Germany; Paul Schröder-Pfeifer, University Hospital, Heidelberg, Germany; Svenja Taubner, University of Heidelberg, Germany*

Aim: Conduct disorder (CD) is characterized by severe rule breaking and aggressive behaviour. While psychological therapies were found to be effective, an aetiological understanding of CD and the targeting of underlying mechanisms still remain insufficient. Mentalization-Based treatment for adolescents with CD (MBT-CD) aims at improving a capacity assumed to be a protective factor against externalizing behaviours and shown to be reduced in adolescents with CD. This study investigates the feasibility of a randomized-controlled trial (RCT) on the effectiveness of MBT-CD. Methods: Adolescents with CD received MBT-CD for 6 to 12 months and underwent 4 assessments (pre-, during-, post-treatment and follow-up). Quantitative data (recruitment, adherence and drop-out rates) were descriptively analysed. Qualitative data (post-treatment interview data regarding the adolescents' perception of intervention and scientific assessments) were analysed via structured content analysis. To gain first insights into change from pre- to post-treatment, confidence intervals of the differences in aggression and mentalizing scores were investigated. Results: Of 31 individuals taking part in the study, 15 completed treatment. Adolescents' adherence to the assessments dropped from 71% at pre-treatment, to 35% post-treatment, to 13% at follow-up. Content analyses revealed both positive and negative perceptions of the intervention and the scientific assessments. Confidence intervals point to a reduction of aggression pre- to post-treatment. Conclusions: Results indicate that adolescents with CD accept the intervention and the scientific assessments with some restrictions. Changes in aggression need to be cautiously interpreted as there was no control group. Implications for the proper conduct of an RCT on MBT-CD are discussed.

**Understanding the transdiagnostic mechanisms of emerging psychopathology in adolescence: 1-year prospective epidemiological study.** *Xenia Häfeli, University of Bern, Switzerland; Vera Bächler, University of Bern, Switzerland; Alina Hunkeler, University of Bern, Switzerland; Wenja Käch,*

*University of Bern, Switzerland; Irina Lory, University of Bern, Switzerland; Nadja Mauerhofer, University of Bern, Switzerland; Nika Saxer, University of Bern, Switzerland; Taina Thees, University of Bern, Switzerland; Sarah Wüthrich, University of Bern, Switzerland; Stefanie Schmidt, University of Bern, Switzerland*

**Aim:** Most mental disorders have their onset in adolescence, and many have a high likelihood of persistence or recurrence in adulthood. Therefore, adolescence is regarded as one of the most crucial developmental periods for prevention. Current prevention approaches mainly focus on risk-syndromes for specific mental disorders. This contradicts current evidence showing that mental disorders are not distinct and independent entities but should be understood as a network of subclinical symptoms that cut across diagnostic categories. Furthermore, current prevention approaches do not sufficiently consider the temporal patterns of subclinical symptoms, which rapidly change over time and which interact with each other. This is especially true for emerging psychopathology in adolescence, the stage before diagnostic criteria for mental disorders are met. **Methods:** This prospective study aims to identify the temporal pattern and the dynamic interactions between subclinical symptoms and their longitudinal associations with transdiagnostic mechanisms to gain a better understanding of early expression of psychopathology. **Results:** Therefore, a general population sample consisting of 1386 adolescents aged 11 to 17 years is recruited. We assess subclinical symptoms of several mental disorders and transdiagnostic mechanisms via self-report questionnaires at five time-points over one year. In our presentation, we will focus on the study protocol and the baseline characteristics. **Discussion:** Possible clinical implications for early intervention will be discussed as transdiagnostic mechanisms are functionally related to the development of several mental disorders and may therefore represent promising targets for early interventions in adolescence with the overall aim to protect their mental health.

**Discussants:** Katharina Weitkamp, University of Zurich, Switzerland;

**Panel**

Change process

Organizers: Isabel Basto, Instituto Universitário da Maia; Isabel Caro Gabalda, University of Valencia, Spain; John Wilson, University of York, St. John, UK;

**The assimilation of problematic experiences model: new challenges**

The Assimilation Model explains how clinical problems evolve into a state of greater well-being through the assimilation of problematic experiences. Previous studies validated this assumption, showing that higher levels of assimilation were associated with therapeutic success. Studies in this panel investigated which psychotherapeutic mechanisms promote the assimilation progress during sessions. Specifically, they sought more empirical evidence bearing on how therapeutic alliance and therapist's activities promote this therapeutic change process. The first paper aims to explore how therapeutic alliance is related to clients' progress in the assimilation of problematic experiences. The second paper aims to analyze therapist's activities immediately following setbacks in the assimilation process. The COVID-19 pandemic has presented an unprecedented challenge. With Covid-19 lockdowns leaving people isolated from family and facing complex experiences, pandemic impacted grief has been a problematic experience difficult to assimilate and overcome. In this context, the third paper investigates Covid-19 grief experiences in a therapeutic support group and a social media peer-support group.

**How therapeutic alliance is related with the progress of assimilation of problematic experiences?.** *Isabel Basto, Instituto Universitário da Maia; Ricardo Machado, Instituto Universitário da Maia; Cátia Dias, ISMAI; Beatriz Viana, ISMAI; João Salgado, ISMAI*

The assimilation model describes therapeutic change as an integration of experiences that had previously been problematic, distressing, avoided, or warded off. Previous studies of the assimilation progress (e.g. Basto, Stiles, Rijo & Salgado, 2018; Detert et al., 2006; Mendes et al., 2006; Ribeiro et al., 2016), have confirmed that higher levels of assimilation were associated with

therapeutic success. However, we are still trying to understand how assimilation is promoted throughout therapy. Therapeutic alliance is one of the most studied therapeutic factors. Previous research systematically confirmed its preponderant role for therapeutic change (Crist-Cristophe, Gibbons, & Mukberjee, 2013). Therefore, it would be important to understand how therapeutic alliance is related with the assimilation of problematic experiences progress, throughout therapy. This study explored the relation between therapeutic alliance and the assimilation of problematic experiences, in a sample of 22 clients diagnosed with mild to moderate major depressive disorder. Participants were drawn from a clinical trial comparing cognitive-behavior therapy with emotion-focused therapy. The results from this study suggest that a strong therapeutic alliance is connected with a positive evolution of the assimilation of problematic experiences process. These results lend empirical support to the assumption that the quality of the therapeutic alliance seems to be reliable predictor for therapeutic change, not only associated with symptom decrease, but also with cognitive, behavioral and emotional changes that occur throughout the assimilation process.

**Patterns of therapeutic response after assimilation setbacks: Is the therapist being appropriately responsive?. Isabel Caro Gabalda, University of Valencia, Spain; William Stiles, Miami University, Oxford, USA**

Aim: Previous work has shown that setbacks in the assimilation process are usually related to switches between different strands of a problem. Clients may switch strands when the therapist exceeds the problem's therapeutic zone of proximal development (TZPD) or when the therapist proposes a switch, following the balance strategy (BS). This theory-building case study investigated what happens next, focusing on the therapist's activities immediately following those two types of setbacks. 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), and 266 setbacks (decreases of at least 1 APES stage in successive passages) were identified and classified according to the two types. Then, therapeutic activities after each one of those setbacks were identified and qualitatively described by a group of observers. In this presentation we systematically summarize their descriptions. Results: BS setbacks tended to be followed by therapist activities that facilitate client's exploration and clarification of thoughts, emotions, etc. In contrast, TZPD setbacks tended to be followed by the therapist's insistent focus on the therapeutic work. Discussion: In this directive therapy, the therapist seemed to be differently responsive to BS and TZPD setbacks, as she kept focusing and working on the strand raised by the client or on the switched strand presently discussed, in session. These patterns of different activities seemed consistent with the assimilation model's conceptualization of setbacks. We discuss whether or not this pattern is appropriately responsive.

**The Impact of Group Support for Covid-19 Bereavement. John Wilson, University of York, St. John, UK; Lynne Gabriel, University of York, St. John, UK; Shannon Evans, University of York, St. John, UK**

Aim: Burke and Neimeyer's review of complicated grief (Burke & Neimeyer, 2013) identified key factors including traumatic, sudden and unexpected deaths, and how a bereaved person is notified of the death. With Covid-19 lockdowns leaving people isolated from family and facing complex, pandemic-impacted grief, this project investigates two online sources of support: a therapeutic support group and a social media peer-support group. Following disasters, social support from those in a similar situation is helpful (Glasgow, Vitak, Tausczik, & Fink, 2016; Kaniasty & Norris, 2004; Weems et al., 2007). Provision of social media groups facilitated by counsellors and therapists could offer vital therapeutic and peer support to those bereaved by Covid-19. Methods: Key research questions: a) Is Covid-19 grief significantly different from grief experienced in 'normal' non-pandemic circumstances? b) Is group support,

provided through online groupwork or a social media support group, an effective way of ameliorating Covid-19 grief? A closed Facebook support group and a pilot 10-week online therapeutic group were developed and delivered. Pre/post measures were administered (Core, PhQ, GAD). The Assimilation of Grief Experiences Scale (AGES) was issued on a sessional basis. Post-intervention interviews elicited participant perceptions and experiences. Ethical approval for the project was received from York St John Ethics Committee - Approval code RECCOUN00003 Results: 1. There are distinguishing features associated with Covid-19 bereavement. The health context can be closed to relatives during lockdown, whilst post-bereavement, Covid-19 limited numbers attending funerals and family gatherings. 2. The two distinct contexts offered psychological and pragmatic support during the immediate bereavement and subsequent months of loss. Participants valued AGES as a meaning-making framework for their grieving process. Discussion: Grief may be resolved, to a degree, once a bereaved person can talk in detail about the death without becoming overwhelmingly upset, make some sense of the death, move comfortably between sadness and getting on with life, form a continuing bond which takes their lost loved-one into their future and find new meaning and purpose in moving forward in life. This movement is demonstrated through the AGES scale. However, additional groups need to be run and evaluated to generate further evidence on the impact and efficacy of therapeutic and peer support group models, as well as the validity of the AGES scale.

**Discussants:** William Stiles, Miami University, Oxford, USA;

**Panel**  
Alliance

Organizers: Jeanne  
Watson, University of  
Toronto, Canada; Hadas  
Wiseman, University of  
Haifa, Israel;

**The Challenge of Responsiveness for Research and Practice**

Responsiveness has been identified as a necessary and ubiquitous condition for relationships in general and for psychotherapy in particular. This panel will address some of the challenges that responsiveness poses for research and practice and present two pan-theoretical frameworks that have been developed to address these challenges. Hatcher's paper will focus on how the responsiveness concept poses challenges for clinicians' and researchers' relationship with their chosen treatment approach, and how this application of the concept can help understand and enhance clinical practice, training, and research. Wiseman presents attachment theory as a pan-theoretical framework for conceptualizing responsiveness. In her paper she will discuss how attachment theory can be used to guide clinicians to be more responsive and make suggestions for future research. Eubanks will present research on rupture and repair cycles in the working alliance. This work identifies markers for researchers and clinicians of moments when optimal responsiveness is necessary as well as guidelines on how clinicians might be more optimally responsive in the session to maintain productive and positive working alliances. Watson will present various ways of conceptualizing responsiveness informed by different therapeutic approaches. Specific levels and types of responsiveness will be described and markers identified to enhance responsiveness in psychotherapy. The implications for research, practice and training will be discussed.

**Attachment theory as framework for responsiveness in psychotherapy.** *Hadas Wiseman, University of Haifa, Israel*

Bowlby's attachment theory (Bowlby, 1969/1982, 1988) offers an especially solid framework for conceptualizing responsiveness to guide clinical practice and research. Rooted in infant-parent interaction research that empirically supports the centrality of responsiveness in infant-parent bonds (e.g., Ainsworth's strange situation; Tronick's still-face procedure) the attachment framework provides a trans-theoretical model for responsiveness to clients and moments in psychotherapy. A principal implication of attachment theory regarding the question of how therapists can enhance appropriate responsiveness involves tailoring the therapeutic relationship to clients' attachment needs. Clients with different attachment characteristics require different types of therapist

responsive behavior. We have focused on studying therapist responsiveness to client attachment needs through regulating the appropriate therapeutic distance during psychotherapy. Clients meeting their therapist for the first time bring into the psychotherapy room their tendency to feel comfort, or more often, discomfort, with closeness versus distance. This tendency is closely tied to their attachment history with attachment figures and their current attachment patterns. Hence, being attuned and responsive to clients' attachment needs (internal working models of self and other) requires the therapist regulate the appropriate therapeutic distance in the therapeutic relationship. Based on Mallinckrodt et al. (2015) therapeutic distance model and Therapeutic Distance Scale (TDS) we developed an Observer version (TDS-O) to assess therapeutic distance in client-therapist narratives. Markers of lack of responsiveness and misattunement (too distant, too close) versus responsiveness and attunement as revealed in the narratives of client-therapist dyads will be illustrated; and implications for research, practice and supervision will be discussed.

**What guides therapist responsiveness?.** *Jeanne Watson, University of Toronto, Canada; Hadas Wiseman, University of Haifa, Israel*

Responsiveness is a ubiquitous and essential element of successful psychotherapy. However, while easy to recognize, it is hard to define and specify in advance. A review of different treatment approaches reveals a rich diversity of thinking that speaks to the plurality of lenses and ways of working responsively to facilitate and support clients' goals in psychotherapy. Responsiveness provides an integrative framework for moving beyond specific theoretical approaches and techniques to develop a science of relationship that can unify the field. Stiles and Horvath (2017) observed that there is a need to identify the signals to which therapists attend to be responsive and how they use this information to fit their interventions to their clients and their treatment models. In this paper we will review how responsiveness is conceptualized across different approaches, describe the lenses that guide therapist responsiveness, and specify the information as well as the specific signals or markers that therapists recognize to respond optimally before we turn to specific recommendations for research, training and working with diverse populations.

**Responsiveness in the alliance: Working with ruptures and repairs in psychotherapy.** *Catherine Eubanks, Yeshiva University, New York, USA; Joey Sergi, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

The alliance, often defined as a purposeful collaboration on the tasks and goals of therapy and the presence of an affective bond between patient and therapist (Bordin, 1979; Safran & Muran, 2000), has received extensive empirical support as a predictor of positive outcomes and a key variable in understanding the therapeutic change process (Flückiger, Del Re, Wampold, & Horvath, 2018). The alliance can be understood as co-constructed by both participants in the therapeutic dyad (Safran & Muran, 2000), and due to the mutuality inherent in the construct, responsiveness within the alliance framework should also be examined through a two-person perspective. Appropriate responsiveness is beneficial to a treatment at any stage, however, when a rupture occurs in the alliance, it becomes a crucial element for success. In fact, the process of successfully repairing a rupture not only explicitly values responsiveness, it requires it. In this presentation, we will review research relevant to responsiveness in the alliance, discuss how therapists can use interpersonal and intrapersonal rupture markers to identify ruptures, and present context-dependent rupture resolution strategies. We will also discuss cultural ruptures, and the particular importance of responsive rupture-repair when working cross-culturally.

**Responsiveness, the Relationship, and the Working Alliance in Psychotherapy.** *Robert Hatcher, Director, Wellness Center*

The concept of responsiveness raises important questions regarding the clinician's relationship with their treatment approach and how best to help their clients. For methodological reasons, much psychotherapy research emphasizes adherence to prescribed techniques, and schools of psychotherapy have their own loyalty to prized techniques. But research tends to indicate that what may work on average may not be optimal for a given client; challenges often arise in treatment for which non-adherent, often inventive interventions prove necessary, or at least seem preferable to the therapist. A number of studies demonstrate that therapists will "do the right thing" (Stiles & Horvath) when it is called for, even if it is off-protocol in a controlled study. Although having a coherent therapeutic approach also seems to be important for treatment success, it may be that having coherent goals is more important. Thus new treatment approaches seem often to be inspired by challenges that clinicians encounter in pursuit of treatment goals – Beck's Cognitive Therapy being a good example. Personalized treatments are a step toward optimal responsiveness, as they take many features of a client into account in selecting treatments as well as in developing new ones. Still, these new approaches must all be applied responsively for optimal client benefit. These are all examples of therapist responsiveness, a reality of clinical practice that we all might wish to acknowledge and to consider in our research and training. Interesting questions about how best to train new therapists arise from these considerations – how best to develop responsive therapists?

**Discussants:** William Stiles, Miami University, Oxford, USA;

**Panel**  
Therapist training and development

Organizers: Diana Gómez, Universidad Santo Tomás, Santiago, Chile; Diana María Ocampo Lopera, Unviersidad CES;

**The challenge of training psychologists: Proposals for supervision models to develop therapeutic skills**

The present panel presents different experiences of clinical training for psychotherapists. The evolution of psychotherapy research has shown the importance of going beyond the transmission of theories and specific approaches in clinical training. Considering this, different training models and their implementation process in different contexts are presented. Initially, Concha et al. shows the state of progress of a multidimensional model of expertise for the training of therapists of excellence. This study allows mapping the field of study, classifying current research, and facilitate to identify expert psychotherapists around a profile by competencies. Secondly, Ocampo et al. will present a qualitative study about the experience of the development and implementation of a model for strengthening psychotherapeutic skills based on video-feedback. This study shows the experience of psychology students in the implementation of the model in the Colombian context. Finally, Valdez et al. the Model of Clinical Supervision of Generic Therapeutic Competencies (GTCM) designed for the training of Psychology students. This technique was used with the objective of facilitating the strengthening of competencies and the development of Competent Reflective Practice in Chile.

**Towards a multidimensional model of psychotherapy expertise for research and training.** *Felipe Concha, Universidad Diego Portales, Santiago, Chile*

There is conflicting evidence about what type of training is appropriate to train exceptional therapists. On the one hand, it is possible to find people with high therapeutic skills without training in psychotherapy, and on the other hand, it is possible to find highly trained and experienced people but without this correlating with a better therapeutic outcome. The study of expert psychotherapists could be useful to clarify and understand the processes of acquisition of clinical skills and develop better ways to train therapists. However, this field is still underdeveloped and the few empirical findings available lack a theoretical model that unifies them. This work aims to present the state of progress of a multidimensional model of expertise for the training of therapists of excellence. The relevance of this proposal is theoretical, methodological, and practical. In the first place, it allows filling the gap of a generic model of

psychotherapeutic expertise. Furthermore, it allows mapping the field of study and classifying current research. Finally, it could facilitate to identify expert psychotherapists around a profile by competencies (cognitive, evaluative, and procedural)

**Experience in the Development and Implementation of a Model for Strengthening Psychotherapeutic Competences Based on Video-Feedback.** *Diana María Ocampo Lopera, Unviersidad CES; H-Daniel Espinosa, Universidad CES; Leandro Murillo-Cuartas, CES University; Felipe Marin-Botero, CES University*

One of the greatest challenges in training psychotherapists is related to considering strategies closer to clinical practice and its experiential elements. Taking this into account, the present study seeks to develop a Clinical Supervision Model supported by Video-feedback (MSC-VF) and to evaluate the experience of the participants in the process. For this, a qualitative pilot study was carried out for the development and implementation of the MSC-VF model. In the initial phase, a documentary review and supervisor surveys were carried out to identify basic clinical competencies. Secondly, the MSC-VF model was implemented, and 10 qualitative interviews were conducted on the experience of psychologists in training. A model was developed based on 6 areas: 1) attitude of the therapist 2) characteristics of the therapist 3) structure of the session 4) conceptualization of the case 5) levels of intervention 6) evaluation of the process. In the implementation of the model, the participants reported high levels of satisfaction with the process and with the feedback related to specific clinical situations. Some levels of anxiety and difficulty are initially reported, which later become the perception of achievement and appropriation of clinical competencies. The study shows how this type of training favors the training process of novice therapists and helps in the development of basic competencies from real clinical situations. This allows going beyond the traditional technical and theoretical elements and increasing the capacity for reflection and self-observation of what happens in the clinical space in a constructive and safe group environment.

**Generic Therapeutic Competence Model: using videofeedback to supervise simulated sessions.** *Nelson Valdes-Sanchez, Universidad Santo Tomás, Santiago, Chile; Diana Gómez, Universidad Santo Tomás, Santiago, Chile; Sandra García, Universidad Santo Tomás, Santiago, Chile; Jade Ortiz, Universidad Santo Tomás, Santiago, Chile*

Through this presentation we hope to show the Model of Clinical Supervision of Generic Therapeutic Competencies (GTCM) based on Videofeedback, designed for the training of Psychology students. This model seeks to facilitate the critical self-perception of psychologists through the activation of processes of joint reflection about the competencies acquired during their training, and necessary for the exercise of their profession. This methodological strategy allows supervisors to observe a variety of data (verbal and non-verbal), to systematize (learning processes), to operationalize (monitoring and evaluation), and to confer homogeneity (use of a common language, independently of the supervisor's therapeutic approach). Therefore, it is a model that seeks to find a meeting point between all the approaches, so that it is possible to perform a "generic supervision" that puts the focus on the teaching experience, and not so much on specific traditional approaches. Videofeedback technique was used as a pedagogical and methodological resource for the clinical supervision of 120 students from Chile as part of their last year of training as psychologists. This technique was used with the objective of facilitating the strengthening of competencies and the development of Competent Reflective Practice (reflection on action, reflection in action, and reflection for action). A mixed methodology was used to evaluate participants' performance throughout the different stages of the program: a) initial diagnosis of competencies; b) training students and supervisors in the generic competencies model; c) simulation in patient care through role playing; and d) supervision based on videofeedback techniques.

Self-reporting instruments were applied after each of these stages, in order to assess participants' perception. Individual (episodic) and group (focus group) interviews were conducted with students and supervisors to identify the aspects that facilitated or limited the activation of critical self-evaluation processes in students, joint reflection among peers, and feedback from supervisors. There were statistical differences between students' performance before and after the training. These differences were mainly associated with a greater awareness of their own strengths and weaknesses in deploying the various competencies during the simulation. This will be described in more detail during the presentation.

**Discussants:** Beatriz Gomez, Aigle Foundation;

**Panel**

Therapist training and development

Organizer: Jordan Bate, Ferkauf Graduate School of Psychology

**The Development of Responsive Therapists Through Training and Supervision: From Helping Skills to Assimilation of Life Script Themes**

As therapists develop their capacities to be responsive to their patients, the process involves both unravelling and stitching together. Through training and supervision, the complex therapeutic process gets broken down into specific skills and approaches. Clinicians learn to integrate multiple factors to tailor treatment to their patients, including theory, techniques, empirical research, prior experience, and awareness of their own internal and interpersonal processes. Rønnestad & Skovholt (2003) elaborated a phase model of therapist development, but there is more to understand about what unfolds between trainer/supervisor and trainee at each of these phases, and the impact on therapists' responsiveness. The first paper will report results from a study looking at the impact of trainers' facilitative interpersonal skills (FIS) on helping skills training for beginning clinicians. Throughout their professional development therapists gain knowledge in a range of areas and from a variety of sources. The second paper will detail findings from a qualitative study that uses Interpersonal Process Recall with therapists to observe their previously recorded FIS responses collected during training, examining how they approach being responsive to patients by drawing on multiple elements of training and supervision. Finally, even for advanced therapists with the requisite skills, a theoretical framework, and experience working with different patients, supervision provides a format for addressing problematic themes that arise in client work and assimilating these into the treatment. The methodologies and findings from these studies will be discussed in terms of the implications for training and supervision of therapists across different levels of experience.

**Helping Skills Training: Do Trainers Matter?.** *Lydia Ahn, University of Maryland, College Park, USA; Clara Hill, University of Maryland, College Park, USA; Judy Gerstenblith, University of Maryland, College Park, USA; Justin Hillman, University of Maryland, College Park, USA; Timothy Anderson, Ohio University, Athens, USA; Dennis Kivlighan, University of Maryland, College Park, USA*

Aims: Research has consistently demonstrated the efficacy of the Hill three-stage helping skills model on trainees, such as increases in self-efficacy and psychological help-seeking and decreases in stigma (Keum et al., 2018; Knox & Hill, in press). However, an overlooked and unexplored part of the process of training is the instructor's role. In psychotherapy, we know that therapist effects account for approximately 5-8% of the variance in client outcomes (Barkham et al., 2017), so it seems plausible that trainer effects would account for a significant amount of the variance in trainee outcomes in helping skills training. Trainers can inspire students, model appropriate skills, create a cohesive group climate, challenge students to think in new ways, and offer support and encouragement. Thus, our purpose was to 1) replicate previous studies that students increase their self-efficacy, willingness to seek help, and stigma towards counseling after taking a helping skills course, and 2) examine whether instructor clinical skills, teaching styles (authoritative, authoritarian, permissive), and personality (agreeableness and openness) would predict these outcomes of

helping skills training. Methods: We collected data over three semesters from 45 helping skills classes and approximately 500 students completed self-report measures at the beginning and end of the semester. 27 helping skills instructors also completed self-report measures about their personality and took the Facilitative Interpersonal Skills (FIS) task to code their facilitative skills at the beginning of the semester. Results/Discussion: Data is in the process of being analyzed using Hierarchical Linear Modeling (HLM). Implications for training will be discussed.

**Unravelling the Therapists' Internal Processes Using Interpersonal Process Recall Exploring How Therapists Stitch Together Multiple Voices from Training and Supervision to Be Responsive to Patients.** *Jordan Bate, Ferkauf Graduate School of Psychology; Timothy Anderson, Ohio University, Athens, USA; William Stiles, Miami University, Oxford, USA*

Aim: Responsiveness refers to behavior being influenced by emerging context (Stiles et. al. 1998; Stiles & Horvath, 2017). Appropriate responsiveness in therapy involves doing different things at different moments, depending on multiple client and therapist factors, including the therapist's training and theoretical approach, as well as the therapeutic relationship, stage of therapy, preceding events, and much else. Appropriate responsiveness is central to all psychotherapeutic approaches. We tend to recognize responsiveness when we see it in interactions, but a comprehensive theory of how therapists make appropriately responsive interventions is needed to inform training and supervision. Method: Interpersonal Process Recall (IPR) is a qualitative interviewing approach where participants watch video of their interpersonal interactions, as the basis for inquiry about what was going through their mind during the interaction. We conducted IPR interviews with 20 therapists who had done the Facilitative Interpersonal Skills (FIS) task, where they respond to videos of actors playing patients in challenging interpersonal situations, as if they are the therapist in that moment. Therapists completed this task before and after a Facilitative Interpersonal Relationship Skills Training (FIRST) workshop. In the interview they reviewed two FIS videos and their recorded responses, and described what they were thinking, feeling, and observing, and how they formulated their interventions. Results/Discussion: Qualitative analysis of these IPR interviews will be presented, describing the internal processes by which therapists are responsive to their patients. We will elaborate how therapists draw on elements of training and supervision to achieve appropriate responsiveness.

**Assimilating Problematic Life Script Themes in Supervision.** *Biljana van Rijn, Metanoia Institute; Jamie Agar, Private Practice; Charlotte Sills, Metanoia Institute; Peter Pierce, Metanoia Institute; William Stiles, Miami University, Oxford, USA*

Objectives: In the comparative script system, life script themes are archaic patterns of a therapist's experience and interaction, which may be triggered during the clinical work and may interfere with therapeutic effectiveness. This project aimed to assess whether therapist life script themes were readily detectable in supervision recordings and transcripts, how these themes were addressed, and whether this led to assimilation by the supervisee. Method. Seven consecutive monthly supervision sessions with a 50-year-old, highly experienced female therapist in private practice (pseudonym 'Sarah') were analyzed by a team of five investigators using a qualitative theory-building approach. The assimilation of problematic experiences sequence (APES) was used to track changes in Sarah's life script themes. Results: Problematic life script themes were evident in each supervision session. Progress though the APES varied across themes and across six different clients discussed during the sessions. Conclusions: The supervisee's life script themes emerged readily and prominently in supervision session content, and most were successfully navigated. The observations suggest that a potentially critical component of supervision is the assimilation of supervisee unprocessed life script material.

**Discussants:** Myrna Friedlander, University at Albany/SUNY, USA;

**Panel**  
Attachment &  
development

Organizer: Sophie  
Cassell, Adelphi  
University, New York,  
USA

**The impact of attachment-based interventions on interpersonal functioning and functioning in therapy for children and adolescents**

Increasingly, attachment theory has become a framework for understanding, if not guiding, therapy processes. Attachment theory can be used to explain the mechanisms by which infants, children, adolescents, and adults learn to regulate their emotions, effectively communicate, and interpersonally relate with peers, romantic partners, original attachment figures – and, of course, therapists. Due to its level of significance across functional domains, it follows that it would be a useful entry point in therapy. Therapeutic modalities that use attachment as a frame are becoming more common, particularly in the work with children. The purpose of this panel is to look into three different attachment-based therapies across childhood, from infancy through adolescence, and examine their impact on the target complaint or later function. The first presenter conducted a longitudinal study on an intervention designed to enhance parental sensitivity and attachment for families in Child Protective Services, and examined its impact in early childhood. The second presenter studied the impact of a model that integrates learning theory and attachment, aimed to examine its impact on attachment-seeking behaviors in middle childhood. The final presenter used live therapy tapes to examine the process of alliance rupture and resolution in a sample of adolescents undergoing Attachment-Based Family Therapy, and compare this process between the preoccupied and dismissive orientations toward attachment. Together, the three papers in this panel will offer a look at the impact attachment-based interventions could have on children, with implications for a broader application of this theory.

**Does an Attachment-Based Intervention in Infancy Promote Peer Competence in Middle Childhood?.** *Stacia Bourne, University of Delaware;*  
*Mary Dozier, University of Delaware*

Aims: Children's relationships with their early caregivers influences how they later interact with peers. An intervention designed to enhance parental sensitivity and attachment—Attachment and Biobehavioral Catch-up (ABC)—was disseminated to families involved with Child Protective Services (CPS) in a randomized clinical trial. The goal of this study was to examine whether children who received the ABC parenting intervention show enhanced peer competence. Method: Two-thirds of participants were children at risk for maltreatment given family involvement with CPS. Families were randomly assigned to receive the ABC intervention (N=43) or a control intervention (N=51) when children were about a year old. A third group of low-risk children was recruited in middle childhood (N=65). They were similar to the CPS-involved youth but did not have a history of CPS-involvement. To assess peer competence, children came to the lab when they were 9 years old. They were placed in small, same-sex peer groups for an unsupervised break. Video-recorded peer groups were coded for indicators of competence (e.g., perspective taking, self-isolation, interpersonal warmth). Results: Preliminary results suggest that children who received the Attachment and Biobehavioral Catch-up intervention were more warm, supportive, and inviting than children who received the control intervention. Multilevel models will be analyzed to further examine group differences (ABC intervention, control intervention, low-risk) in peer competence. Discussion: Findings from this study suggest that one way to promote the peer competence of children—particularly those at risk of maltreatment—is through an attachment-based parenting intervention. Future directions and clinical implications are discussed.

**Middle Childhood Attachment-focused Therapy: An intervention to stimulate secure base script development in children with emotional and behavioral problems.** *Guy Bosmans, Ku Leuven;* *Leen Van Vlierberghe, Ku Leuven*

Aim: In spite of a clear need, there is a worldwide lack of well-designed and critically evaluated attachment-focused interventions for middle childhood. We designed a new intervention, based the Learning Theory of Attachment. According to this theory, attachment-focused interventions should create learning events in which children's support seeking behavior is reinforced by parental support and reduction of distress in order to stimulate secure base script knowledge. Method: The Middle Childhood Attachment-focused Therapy (MCAT) we designed is a 16-session intervention that aims to strengthen attachment relationships in children referred for treatment of emotional and behavioral problems. We will briefly outline MCAT's rationale and guiding principles and describe the four treatment stages with their specific sub-goals. Further, we will report on a pilot study we are currently running in a child mental health care center on the effectiveness and feasibility of MCAT. Results: Preliminary analyses on quantitative data from the first families that went through the treatment program suggest both an increase of the child's secure base script knowledge and a decrease of the child's psychological symptomatology. From qualitative data we withhold that parents indicate that they obtained important new insights in their child and in themselves as parents which help them to improve the situation at home. Discussion: Hence, our first experiences with MCAT seem promising. Finally, we will conclude with some future directions for the further development of MCAT, including the addition of a school based and a home-based guidance component to maximize the occurrence of secure base learning events in the child's daily life.

**The impact of attachment style on the therapeutic rupture landscape in therapy with suicidal adolescents.** *Sophie Cassell, Adelphi University, New York, USA; Guy Diamond, Drexel University; Adelya Uрманче, Adelphi University, New York, USA; Chris Muran, Adelphi University, New York, USA*

Aim: The goal of this study is to explore the alliance rupture and resolution landscape of suicidal adolescents undergoing Attachment-Based Family Therapy (ABFT) and analyze this landscape in two different attachment styles, a dismissive attachment style and a preoccupied attachment style. Because attachment style is linked to patterns of relating across several different types of relationships, it follows that attachment style may also impact the nature of the therapeutic process. This study ultimately aims to explore what the alliance rupture and repair landscape looks like in adolescent clients and whether this process differs between two different orientations toward attachment. Method: Data are drawn from an Attachment-Based Family Therapy protocol of suicidal adolescents, which is carried out at Drexel University under the leadership of Guy Diamond, who developed this particular model of family therapy. Attachment was measured prior to the start of therapy using the Adult Attachment Inventory (AAI) adapted for adolescents. Seven cases from each attachment style will be analyzed. Videotaped therapy sessions in the Task 2 of ABFT, roughly six hours of therapy per case, will be coded using the Rupture and Resolution Rating Scale (3RS), and the process of rupture and resolution will be charted over these four sessions. This portion of therapy was selected for two reasons; firstly, because this part of the therapy is solely between the adolescent and therapist, and secondly, because the purpose of this task is expressly for establishing the therapeutic alliance. Analyses will be conducted within each case and attachment style as well as compared between the two attachment styles using hierarchical linear modeling and qualitative thematic analysis. Results. Analyses are currently underway and will be presented at the conference. Discussion. Results will be discussed with respect to their conceptual, empirical, and clinical implications.

**Discussants:** Guy Diamond, Drexel University;

**Panel**  
Culture & identity

**The impact of cultural differences and biases on the process and outcome of psychotherapy**

Organizer: Sarah Bloch-Elkouby, Mount Sinai Beth Israel

This panel will feature three papers that investigate the impact of cultural differences among therapy dyads on the process and outcome of therapy. The first paper will use the Rupture Resolution Rating System (3RS), an observer-based measure of alliance ruptures and repair strategies, to examine alliance ruptures and repairs in dyads consisting of white therapists and patients from racial minority groups. The authors will employ descriptive analysis to examine the occurrence of racial microaggressions in these sessions and to examine the possible relation between microaggressions and alliance ruptures. The second paper will use the 3RS in combination with a measure of sexual orientation microaggressions to examine how therapists may contribute to ruptures in a sample of gay and bisexual male clients. The third paper will use a combination of measures including 3RS, a measure of racial microaggressions and self-report measures to explore the process and outcome of therapy of a multi-racial dyad in which the therapist is Black and the patient is White. All of these studies, by focusing on the therapy process, and more specially the ruptures and repairs in the therapeutic alliance of multi-cultural dyads, aim to shed light on how therapists can more effectively work with patients who are culturally different from them.

**Toward a better understanding of the interpersonal context of racial microaggressions in early phases of CBT.** *Sarah Bloch-Elkouby, Mount Sinai Beth Israel; Catherine Eubanks, Yeshiva University, New York, USA; Liqiaonan Chen, Adelphi University, New York, USA; Andrew Lokai, Adelphi University, New York, USA; Lisa Samstag, Long Island University, Brooklyn, NY; Chris Muran, Adelphi University, New York, USA*

Research on racially diverse therapy dyads suggests that White therapists frequently engage in racial microaggressions against racially diverse patients, and that left unaddressed, such microaggressions are associated with poorer alliances and elevated rates of patient-initiated premature termination. To date, the literature on microaggressions has relied on patient self-report only and it has not investigated the interpersonal dynamics leading to and/or resulting from microaggressions. The present study's aim is to address this gap and to draw on the comprehensive typology of alliance ruptures defined by Safran and Muran to investigate the phenomenon of racial microaggressions in early phases of treatment. More specifically, this study will explore the interpersonal dynamics at play between White therapists and racially diverse patients during their first two sessions of CBT. Methods: Twelve CBT dyads each involving a White therapist and a patient self-identified as belonging to a racial minority group will be selected from the Psychotherapy Research Program archival dataset at Mount Sinai Beth Israel based on video data availability. The therapy process at play during the first two therapy sessions will be explored using two qualitative methods: 1) A descriptive analysis will determine the occurrence of racial microaggressions as defined in the empirical literature; 2) The observer-based Rupture Resolution Rating System (3RS) will be used to assess the presence of alliance ruptures and their resolutions. Results and Discussion: The presence of microaggressions, their interpersonal context, and their place in the typology of alliance ruptures developed by Safran and Muran will be discussed

**Negotiating racial differences: the tale of a Black therapist and a White patient..** *Wei-Qian Wang, Adelphi University, New York, USA; Naa-Adjeley Ama Kuma, Adelphi University, New York, USA; Sarah Bloch-Elkouby, Mount Sinai Beth Israel; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

A growing body of research suggests that cultural differences between therapists and patients play a crucial role in the development of an effective therapeutic alliance, especially when patients are people of color. The impact of cultural differences on the therapy process has been far less studied, however, when the therapist is a person of color and the patient is White. The goal of this study will be to contribute to this literature by exploring the therapy process and outcome of one such dyad, with special attention given to the ruptures in the

therapeutic alliance, including microaggressions against the therapist, and their resolution in the course of the treatment. Methods: The therapy process and outcome of a White patient and a Black therapist were explored using quantitative and qualitative approaches involving patient- and therapist- rated measures. Two observer-based measures were also used to assess the therapy process: The Rupture Resolution Rating System (3RS), an observer-based measure assessing ruptures and their resolution, and a racial-microaggression coding scheme based on three validated self-report microaggression scales. Results: Descriptive analyses will be conducted to explore the impact of cultural differences and racial microaggressions on the process and outcome of treatment. Discussion: Findings will be discussed with respect to their conceptual and clinical implications.

**Sexual orientation microaggressions and the therapeutic alliance..** *Joey Sergi, Yeshiva University, New York, USA; Jonathan T. Warren, Yeshiva University, New York, USA; John Pachankis, Aalborg University, Denmark; Catherine Eubanks, Yeshiva University, New York, USA*

Sexual orientation microaggressions and culturally influenced manifestations of ruptures may be contributing to lower therapeutic alliances between therapists and their lesbian, gay, bisexual and queer (LGBQ) clients. The present study examined the relationship between therapist-committed sexual orientation microaggressions and therapeutic alliance using an archival data set of 44 gay and bisexual men (M age= 26.2 years) who participated in a cognitive behavioral treatment designed to reduce depression, anxiety, risky sexual behaviors, and substance use. We also examined the potential moderating role of the resolution of microaggressions if and when they occurred. The first session of treatment for each participant was coded using two observer based coding measures, the Rupture Resolution Rating System (3RS) and the Sexual Orientation Microaggression Scale (SOMS) a measure designed for this study to capture sexual orientation microaggressions. Exploratory analyses utilizing the SOMS point to the potential benefits of helping clinicians learn to identify and repair microaggressions. We also plan to explore relations between the 3RS and the SOMS, a unique combination of measures meant to objectively capture both the occurrence and impact of a rupture experience. Implications for clinical practice and directions for future research will be discussed.

**Discussants:** Craig Rodriguez-Seijas, University of Michigan, Michigan, USA;

**Panel**  
Psychoanalysis

Organizer: rachele mariani, Sapienza University of Rome, Italy

**The impact of the collective trauma from the COVID-19 pandemic on processes of affective and symbolic representation.**

In March 2020, the WHO declared a public health emergency, and several countries adopted lockdown measures to protect the health of their citizens. Drastic and immediate changes were imposed, affecting areas such as teaching, psychotherapy treatments, and work-life. In response to the new restrictions, the psychological community adopted the use of new technologies to ensure the continuity of clinical work and the citizens started to massively use the social network to be in touch with friends and families. The impact on emotional, affective and symbolic processes of such changes is the focus of the three studies presented in this panel. First, Christian & Negri will present a study that applied linguistic measures based on Multiple Code Theory to assess changes in the clinical interaction of a single clinical dyad, comparing sessions conducted in-person and those conducted remotely as a result of COVID precautions. Then, Bincoletto, Giovanardi, & Lingiardi will present a qualitative and quantitative study of dreams among an Italian sample, exploring the effects of social isolation, and identifying the content and dominating emotions manifested in dreams during the lockdown. Lastly, Mariani, Monaco & Di Trani will present the linguistic analysis of shared dreams process through an on-line blog which was self-organized by students during the quarantine period. In this study linguistic measures of the Referential Process were applied to explore a collective elaboration of such an unexpected experience.

**Lockdown dreams: Dreaming during the COVID emergency in Italy, a qualitative research..** *Alice Fiorini Bincoletto, Sapienza University of Rome, Italy; Guido Giovanardi, Sapienza University of Rome, Italy; Vittorio Lingiardi, Sapienza University of Rome, Italy*

**AIM** From March 2020 onwards the Italian population had to endure a lockdown for about three months, due to the Coronavirus emergency. This paper, through a quantitative and qualitative analysis of the collected data, aims to explore the effects of social isolation on Italian people's dreams. We set out to pinpoint the content and the dominating emotions in the dreams that people had during the lockdown. **METHODS** To do so, we administered an online survey to 598 participants ranging from 18 to 70 years old (M: 30.9; SD: 10.9). The participants were asked to write down two dreams that they had during lockdown and they replied to questions regarding demographic's, quality of sleep and levels of anxiety, depression and brooding before and after lockdown. We asked questions about the socio-economic situation, the perceived fear of the contagion and about dream recall frequency and dream vividness. **RESULTS** From the analysis of dreams transcripts emerged that there was a majority of negative emotions in our sample: "Fear/Fright/Terror" and "Anxiety/Anguish/Preoccupation" were the most represented in dreams. Moreover, several themes emerged from the content analysis including settings, relationships, landscapes and animals. **DISCUSSION** This research contributes to describe which emotions populates the dreams of people experiencing a collective stressful event, such as the social isolation measures implemented by the Italian government to face the Covid-19 pandemic and further confirms the continuity hypothesis stating that dreams tend to reflect the emotional concerns of the dreamer and help integrating intense or disruptive emotions experienced during waking life.

**Changes in Clinical Process as a Result of Online Therapy: Findings from a Single Case Study.** *Christopher Christian, City University of New York, USA; Attà Negri, University of Bergamo, Italy*

**AIM:** This study examined changes in the clinical interaction in a single clinical dyad between sessions conducted in-person and sessions conducted remotely, applying sophisticated linguistic indicators based on Multiple Code Theory and the referential process (Bucci, 2021; Bucci, Maskit, & Murphy, 2016). **METHOD:** Participants. The participant in this single case study was a male patient in his late 30s, who had been participating in a single case psychotherapy research study at the time of the pandemic. **Procedures.** Sessions from an ongoing psychotherapy were audio-recorded and transcribed using transcription rules for linguistic analysis. Linguistic indicators, including the Weighted Referential Activity Dictionary (WRAD), was scored and graphed using the Discourse Attributes Analysis Program (DAAP; Maskit, 2014). The sessions included, 8 sessions immediately before, and immediately following the implementation of online work as a result of COVID precautions, and 8 sessions at follow-up, collected several months after the clinical dyad had been working remotely. **RESULTS:** Findings show that the patient speaks more in post-COVID sessions, but with decreased emotional engagement, as evidenced by WRAD, as compared to pre-COVID sessions. The therapist appears to be working harder to communicate that he is listening as evidenced by an increase in the measure of Non-turn Vocalizations (interjections such as hmm). Thus, it appears that both, patient and therapist, are working harder to remain connected and communicate that they are present. And, yet, despite increased effort, there is a decrease in emotional engagement and connectedness. This pattern remains unaltered at a 7-month follow-up. **DISCUSSION:** The findings begin to address empirically the subjective experience of many clinicians who have switched to remote treatment. The commonly asked question, Are you there? (Lichtenstein, 2021) is being addressed quite literally during remote work. Notwithstanding what appears to be increased effort, there is a decrease in emotional engagement and connectedness between the dyad. This decrease in

connectedness substantiates another common experience reported by therapists commenting on online work: mainly, an increase in fatigue (Seligman, 2021; Weinstein, 2021). With the use of complex linguistic indicators we can detail how clinical work has changed as a result of remote treatment, and how the work can change over time as treatment progresses, and the dyad begins to adjust to a new mode of conducting therapy. Implications for the future of remote therapy will be discussed.

**Dreaming in quarantine: emotional elaboration of the traumatic experience COVID-19 pandemic.** *rachele mariani, Sapienza University of Rome, Italy; Silvia Monaco, Sapienza University of Rome, Italy; Michela Di Trani, Sapienza University of Rome, Italy*

**AIM** The spread of COronaVirus Disease 2019 (COVID-19) brought significant changes in different spheres of society, represents a collective traumatic experience, affecting physical and psychological health. Lockdown rules imposed to counteract the rapid growth of COVID-19 for almost two months, bringing a total disruption of the daily routine, with a castration of individual freedom, becoming a real threat to the integrity of self developing post-traumatic distress, feelings of loneliness and perception of low social support. The research aims are to explore the emotional process of quarantine dreams, through linguistic measures of referential process (Bucci, 2021; Bucci, Maskit, & Murphy, 2016), to explore a collective elaboration of unexpected experience. A group of students self-organized a public blog collecting ninety-one dreams. We assume the group worked a common emotional process of emotional schema activated by COVID-19 traumatic experience, a computerized linguistic analysis and clinical evaluation has been applied to writing dreams. **METHOD** A group of people 68 (22 males) joined the social blog mean age 26,16 ds. 7,68. collecting 91 dreams. They could write their dreams in an open blog, filling before an on-line platform: a socio-anamnestic questionnaire. The dreams were analyzed by the software Discourse Attributes Analysis Program (DAAP; Maskit, 2014) applying linguistic measures of referential process and statistical cluster analysis has been conducted. Parallel each dream was evaluated by judges on three specific quality of Referential Process (Kingsley, 2009: Arousal, Symbolizing and Reflection/Reorganig). Clinical judges in a double blinded method reached reliable scoring (Arousal cronbach  $\alpha$ .874 icc .701; Symbolizing cronbach  $\alpha$ .783 icc .671; Reflection/reorganization cronbach  $\alpha$ .884 icc .758). **RESULTS** Both linguistic analyzes and the judges' clinical evaluation of dreams have shown that three specific clusters are recognizable. The first dreams group is characterized by emotional activation, where senso-somatic and affects dictionaries were predominant, the second show a symbolizing process were reflection activity is higher and third group is characterized by higher reflection and reorganizing measures to manage emotional reaction. **DISCUSSION** That results represent that the blog "dreams container" showed a three kind of emotional elaboration of referential process. Computerized linguistic analysis and clinical evaluation reach an interesting integration of dreams qualities, showing three type of emotional processes. Based on these results dreams, core of non-verbal system, can have different function in connecting sub-symbolic and symbolic systems. This could indicate a collective and social elaboration of traumatic experience. According to this approach, the dreams of a community can represent a key of access to the unconscious of a society.

**Discussants:** Silvia Salcuni, Univeristy of Padova;

**Panel**

Organizer: Michael Barkham, University of Sheffield, UK

**The impact of therapist effects: Improving patient outcomes and therapists' wellbeing**

The topic of therapist effects (TEs) has shown that therapists vary substantially in their outcomes both in randomized controlled trials and practice-based settings (Johns et al., 2019). Both these contexts provide opportunities for advancing our understanding of the phenomenon of therapist effects and their impact on the course of therapy and patient outcomes. Drawing on high-quality

international datasets, we address the following questions: What is the differential TE when the same therapists deliver therapy in a trial setting as well as in a routine care setting? Can we utilize TEs and match therapists to patients to maximize the best outcome in each setting? (Paper 1) Do some therapists yield higher rates of sudden gains (brief definition? sudden symptom improvements) in their patients, a finding that is predictive of better patient outcome? (Paper 2). Finally, we look at the therapist themselves: What are the personal and situational factors that signal therapists who become more burdened and what action can be taken to help the emotionally burdened psychotherapist? (Paper 3). This international panel addresses these questions with three presentations focusing on: (1) the context and potential matching of patients to therapists in trials and routine practice; (2) the process of therapy and the impact of TEs on the phenomenon of patient sudden gains; and (3) a focus on therapists themselves and their emotional burden. The panel will conclude with a directed audience Discussion.

### **Disentangling therapist effects in trials and in routine practice**

**settings.** *David Saxon, University of Sheffield; Jaime Delgado, University of Sheffield, UK; Julian Rubel, University of Giessen, Germany; Gillian E Hardy, University of Sheffield, UK; Michael Barkham, University of Sheffield, UK*

Objective: RCTs often show less variability smaller therapist effects than practice-based studies. Trials have fewer therapists but have greater control of patient variables and therapist adherence to a treatment protocol than in routine practice. Greater variability between therapists has also been found where the patient sample has more severe or complex problems. This finding supports the idea that matching patients to therapists could improve outcomes. Currently, studies to identify patient factors, or combinations of factors, which may be associated with differential therapist outcomes are limited. Using patient data from an RCT embedded within a large clinic, the objective was to compare therapist effects in the trial patient sample with a non-trial patient sample of similar patients seen routinely by the same therapists. Factors identifying subgroups of patients who benefitted most and least when assigned to particular therapists were also compared. Methods: The setting was a large primary care psychological therapy service delivering mainly cognitive-behavioral therapy (CBT) and person-centred experiential therapy (PCET). Over 10,000 patients received therapy of whom 510 entered an RCT and were randomized to either CBT or PCET. Forty-six therapists saw both trial and non-trial patients. Multilevel modeling and Machine Learning were used to model the variability between therapists and identify patient subgroups that responded differently to specific therapists. Results & Discussion: The results are discussed in the context of the efficacy vs. effectiveness debate and will also consider the implications for matching patients to therapists in routine delivery in order to yield the best outcome for patients.

### **The impact of therapist effects on sudden gains: Are some therapists better at creating sudden symptom improvements than others?.**

*Anne-Katharina Deisenhofer, Universität Trier, Germany; Björn Bennemann, Universität Trier, Germany; Idan M Aderka, University of Haifa, Israel; Wolfgang Lutz, Universität Trier, Germany*

Objective: Changes during psychotherapy are usually not linear and often include sudden symptom improvements, called sudden gains (SG). Whereas SGs have been found to consistently predict positive treatment outcomes, it remains unclear why some patients experience SG and others do not. A growing body of research attests that the “therapist” variable explains a meaningful amount of variance in patients’ outcomes. In fact, therapist effects (TE) have been found for treatment outcome, treatment length, and drop-out. As therapists are an important factor for treatment outcome and SG are also associated with outcome, it would not be surprising to find that therapists are accountable for inter-individual differences in their patients’ likelihood to experience SG. Methods: The analyses are based on a large sample of approximately 1800

patients receiving individual psychotherapy from 130 therapists at a university outpatient clinic. TEs were investigated using two level hierarchical logistic regression analyses with a binary dependent variable that classifies the patients' therapeutic experience into two categories: SG vs. no SG. Results & Discussion: Results are discussed in the context of the question as to whether SG reflect natural symptom fluctuations rather than important therapeutic breakthroughs.

**The emotionally burdened psychotherapist: Personal and situational factors.** *Helene Nissen-Lie, University of Oslo, Norway; David Orlinsky, University of Chicago, USA; Michael Helge Rønnestad, University of Oslo, Norway*

Objective: Previous research has suggested that the psychotherapists' personal experiences of burdens and distress can affect their professional functioning to the extent that their patients make less progress in therapy (Delgadillo et al., 2018; Nissen-Lie et al., 2013). Thus, to identify appropriate measures for self-care, it is important to investigate the personal characteristics (e.g., personality factors; attachment style) and life circumstances (work and private stressors) that tend to make therapists feel emotionally burdened. Method: Using multiple regression we analyzed a large international data set of psychotherapists (N=12,036), with their responses to a scale of Personal Burdens (PB) as our dependent variable and 5 sets of predictor variables: (1) age, gender, marital and parental status; (2) childhood family functioning, care, and trauma or abuse; (3) dimensions of self in personal relationships; (4) current work satisfaction; and (5) current life stressors (financial and health worries, relationship dissatisfaction). In a subsample (N= 1,250) which had also responded to measures of attachment avoidance and anxiety, we included these dimensions (step 6) in the model. Results: The total model explained about 25-29% of the variability in Personal Burdens. The most salient predictors were: younger age, early trauma, a demanding and/or reclusive personal self, low work satisfaction, and an anxious attachment style. Conclusions: Both personality-related and past and current life circumstances characterized the emotionally burdened psychotherapist. Implications for the self-care and support of psychotherapists are suggested.

**Discussants:** Jeff Hayes, Penn State University, University Park, USA;

**Panel**  
Child & family

Organizer: Geoff  
Goodman, Long Island  
University Post

**The Secret Sauce: What Makes Child Psychotherapy Work in Three Treatment Models?**

Psychotherapy for children has been shown to be generally effective in treating a wide variety of psychological problems. In spite of this success, however, the field has been slow to identify the key therapeutic processes responsible for the changes in psychiatric symptoms, emotional well-being, social relationships, and school functioning observed across theoretically different treatment models. The adult psychotherapy literature has identified a number of change processes responsible for successful outcomes—working alliance, mentalization, interpretation, mindfulness, and positive reinforcement, to name a few. The child psychotherapy literature lags far behind in confirming these same change processes or identifying different ones responsible for the successful treatment of children. Two questions inevitably arise when considering effective change processes: which ones are common to all child treatment models, and which ones are specific to a particular child treatment model? This panel was formed to facilitate comparison and contrast of change processes among three child treatment models: Dialectical Behavior Therapy for Children (DBT-C), Mentalization-Based Treatment for Children (MBT-C), and Regulation-Focused Psychotherapy for Children (RFP-C). Each panelist will briefly describe the goals and methods of her treatment model, present outcome research supporting its effectiveness, and identify the therapeutic processes that promote the changes observed in the outcome research. The fourth panelist will present state-of-the-art data analytic strategies for identifying these change processes. The discussant will review these four presentations with the goal of identifying both

the processes common to all three treatment models and the processes unique to each treatment model and their clinical implications.

**DBT for Pre-adolescent Children.** *Francheska Perepletchikova, Weil-Cornell Medical College*

Aim: Severe emotional and behavioral difficulties in pre-adolescent children can manifest in multiple ways, including verbal and physical aggression, suicidality, non-suicidal self-injury, and irritable/angry mood. Consistent with a biosocial theory, these children may have an inborn sensitivity to emotions and may be raised in an invalidating environment. Dialectical Behavior Therapy adapted for pre-adolescent children (DBT-C) has been specifically developed to address the needs of these vulnerable children and can be roughly divided into the primary and secondary targets. The primary targets aim to improve functioning in affected children by teaching adaptive coping skills and helping parents create a validating and a change-ready environment. Interventions to address DBT-C primary targets closely follow standard DBT, including the theoretical model and therapeutic strategies, with an addition of an extensive parent training component. DBT-C emphasizes the parental role in attaining child's treatment goals and views adaptive parental responding as one of the main mechanisms of change. The secondary targets aim to help children and their parents decrease vulnerabilities in the three core senses – sense of self-love, sense of safety and sense of belonging. DBT-C uses Core Problem Analysis (CPA), an assessment and intervention model, to evaluate vulnerabilities in the core senses and to target them using techniques specific to CPA. Method: Two RCTs were conducted to examine feasibility and initial efficacy of DBT-C. 1) In the NIMH funded RCT of DBT-C for Disruptive Mood Dysregulation Disorder, 43 children (7-12 years) were randomly assigned to DBT-C or TAU. Children were provided with 32 individual sessions that included child counseling, parent sessions and skills training. 2) In the Private Foundation funded RCT of DBT-C for children in residential care, 47 children (7-12 years) were randomly assigned to DBT-C or TAU. Children were provided with 34 individual sessions, 48 group skills trainings and 12 parent trainings. Results: 1) Subjects in DBT-C attended 40.4% more sessions than subjects in TAU. No subjects dropped out of DBT-C, while 36.4% dropped from TAU. Further, 90.4% of children in DBT-C responded to treatment compared to 45.5% in TAU, on the Clinical Global Impression Scale. All changes were clinically significant and sustained at 3-months follow-up. 2) In the residential care trial significant differences were observed on the main measure of outcome – Child Behavior Checklist staff report. Children in the DBT-C condition as compared to TAU had significantly greater reduction in symptoms on both Internalizing and Externalizing subscales. All changes were clinically significant and maintained at 3- and 6-month follow-up. Conclusions: Results of both trials supported the feasibility and initial efficacy of DBT adapted for preadolescent children with severe emotional and behavioral dysregulation in multiple settings.

**Mentalization Based Treatment for Children (MBT-C): Unravelling and Stitching Together the Therapeutic Process and Mechanisms of Change.** *Karin Ensink, Laval University; Jordan Bate, Ferkauf Graduate School of Psychology*

Aim: MBT-C is a time-limited psychotherapy that is applicable trans-diagnostically to children 6-12 years old with internalizing or externalizing disorders, and also neurobiological differences. MBT-C was developed in response to families' clinical needs as well as systemic pressures for treatments that are time limited and outcome oriented. The approach is based on empirical literature demonstrating the centrality of mentalization and epistemic trust in development, and the links between psychopathology and deficits in mentalization. Method: This presentation will outline key elements of the mentalizing stance and approach supported by research findings. These elements include an assessment that informs the development of a clear formulation and agreed upon focus for the intervention, using attachment and

reflective functioning research tools, such as the Child Attachment Interview, the Five-Minute Speech Sample, and the Squiggle Task. MBT-C employs a developmental model of mentalizing that addresses three levels: enhancing attention control, affect regulation, and explicit mentalizing. Results: Examples of techniques addressing each level and how they are operationalized will be presented. Parent work is also central to MBT-C, so this presentation will outline mechanisms of action in both child and parent sessions, showing how a mentalizing approach may facilitate epistemic trust and restore adaptive social learning. Discussion: We will discuss potential future directions for research on the therapeutic process, including the association between adherence to the MBT-C stance and techniques and change, as well as how mentalizing breakdowns and pre-mentalizing modes (psychic equivalence, teleological, and pretend) are apparent and addressed in treatment to facilitate outcomes.

**Why Is It Easier to Get Mad Than It Is To Feel Sad? Key Processes in Regulation-Focused Psychotherapy for Children (RFP-C).** *Tracy Prout, Ferkauf Graduate School of Psychology; Timothy Rice, Icahn School of Medicine at Mount Sinai; Leon Hoffman, Icahn School of Medicine, Mount Sinai Hospital*

Aim: Disruptive behavior disorders in children are highly prevalent and negatively impact children's academic, occupational, and interpersonal functioning (Leadbetter & Ames, 2017). There is increasing evidence that deficits in emotion regulation are a core component of externalizing problems like oppositional defiant disorder (Halligan et al., 2013; Mitchison et al., 2020). RFP-C (Hoffman et al., 2016) is a manualized, time-limited, psychodynamic therapy for children ages 5-12 that fosters growth of implicit emotion regulation capacities in order to reduce externalizing symptoms. Methods: Externalizing symptoms are conceptualized as maladaptive defense mechanisms against painful affects such as shame, guilt, and longing. In other words, it is easier to get mad than it is to feel sad. The key intervention in RFP-C is gentle, iterative interpretation of defenses against painful affect. Results: This presentation will demonstrate, with video examples, how interpretation of defenses occurs in these child-led, play therapy sessions. Examples of play therapy interventions, collateral parent sessions, and limit-setting will also be discussed. Research on key psychotherapy processes and outcomes in RFP-C, including results of a recent randomized controlled trial, will be presented (Prout et al., 2018; Prout et al., 2020). Discussion: Discussion will provide an opportunity to compare and contrast RFP-C with other modalities (DBT-C and MBT-C) that also address affect regulation.

**Data Analytic Methods To Assess Change Mechanisms, Moderators and Outcome in Naturalistic Child Psychotherapy.** *Selin Kitis, Koc University; Sibel Halfon, Istanbul Bilgi University*

Aim: This presentation will introduce a mixed-methods model to investigate mechanisms of change and patient specific moderators of treatment outcome in naturalistic psychodynamic child psychotherapy research. The model (Halfon, 2020) was developed at Istanbul Bilgi University Psychotherapy Center, which is community-based sliding fee scale mental health clinic, where psychodynamic child psychotherapy is conducted with children ages 4-10. The research program integrates the objectivity of quantitative methods with the clinical meaning and depth of observational data. Methods: A multimethod approach to clinical assessment, conducted before and after treatment, assesses change on symptomatic, psycho-social and mentalization indices, which are measured via semi-structured attachment interviews, projective attachment-based scales, play-based observational data and psychometric scales. Observational data from within the sessions and psychometric data are repeatedly collected from children, parents, therapists over the course of treatment for assessing core components of treatment, such as psychodynamic technique, therapeutic alliance, mentalization adherence and affect regulation. Data analytic methods such as hierarchical linear modeling, time series panel analyses and structural

equation modeling are used to assess the associations between baseline characteristics, process variables and outcome. These analyses provide the opportunity to model change on core mechanisms while controlling for patient and therapist level variances, to investigate individualized trajectories of change based on sub-group characteristics of patients, study mediating variables and associate these with outcome. Results: Example studies will be presented, which show that psychodynamic technique, therapeutic alliance and mentalization adherence predict good outcome; however, patients' psychopathology severity and mentalization levels moderate these associations. Discussion: The empirically derived change processes and their applications for future research directions will be discussed.

**Discussants:** Geoff Goodman, Long Island University Post;

**Panel**  
Culture

Organizer: Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan

**The Society for Psychotherapy Research Interest Section on Culture and Psychotherapy (SPRISCAP) Collaborative Project: Experiences of Depression Across the World.**

According to The World Health Organization, the total number of people with depression was estimated to exceed 300 million, which is equivalent to 4.4% of the world's population, in 2015. It is ranked as the single largest contributor to global disability (7.5% of all years lived with disability in 2015). Depression significantly contributes to suicide deaths (800,000 per year). Approximately 350 million people of all ages suffer from depression worldwide. The risk of becoming depressed is increased by social factors such as poverty, unemployment, life events such as personal losses and difficulties in social relationships. Therefore, we may learn from studying people's experience of depression across different cultural and social groups in order to improve psychotherapy treatment on depression. The panel presents three papers on the SPRISCAP Collaborative Project on Depression. The first paper by Shigeru Iwakabe and the members of SPRISCAP presents a background and overview of this international project. The second paper by Mahaira Reinel and her collaborators will present the result from Chile and Colombia. The third paper by Ayumi Goto will present findings from Japan.

**The overall design and goal of the international collaborative project.** *Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Mariane Krause, Catholic University of Chile; Robert Schweitzer, Queensland Institute of Technology, Brisbane, Australia; Laurie Heatherington, Williams College, Massachusetts, USA; Eunsun Joo, Duksung Women's University*

This is a qualitative study that describes and compares the experience of depression across different societies. Approximately 300 million people of all ages suffer from depression worldwide. The prevalence rates of depression vary across the population of the world. Cultural differences and related factors affect the expression of the disorder as well as its treatment, while some symptoms are commonly identified in all cultures. In this research, we gather the interview data from those who have gone through depression and possibly the treatment (whether psychotherapy, medication, self-help, and/or indigenous healing). The main goal of the study is to understand the experience of depression and socio-cultural factors associated with it. It will be an international project inviting many researchers from SPRISCAP. Method: Adults who had been depressed and had received a diagnosis of depression and/or depressive/mood disorders in the past. The study consists of qualitative interviewing about people's experience of depression. Each interview is about 90 minutes. A common interview protocol was used. Grounded theory, thematic analysis, phenomenological analysis are used to analyze the data. Result: There are some common experiences across different cultures such as interpersonal conflicts and personal failures. There are common phases that people go through toward healing and growing from experiences of depression. Discussion: The complex intersection of personal life events and social environment colors the nature of experiences of depression. Treatment implications as well as future directions will be discussed.

**From Discomfort to Depression: Dynamics in Building Personal Meaning from the Depressive Experience.** *Daniel Vásquez, Pontificia Universidad Católica de Chile, Santiago; Carolina Altimir, Universidad Alberto Hurtado; Diana María Ocampo Lopera, Universidad CES; Mahaira Reinel, Pontificia Universidad Católica de Chile, Santiago; H-Daniel Espinosa, Universidad CES; Camila Mesa Posada, Universidad CES; Cristian R. Montenegro, Pontificia Universidad Católica de Chile, Santiago; Olga María Fernández González, Universidad de Chile; Javiera Duarte, Universidad Diego Portales; Mariane Krause, Catholic University of Chile*

Objective. To understand the dynamics by which patients signify their depressive experience. Methodology. A qualitative methodology was used, based on the Grounded Theory. Semi-structured interviews were conducted with 10 patients diagnosed with a mood disorder with depressive episode, who had been in a psychotherapy treatment about it. The interviews were analyzed from a descriptive-relational approach, recognizing the main thematic units referred by the participants, and then identifying their relationships and underlying meanings. Results. The meaning of “depression” experience was revealed as a process, named “subjective construction of depression experience”, characterized by three moments: (1) “The experience of an unnamed discomfort”; (2) “Anchoring the patient’s experience in the word depression”; (3) “Appropriation of depression experience”. Conclusion. The depressive experience is presented as a dynamic process of interaction between subjective discomfort and the construction of meanings associated to it. Transitioning from a disconcerting experience observed on their body, mood, and/or their behaviour, to something available to be elaborated discursively, through a semantic reference (depression) that integrates them, originates a process of appropriation about what it implies for each individual to be depressed or have depression. Keywords: Depression, Mental Illness, Qualitative Methodology, Psychotherapy, Experience, Subjective.

**A qualitative study on experiences of depression in Japan: A path toward recovery.** *Ayumi Goto, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan*

AIM: The study explored the nature of people’s experience of depression in Japan. METHOD: Semi-structured interviews were conducted with 10 adults (5 male and 5 female: Average age = 36.2, SD =12.19) who had suffered from depression and were currently recovered. Interviews were audio-recorded and transcribed. The data was analyzed using grounded theory approach. RESULTS: Grounded theory analysis showed six common phases of expression of depression: 1. Relational discords reveals one’s character weakness. 2. Affected by physical symptoms 3. Disconnected and alienated from others. 4. Stigmatization and self-stigmatization of depression 5. Flooded by negative emotions. 6 Coping and Learning. Depression was described as a process of a loss and recovery of sense of self. CONCLUSIONS: Experience of depression was closely related to one’s relationship to others. There is a strong sense of responsibility and duty to fill one’s role in interpersonal relationships. The ruptures were experienced as devastating. The recovery process required facing a variety of negative emotions arising from such a loss. Cultural implications will be discussed. KEYWORDS: depression, culture, experience, qualitative analysis, recovery process

**Discussants:** Peitao Zhu, Northern Illinois University;

**Panel**  
Alliance

Organizer: Joshua Swift,  
Idaho State University

**Therapist Contributions to the Working Alliance in Psychotherapy**

Although much research has been conducted examining client predictors of the working alliance, less is known about the relationship between therapist variables and the alliance in psychotherapy. This panel includes a presentation of four studies, each examining a different aspect of therapist contributions to

the working alliance. The first paper will describe the results of a naturalistic study with data from almost 16,000 clients and 250 therapists. Top performing and bottom performing therapists in terms of client outcomes were also compared in terms of their average alliance scores and frequency of ruptures with clients. The second paper presents data from another naturalistic study in which therapist attachment orientations were coded based on session behavior. The relationship between various attachment orientations and alliance ratings will be reported. The third paper describes a micro-process case study, where a therapist and client dyad were asked to separately rate the quality of the alliance at each moment within a single psychotherapy session. A comparison of their ratings of high and low alliance moments will be provided. The fourth paper will present data from a client survey of preferred psychotherapist personality characteristics. The association of the match between the preferred and actual therapist personality with the ratings of the alliance will be described. Last, an expert in the areas of therapist contributions and the working alliance will discuss the findings of these four papers and lead the audience in questions and conversation on the topic.

### **Therapist Differences in Alliance Ruptures and Repairs with**

**Clients.** *Joshua Swift, Idaho State University; Elizabeth Penix, Idaho State University; Robbie Babins-Wagner, Calgary Counselling Centre; Amy Bender, Calgary Counselling Centre*

Existing research has demonstrated that therapist effects do explain a significant amount of variance in client outcomes (Baldwin & Imel, 2013; Castonguay & Hill, 2017; Johns et al., 2019). However, less is known about the exact therapist characteristics or skills that contribute to the therapist effects. It is possible that top performing therapists show better average outcomes with their clients because they are better at establishing and maintaining a strong working alliance and are better at repairing alliance ruptures when they do occur. The purpose of this study was to test for therapist differences in alliance and rupture patterns using a large naturalistic archival dataset (15,917 clients and 250 therapist). Based on client outcomes (OQ-45.2 change scores), therapists were separated into the top 10% performing ( $n=25$ ) and bottom 10% performing ( $n=25$ ) groups. The top performing therapists had significantly better average change scores with their clients ( $M=22.59$ ,  $SD=21.09$ ) when compared to the bottom performing therapists ( $M=6.74$ ,  $SD=20.60$ ;  $t(1065)=12.38$ ,  $p<.001$ ), demonstrating a large effect ( $d=0.76$ ). Although the top performing therapists also had significantly better average alliance scores with their clients ( $M=38.67$ ,  $SD=2.67$ ) than bottom performing therapists ( $M=38.31$ ,  $SD=2.70$ ;  $t(1031.97)=2.19$ ,  $p=.029$ ), the effect size for the difference was small ( $d=0.14$ ). Similarly, the ratio of number of sessions with an alliance rupture was significantly higher for the bottom performing therapists ( $M=0.22$ ,  $SD=0.20$ ) compared to top performing ones ( $M=0.19$ ,  $SD=0.19$ ;  $t(702.67)=2.05$ ,  $p=.041$ ); however, only a small effect was seen ( $d=0.15$ ). The results suggest that outcome differences between top and bottom performing therapists may only partially be explained by differences in therapists' abilities to build and repair the therapeutic alliance with their clients. Implications for research and practice will be discussed.

### **Therapist and Client Perspectives of Ruptures and Repairs in the Working Alliance: A Micro-process Case Study.** *Wilson Trusty, Idaho State University; Joshua Swift, Idaho State University; Elizabeth Penix, Idaho State University*

Although psychotherapy is generally effective, some clients do not benefit. Previous research has suggested the importance of repairing ruptures in the working, in order to improve client outcomes. As such, a better understanding of the alliance rupture-repair process may enhance psychotherapy effectiveness. Prior research has often investigated alliance ruptures/repairs at the overall session level (i.e., by administering end-of-session surveys to clients and therapists). However, these methods are limited in the extent to which they illustrate how to successfully navigate ruptures. To address this gap, other

research has studied ruptures and repairs at the within-session level, typically by coding client and therapist behaviors during rupture-repair sequences (Eubanks et al., 2015). These methods can describe ruptures and repairs in great detail; however, they have typically been based on observers' perspectives. Because observers are not participants in therapy, they may miss subtle processes that occur during ruptures and repairs. Measuring therapist and client perspectives of rupture-repair sequences at the within-session level in particular may yield valuable information. For this case study we had a therapist and client dyad separately watch a recording of a recent therapy session and provide moment-by-moment ratings of the alliance using a hand-held dial-rating device. They were then asked to describe what occurred during the rupture and repair moments. Recommendations for navigating ruptures illustrated by this case example, as well as future research directions, will also be presented.

**The Relationship between the Preferred-Actual Match in Personality Characteristics of Therapists and Ratings of the Alliance.** *Katharine Roth, Idaho State University; Joshua Swift, Idaho State University*

Client preference accommodation has been shown to have an impact on treatment dropout and psychotherapy outcomes; however, less is known about clients' preferences regarding their therapists and the relationship between preference matching in this domain area and other process variables, such as the therapeutic alliance. The purpose of this study was to (1) identify client preferences for the Big Five personality characteristics of their ideal therapist, (2) examine the association between the personality of the ideal therapist and the perceived personality of the actual therapist, and (3) test whether the match between actual and ideal is associated with clients' ratings of the therapeutic alliance in psychotherapy. Data is being collected from current and recent psychotherapy clients recruited through MTurk, an online recruitment platform. Participating clients are completing measures of perceived Big Five personality traits for their ideal and actual therapists (FFMRF, Mullins-Sweatt et al., 2006) and ratings of the therapeutic alliance with their actual therapists (CALPAS, Gaston & Marmar, 1991; WAI-SR; Hatcher & Gillaspay, 2006). Results and implications for preference accommodation in psychotherapy will be presented.

**The Association between Therapist Attachment Orientations and the Working Alliance in Psychotherapy.** *Eric Sauer, Western Michigan University; Kenneth Rice, Aalborg University, Denmark*

There is growing recognition in the literature that secure client attachment is associated with a better working alliance and more favorable psychotherapy outcome. In contrast, relatively few studies have investigated the relationships between therapists' attachment styles, the working alliance, and psychotherapy outcomes. The current naturalistic study was designed to examine the associations between therapist attachment orientations (as coded in therapy sessions using the Therapist Attunement Scales; Talia et al., 2018) and the working alliance and therapy outcomes in a psychology training clinic at a large Midwestern university. Preliminary findings indicate that avoidant therapists have lower average working alliance ratings than secure therapists. Early analyses also suggest that clients who are paired with avoidantly attached therapists may have worse responses to treatment. In the spring of 2021, data from a full sample of 50 therapist-client dyads will be analyzed using growth modeling analysis. At that time, we will examine whether therapist attachment orientations are associated with patterns of session-by-session changes in client working alliance ratings, outcomes, or differential rates of change. Beyond linear changes, we will also extend prior research by testing more complex models involving quadratic and cubic changes. The results of this study have important clinical implications - if secure therapists are indeed more effective, it will help us identify specific therapist responses that are associated with improved attachment security and attunement in psychotherapy. The obvious next step would be to teach therapist trainees ways to improve their levels of attunement during psychotherapy sessions.

**Discussants:** Jason Seidel, The Colorado Center for Clinical Excellence;

**Panel**

Culture

Organizer: Barry Farber,  
Columbia University,  
New York, USA

**Therapist Courage**

The aim of this panel is to introduce research on a new clinical concept—the therapist’s courage—that may inform the interventions therapists use in difficult clinical situations. Three complementary studies conducted in different cultures, using different methodologies and with different samples of therapists, will be presented. Geller’s paper (The Nature and Dimensions of Therapists’ Courage) describes the properties of three forms of courage (bravery, boldness, and fortitude) and presents the results of two surveys that revealed the belief of beginning as well experienced therapists that different therapeutic issues (e.g., threats of suicide; tolerating clients’ negative feelings) require different levels and types of courage to be manifest. Kimura and Iwakabe’s paper (Courage in Therapists, a Japanese Perspective), based on a grounded theory analysis of semi-structured interviews with experienced Japanese therapists, emphasizes the significant role that courage plays when therapists contemplate revealing their own psychological wounds to patients. Finally, McMullen and Ort’s paper (Therapist Ghosting) presents work on a new and troubling clinical phenomenon, that of therapists “ghosting” patients—terminating psychotherapy without discussion or consent of their patients and failing to respond to communicate from patients seeking answers; in effect, these therapists are lacking the courage to engage with their patients in difficult conversations about their work. This paper is based on narrative accounts of patients on social media. Taken together, these three papers suggest new clinical ways of conceptualizing—through the lens of therapeutic courage—difficult clinical situations and strategies to deal with them.

**The Nature and Dimensions of Therapists’ Courage.** *Jesse Geller, Columbia University, New York, USA*

**Aims:** To investigate the clinical and pedagogic value of integrating an empirically-grounded understanding of the concept of courage into our theorizing about the processes that mediate the success of therapy; to investigate the value of a typology that distinguishes three forms of courage: bravery (i.e., the felt readiness to face and deal with threats), boldness (the courage to take psychological risks), and fortitude (what enables individuals to risk enduring painful experiential states). **Method:** Using the Therapists’ Attitudes Toward Courage survey, student therapists assessed the degree of courage they believed necessary to deal with each of 30 common clinical situations. In a second study, experienced therapists responded to a series of questions about how they understand and use courage in practice. **Results:** Among situations seen as requiring the greatest degree of therapist courage: threats of suicide, bearing witness to suffering, tolerating clients’ negative and/or erotic feelings, and acknowledging mistakes. Courage was also seen as enabling one to persevere, and to confront issues of death, physical violence, and psychosis. Almost all participants described moments when they relied upon courage to navigate their own anxiety, discomfort and distress, as well as to continue their professional growth. **Discussion:** The findings overwhelmingly suggest that therapist courage is a vital and complex part of psychotherapeutic treatment. We believe therapists would be better prepared equipped to deal with the novel, ambiguous, and conflict-laden aspects of doing therapy if they were to integrate a science-based understanding of the concept of courage into their clinical decision-making.

**Courage in Therapists, a Japanese Perspective.** *Yuka Kimura, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan*

**AIM:** The goal of this study was to investigate psychotherapists’ courage in revealing their past psychological wounds to their clients. **METHOD:** Semi-

structured interviews were conducted with a total of 12 experienced psychotherapists in Japan. Interview transcripts were analyzed using a Grounded Theory approach. The categories generated from 5 therapists were elaborated with additional data from 7 therapists. RESULT: The qualitative analysis showed that Japanese therapists experienced courage in disclosing their own psychological wounds at Kairos, a critical moment in which the therapists were moved by their clients and made a conscious decision to express the deepest respect for another human being. The therapists emphasized the importance of deliberate and careful contemplation: Self-disclosure of such private material and feelings needs to be well thought out and planned. DISCUSSION: Therapists' self-disclosure of their own psychological wounds is among the most challenging of therapeutic actions, one that requires courage supported by careful planning and contemplation.

**Therapist Ghosting.** *Lauren McMullen, Teachers College, Columbia; Daisy Ort, Columbia University, New York, USA*

Aim: To investigate the circumstances and implications therapists "ghosting" their clients, i.e., when a therapist suddenly ends a treatment with a client by withdrawing all forms of communication without explanation. Method: A question was posed on social media asking individuals who have been ghosted by their therapist to describe these circumstances. A total of 51 individuals (75% female) responded. Results: The primary way respondents reported being ghosted was by being unable to schedule or re-schedule an appointment despite many contact attempts. In addition, some individuals actually came to a session but were essentially "stood up" by a therapist who never showed up. The majority of respondents never heard from their therapists after being ghosted, despite many contact attempts through email, phone call, or text. A small minority reported that the therapist who ghosted them apologized and attempted to reconnect several months following the ghosting incident. Respondents' feelings following being ghosted, including self-doubt, unworthiness, anger, frustration, self-blame, and shame. Overall, respondents described the experience as traumatic. Discussion: Although conversations about stalled treatments or possible termination can be difficult, it is crucial for therapists to manage these processes with courage, determination, disclosure, and compassion. Therapists' lack of courage in the termination process can have lasting psychological and practical consequences.

**Discussants:** David Orlinsky, University of Chicago, USA;

**Panel**  
Relationship factors

Organizer: Orya Tishby,  
Hebrew University,  
Jerusalem, Israel

**Therapists' emotions and their role in the client-therapist relationship and therapy process.**

Recent studies have shown that therapists make a significant contribution to the therapeutic relationship and therapy process (Johns, Barkham & Saxon, 2019). In this panel we focus on therapists' emotions and the role which they play in the therapy process. Harold Chui et al. studied emotional congruence between clients and therapists, which has been shown to relate to positive outcome (Atzil-Slonim et al., 2018). In their study they added pre-session measurements of client and therapist emotions to the post session measurements, thus examining the process of growing more similar or more congruent. Farber et al. present a study on different ways in which therapists communicate positive regard to clients, going beyond Rogers' original definition of positive regard. Interestingly, "Liking" clients was seen as less important than accepting, respecting, and caring for them. In the final paper, Tishby presents data on the relationship between therapists' emotions before and after sessions, and their relation to rupture and repair, and clients' attachment to the therapist. These papers contribute to our understanding of the therapeutic relationship, and how it operated to contribute to positive outcome.

**Changes in therapist and client emotions in relation to session outcome.** *Harold Chui, The Chinese University of Hong Kong, China*

Background: Emotional congruence between therapist and client has been shown to be associated with better treatment outcome. In particular, emotional incongruence at post-session predicted higher symptoms and lower functioning in clients in the next session. However, pre-session emotional states should also be considered when examining how therapist and client respond to each other's emotions during a session in relation to outcome. Method: Therapists and clients completed measures of emotions before and after each session. Clients also rated therapist empathy and session quality after each session. Two models, Directional Correspondence (DC) and Absolute Agreement (AA), were used to investigate the patterns of emotion movement in relation to therapist empathy and session quality. In DC, therapist's and client's emotions moved in a similar direction from pre- to post-session, whereas in AA, therapist and client became closer in their emotional states from pre- to post-session regardless of the directions of movement. Results: Multilevel modeling showed that AA but not DC predicted better therapist empathy, which in turn predicted better session quality. In addition, the mediational path was stronger when therapist and client had different pre-session emotions than when they had similar pre-session emotions. Discussion: This study extends previous studies and demonstrates the importance of therapist and client becoming closer in emotional states in a session (i.e., not just being similar at post-session or moving in a similar direction from pre- to post-session). Dyadic emotional regulation may impact client's perception of therapist empathy and contribute to session outcome.

**Therapists' Attitudes Regarding the Communication of Positive Regard**  
**Therapists' Attitudes Regarding the Communication of Positive Regard.** *Barry Farber, Columbia University, New York, USA*

Aim: To investigate the primary ways that therapists provide Positive Regard (PR), their perceptions of the most potent means for communicating this attitude, and their sense of the effects of PR on the process and outcome of therapy. Method: A sample of over 200 therapists from a variety of theoretical orientations completed a multi-part survey of therapists' perceptions of the role of positive regard in the therapy they provide. Results: The primary ways that therapists provide PR include smiling, maintaining eye contact, conveying active listening through body language, speaking in a gentle voice, encouraging clients to take pride in things they do well, summarizing what clients have reported, and empathizing with feelings; multiple non-Rogerian means were also noted, including making connections between past and present behaviors, remembering details of past sessions, and suggesting new ways of understanding perceived weaknesses. Being empathic, remembering details, encouraging pride, complimenting, making connections between past and present, and summarizing accurately were seen as among the most potent forms of PR. Positive regard was seen as a critical aspect of therapeutic work, one that significantly strengthened the therapeutic relationship and improved outcome. "Liking" clients was seen as less important than accepting, respecting, and caring for them. Discussion: Therapists believe their provision of positive regard can manifest in multiple ways, many of which fall outside Rogers' definition. A greater awareness of the ways in which and reasons for which therapists communicate positive regard may lead to a greater acceptance of its appropriate role across multiple treatment orientations.

**Therapists' feelings and their relation to rupture and repair, and clients' attachment to the therapist in Supportive Expressive Therapy..** *Orya Tishby, Hebrew University, Jerusalem, Israel*

There is a growing body of research showing that ruptures that are repaired lead to successful outcome, whereas ruptures that are not repaired lead to poor outcome (Eubanks, Muran & Safran, 2018). However, there is little research on the therapist's contribution to ruptures and their resolution. In this study we examined the relationship between therapists' feeling states, their relation to clients' attachment to the therapist, and therapists' reports of rupture and

resolution. Forty therapists filled the Feeling Word Checklist-58 before and after each session of Supportive Expressive Therapy. They also reported the presence and intensity of ruptures and the extent to which they were resolved. Clients filled the Client Attachment to Therapist scale (CATS) following each session. Results indicate a relationship between therapists' feelings of inadequacy prior to the session and clients' avoidant attachment to them, as well as a relationship between clients' secure attachment to their therapists and therapists' feelings of confidence following the session. Secure attachment to the therapist was negatively associated with therapists' reports of the presence and intensity of ruptures. A positive relationship was found between clients' avoidant attachment and therapists' reports of high rupture levels. Therapists' reports of rupture resolution were associated with clients' secure attachment to them. Finally, the more confident therapists felt at the end of the treatment session, the more likely they were to report fewer ruptures and low rupture levels. The more inadequate therapists felt following the treatment session, the more high intensity ruptures they reported.

**Discussants:** Jesse Geller, Columbia University, New York, USA;

**Panel**

**Therapy's Matchmaking: The congruence in pre-therapy traits, attachment, and emotional regulation between the therapist & patient.**

This study aims to look for characteristics that may be identified before beginning therapy, which may give us a glimpse of the therapy outcomes. The study focuses on the unique and mostly randomly matched dyad in the therapeutic situation: the therapist and patient. This interaction between the two subjects (i.e., individuals) develops over time to become the patient-therapist relationship. This relationship is influenced by the "baggage" that each of them brings into it. Our goal is to determine if matching (or mismatching) in specific personality traits, attachment style, and emotional regulation will lead to better or worse therapy outcomes. Method: We collected Data from 63 patient-therapist dyads in 16 sessions of Supportive Expressive Psychotherapy. Attachment style, personality trait, and emotional regulation were assessed using questionnaires filled before the first session (ECR: ECR; Brennan, Clark, Shaver, 1998, BFI; John, & Srivastava, 1999, & DERS: Gratz & Roemer, 2004 ). The outcomes were measured on the OQ-45 (Lambert et al., 1996) at the end of each session.

**Panel**

Organizer: John  
Christopher Perry,  
Jewish General Hospital,  
Montreal, Canada

**Three large multinational surveys during the early months of COVID-19: stress, distress, psychiatric status, defenses, coping, and health-protective behaviors**

Since early 2020, the COVID-19 pandemic has confronted everyone with news, concerns, fears for self and loved ones, disruptions in daily personal and professional life, and possibly first hand encounters with illness and death. No one, individual or family, patient or therapist, remains worry-free, not even in Antarctica! This panel delivers substantial evidence from 3 separate large population surveys, totaling nearly 20,000 adult respondents, done in the early months of the pandemic, informing on these issues. Dr. DiGiuseppe initiated the first survey during the first week of the Lockdown in Italy. She will present on the interplay of individual's concerns, defensive functioning and symptoms of distress and PTSD during that period. Dr. Perry will present a systematic representative survey of 4 countries (Canada, US, UK and Germany). He will examine individual characteristics, including psychiatric diagnoses, and defensive functioning, in relationship to COVID Fears and experiences, stress, various symptoms, and protective health behaviors endorsed. Dr. Bekes will present on issues relevant to the elderly population on their experience of fears, stress, childhood trauma and symptoms in a Facebook survey of adults in Canada and the U.S.A. Finally Dr. Starrs will examine the same Facebook sample with an examination of the role of stress, spirituality well-being and resiliency during the pandemic. Together the presentations will inform on many aspects of individuals' experiences, concerns, responses and symptomatic

expressions during the pandemic. This should help us understand our patients' concerns in a broader context.

**Defense mechanisms as predictors of psychological adjustment during the first week of lockdown for COVID-19 in Italy.** *Mariagrazia Di Giuseppe, University of Pisa, Italy; Ciro Conversano, University of Pisa, Italy*

**Aim:** Defense mechanisms are psychological factors that influence the individual response to emotional distress. The rapid and massive spread of the COVID-19 pandemic imposed an urgent systematic assessment of psychological consequences on large multicultural populations. Aiming to provide a valid and reliable instrument based on the gold-standard theoretical hierarchical organization of defenses, we developed a 30 item questionnaire based on the Defense Mechanisms Rating Scale (DMRS), the DMRS-SR-30. This study investigated the role of defense mechanisms as protective factors against distress during the first week of government imposed lockdown in Italy. **Methods:** We extracted 30 items from the Q-sort version of the DMRS and adjusted them for a self-report format. From March 13 to March 18, 2020, a sample of 5,683 Italian residents responded to an online survey assessing socio-demographics, psychological distress (SCL-90), post-traumatic symptoms (IES-R), mindfulness (MAAS) and defense mechanisms (DMRS-SR-30). **Results:** Younger age, female gender, and having positive cases nearby and more days on lockdown were associated with greater distress. Lower defensive functioning was related to higher levels of depression, anxiety, and post-traumatic stress symptoms. Conversely, more adaptive defensive functioning was associated with better adjustment. **Conclusion:** Defensive functioning mediates the psychological impact of COVID-19. The systematic assessment of defense mechanisms with valid and reliable measures as the DMRS-SR30 is crucial for detecting vulnerable individuals among the general population. Psychological interventions fostering the use of more adaptive defenses may be an important component of building resilience and promoting higher quality of life during the pandemic.

**Personal characteristics, stress, defenses and symptoms in relationship to protective health behaviors in 4 countries during early COVID-19 Pandemic.** *John Christopher Perry, Jewish General Hospital, Montreal, Canada*

**Aims.** In Spring of 2020, the COVID-19 Pandemic caused case rates and deaths due to the SARS-COV-2 virus to soar. For example, a February 2020 conference in Boston introduced 2 genetic variants of the SARS COV-2 virus immediately responsible for 100 cases, but expanded to an estimated 333,00 cases country-wide by November 1 (Lemieux et al., 2020). Protective health behaviors remained the main strategy to prevent transmission. Our patients express many concerns about the pandemic. This report examines those concerns, including pro-health behaviors. **Methods.** We created an online survey of personal characteristics related to the pandemic, stress-related risk factors, standardized psychological symptom and personality scales and 20 pandemic-relevant health behaviors. After a test-sample, it was administered by a survey company, M-Cube, collecting representative samples in Canada, Germany, U.K. and U.S.A., during May and June, 2020. **Results.** About 1700 adults participated from each country (Total N = 6990). Country of residence and demographic characteristics accounted for 7.16% of the variance in health behaviors. Additional contributors included COVID-Fear Scale scores, number of diagnosed psychiatric disorders endorsed, post-traumatic and somatic symptoms, anxiety, but not depression, scales and number of health measures locally imposed. Subjective risk factors (e.g. fearing not being able to protect family members from COVID) were more predictive than objective risks for COVID (e.g. poor health). High Mature defense and low immature defense scores were positive predictors. **Conclusion.** These results inform clinicians about how individual characteristics and concerns may relate to protective health behaviors during the COVID-19 pandemic.

**Stress and Covid-fear among older and older-older adults: who needs more mental health support?. Vera Békés, Yeshiva University, New York, USA**

Abstract: Older adults are vulnerable to experience mental health problems, and the COVID-19 pandemic, due to the high mortality and mobility rated among the elderly, increased their physical vulnerability and possibly stress level as well. On the other hand, older age is often associated with psychological resilience in the face of stressful events, at least partly due to more effective coping strategies. Adverse childhood experiences are known vulnerability factors to stress sensitivity, however, their differential impact in different life stages, and its impact on older adults' distress during the pandemic is not known. This study aimed to assess psychological distress (anxiety, depression, posttraumatic stress symptoms, Covid-fear) experienced during the COVID-19 pandemic among older adults (n = 1000). We collected data via an online survey and used a subsample of participants for the present study to compare distress in older (between 65 and 74 years old), and older-older adults (above 75 years old). We also tested the potential impact of vulnerability (adverse childhood events) and resilience (defensive functioning) factors on distress levels during the pandemic. We found that older-older adults displayed less (and not more) distress (anxiety, depression, posttraumatic stress symptoms, Covid-fear) compared to older adults. Moreover, childhood adverse experiences were differentially associated with distress in the two groups, whereas higher defensive functioning was associated with less distress in both groups. Clinical and research implications regarding the complexity of various vulnerability and resiliency aspects in older adulthood will be discussed.

**Spirituality and Coping during a Global Pandemic in an International Ethnic Minority Sample. Claire Starrs, SUNY Potsdam, New York, USA**

Aim. Spirituality has been shown to reduce distress in the face of major stressors like cancer (Gudenkauf et al., 2019). Furthermore, spirituality has been shown to be high in ethnic minorities (Chatters et al, 2010; Campesino & Belyea, 2009). The 2019-COVID pandemic has been an exceptional stressor including serious threat to physical and mental wellbeing across the planet. Moreover, there is mounting evidence that minority communities have been disproportionately afflicted with higher rates of infection and death (Golestaneh et al., 2020). It is unclear whether the positive impact of spirituality is a direct effect or whether it is mediated through higher levels of positive coping. This study seeks to elucidate this question in a diverse international sample during the 2019-COVID pandemic. Methods. Online cross-sectional data was collected from n=915 ethnic minority participants in Canada, US and several other countries. Measures included the Spiritual Attitude and Involvement List (SAIL), the Coping Action Patterns Self-Report (CAPSR-36), and the Patient Health Questionnaire (PHQ, depression, anxiety, somatic subscales) and Post-Traumatic Growth (PTGI-SF). Results. Spirituality and positive coping strategies were negatively related to distress and positively related to post-traumatic growth. Mediation analyses revealed that positive coping fully mediated the relationship between spirituality and symptoms of distress, but not post-traumatic growth. Conclusion. Our findings suggest that spirituality may contribute to resiliency and wellbeing in members of minority communities through the use of more positive coping strategies. However, high spirituality appears to have exert a direct effect on post-traumatic growth. Clinical and research implications will be discussed.

**Panel**

Client effects

Organizer: Geoff R. Hooke, University of

**Trans-diagnostic client variables that impact outcome**

Psychotherapy has been shown to be generally effective for the average client, but it is less readily understood how therapeutic effectiveness differs by various client characteristics. This panel presents research on client predictors of various therapeutic outcomes. The first paper examines client moderators of the effectiveness of routine outcome monitoring feedback in improving client

Western Australia and  
Perth Clinic, Perth

symptom change across domains. The second paper focuses on one specific symptom domain, sleep, and examines whether outcomes in that domain are improved if sleep is identified by the treating therapist as an area of concern. The third paper also examines one specific client characteristic, engagement in Cognitive Behavioral Skills, and its relationship to change in wellbeing and symptom improvement during treatment. The final paper approaches outcome from a different perspective, evaluating how several machine learning methods perform in using client characteristics to predict client drop out from treatment.

**Effectiveness Routine Outcome Monitoring Feedback and Client Moderators.** *Rebecca Janis, Penn State University, University Park, USA*

Although psychotherapy is effective for a majority of people, there is a subset of people who fail to improve over the course of therapy, with some percentage actually worsening. Routine outcome monitoring (ROM) feedback has been shown to improve treatment, especially for clients who otherwise would have had a negative outcome. The current study evaluates the effects of a ROM feedback system and client moderators of its effect. Methods and results: University counseling center data will be used to evaluate the effectiveness of a multidimensional feedback system developed for the Counseling Center Assessment of Psychological Symptoms (CCAPS) on several client outcomes: deterioration, pre-post change, and rate of change. Additionally, client moderators of this effect will be evaluated to determine whether feedback is more effective for certain types of clients. Discussion: Clinical implications are discussed.

**Client's sleep difficulty: A trans-diagnostic issue to be assessed and treated in clinical routine.** *Natalie Pottschmidt, Penn State University, University Park, USA*

Sleep difficulty is a transdiagnostic feature associated with a wide range of negative physical and mental health outcomes. The impact of sleep problems, however, may not be fully recognized and addressed in some populations and/or clinical settings. For example, college campus culture in the United States has normalized poor sleep health for students, which may impact the reporting and assessment of sleep difficulty, as well as the focus of treatment in university counseling centers (UCCs). Given these considerations, it is important to determine whether sleep concerns are being properly addressed during treatment in UCCs. The current study will investigate the concordance between clients' and clinicians' ratings of sleep concerns as part of clinical routine when presenting for treatment, whether sleep concerns are improved during therapy, and for whom. Method: Data were collected through the Center for Collegiate Mental Health (CCMH), a practice-research network comprised of over 600 college counseling centers in the United States, over the course of two academic years (2017-2019). Analyses will use the Clinician Index of Client Concerns (CLICC) to form two groups of clients: those who were identified by a clinician as presenting with sleep concerns and those who were not. Using a self-report rating of sleep difficulty from the Counseling Center Assessment of Psychological Symptoms (CCAPS), we will compare difficulty ratings at the beginning of treatment as well as the change in difficulty over the course of treatment between the groups. Results: At the time of submission, preliminary analyses are not available.

**Exploring the interrelationships between patient's level of wellbeing, symptoms, and their level of engagement in CBT.** *Kathleen Camacho, University of Western Australia, Crawley*

Engagement in Cognitive Behavioural Therapy skills (ECBTSkills) is believed to be a mechanism of therapeutic change in treatment. While research has shown that higher ECBTSkills is associated with a greater reduction in symptoms, research has yet to explore the role of ECBTSkills on patients' wellbeing. In this study, we examine the relationships between the patients' wellbeing, symptoms

and ECBSkills. A sample of 584 patients in a two-week CBT treatment completed session to session measures of wellbeing, symptoms, and ECBSkills. Results indicated that ECBSkills has a differential role in the changes in wellbeing compared to symptoms. Suggesting that greater outcomes may need CBT skills which focuses on the patients' wellbeing and symptoms at different stages of treatment.

**Predicting Dropout from Psychological Treatment Using Different Machine Learning Algorithms, Resampling Methods and Sample Sizes.** *Julia Gieseemann, Universität Trier, Germany*

Background: Dropout from psychotherapy is associated with poor treatment outcome and high health, societal and economic costs. Recently, machine learning (ML) algorithms have been tested in psychotherapy outcome research. Dropout predictions are usually limited by imbalanced datasets, which can be addressed by resampling methods. Moreover, an algorithm's predictive power depends on sample size. This paper aims to improve dropout prediction by comparing ML algorithms, sample sizes and resampling methods. Method: Twenty ML algorithms were examined in twelve subsamples (drawn from a sample of N=49,602) using four resampling methods in comparison to the absence of resampling and to each other. Prediction accuracy was evaluated in independent holdout data using the F<sub>1</sub>-Measure. Results: Resampling methods improved the algorithms' performance and down-sampling provided the best predictions. For the highest mean F<sub>1</sub>-Score of .51 a minimum sample size of N=300 was necessary. Linear algorithms and artificial neural networks provided the best predictions. Conclusion: Resampling methods could improve the accuracy of predicting dropout in psychotherapy. Down-sampling is recommended as it provides the best prediction and is the least computationally taxing method. The training sample should contain at least 300 cases. Linear algorithms and artificial neural networks should be examined further.

**Panel**

Depression

Organizer: Guillermo de la Parra, Pontificia Universidad Católica de Chile, Santiago

**Treatment and Subjectivity of Depression in Public Health and Primary Health Care (PHC)**

According to the World Health Organization (WHO, 2008) depression will become the first leading cause of global burden of disease in 2030. The current prevalence of it is about 4,4%. Depression is one of the main causes of disability, self-harm and suicide, with about 800,000 people dying each year from it (WHO, 2017). The situation in Low-middle-income-countries (LMIC) is even worse: in the example of Chile the prevalence of depression is 20% higher than the world average. In this panel, two strategies for addressing depression are presented, along with getting deep in the depressive patients subjectivity. The first paper compares a multidimensional approach, based in informed trauma care, with the as usual management in public health care in Talca, Chile. The second one shows the validation of a training program based in competencies for psychologists in charge of depressive patients in PHC in Santiago de Chile. The third paper will present the subjective experience of depression in Japanese and Chinese subjects in Japan. The discussion will be in charge of a leading expert in depression, Prof. Henning Schauenburg. We think this panel will contribute to understand the subjectivity of depression and its treatment in different scenarios.

**Collaborative Clinical Practices Derived From Informed Trauma Care In Patients With Complex Depression Who Consult In The Context Of Public Health Services.** *Veronica Vitriol, Universidad de Talca, Talca; Alfredo Cancino, Universidad de Talca, Talca; Andres Sciolla, University of California, San Francisco, USA*

Depression with interpersonal trauma is a prevalent finding in clinical samples, being associated with more comorbidity, more severity and worse clinical course. This clinical complexity is understood through neurobiological and psychological sequelae of severe stress. Aim. To compare the efficacy of a

multidimensional collaborative model of clinical practices, based on trauma-informed care (TIC) paradigm, to improve the resolution of depression among PHC patients, versus standard treatment. Methods. A sample of PHC depression patients will be divided into two branches: one will receive standard treatment and the other will receive care through the proposed model, for which the treatment teams will be trained from March 2021. Depressive symptoms (using PHQ9), anxiety symptoms (Beck's anxiety questionnaire), interpersonal functioning and social role (subscales of the Lambert's OQ45), and emotional regulation (DERS-e) will be compared at the beginning, 3 and 6 months. Additionally, at 3 and 6 months, an adherence questionnaire will be applied. Results. Preliminary results of the training to the PHC mental health teams will be presented. Discussion. Results will be discussed in light of the impact on self-efficacy for the management of depression perceived by teams when incorporating TIC-based practices.

**Subjective experience of depression in Japan: Comparing Japanese sample with Chinese young adults in Japan.** *Hualing Qiu, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan; Ayumi Goto, Ochanomizu University, Tokyo, Japan; Yuelin Chen, Ochanomizu University, Tokyo, Japan*

**Aim** The goal of this study was to examine subjective experience of depression in Japanese adults and compare with the purposive sample of Chinese young adults in Japan who are more homogeneous in terms of developmental stage and life experiences. **Method** Semi-structured interviews (60 to 120 minutes) were conducted with 10 Japanese adults and 8 Chinese young adults in Japan who were depressed in the past and were at the time of interview in recovery. The interview data was analyzed using grounded theory approach. IRB was obtained from the researchers' institute. **Result** A total of 11 categories were generated from the initial 631 codes. Depression occurred as a result of interpersonal emotional injuries in personal or professional life and in three phases: entry, bottom, and recovery. In the entry phase, participants noticed signs of physical and psychological distress, which gradually became overwhelming. In the bottom phase, they were at the end of rope, without anyone to turn to, feeling isolated, helpless, and hopeless. A sense of stigma was very strong. In the recovery phase, they confronted their own weakness, learned coping strategies, and accepted their own vulnerabilities. They struggled with the stigma of depression was pervasive throughout their experience. Chinese young adults commonly reported struggles in separation from their parents. Social role conflicts were central to the experience of depression in both groups. **Discussion** Participants looked away from signs of distress in order to fulfill their expected social roles, which resulted in a collapse. Shame was pervasive throughout the course of depression. The recovery was experienced as establishing a sense of self that is more grounded, resilient, and true to who they really were. Developmental stage was closely related to the life events associated with depression.

**Competencies for Depression Psychotherapy in PHC: validity of a training program for psychologists based on evidence, common factors model and the opinion of the protagonists (patients, therapists, experts).** *Guillermo de la Parra, Pontificia Universidad Católica de Chile, Santiago; Susana Morales, Pontificia Universidad Católica de Chile, Santiago; Maria Teresa Ferrari, Universidad de Chile, Santiago; Catalina Aravena, Universidad de Chile, Santiago; Ana Karina Zuñiga, Pontificia Universidad Católica de Chile, Santiago; Antonia Errazuriz, Pontificia Universidad Católica de Chile, Santiago; Carla Crempien, Pontificia Universidad Católica de Chile, Santiago; Pablo Martinez, Universidad de Chile, Santiago*

The prevalence of depression in Chile is 6,2% and 15.8% of its population has depressive symptoms. The Chilean Mental Health Program states that mild, moderate and severe depression should be managed at the primary level, yet psychologists do not have sufficient competencies to take care of these patients.

In this paper a Delphi validation of a training program based on empirical evidence, common factors model and results of a qualitative investigation asking patients, professionals and experts about depression treatment is presented. Aim: to validate a training program in psychotherapy for depression and complex depression for psychologists. Assess the level of agreement among experts on the preliminary program until the greatest consensus is reached. Adjust preliminary program modules based on consensus and the directions of the experts. Method: The program includes six modules (research and theoretical background-complex depression-crisis intervention and focusing-suicide-therapeutic relationship- community) Seven experts were recruited to assess each module according to their training objectives and content, following the methodology of Delphi validation. Results: After three rounds, a consensus of more than 80% was reached. More difficulties reaching consensus were found in the management of trauma and complex depression. Discussion: The contribution of this program to psychologists of different orientations that have to treat depression in PHC is discussed.

**Discussants:** Henning Schauenburg, University Hospital, Heidelberg, Germany;

**Panel**  
Change process

**Treatment failure in psychotherapy: Perspectives on premature termination**

Treatment failure is a critically important yet neglected topic in the clinical and research literature in psychotherapy. One type of treatment failure, the unilateral termination of therapy prior to completion, is rather common. This panel closely explores therapeutic processes to better understand why patients drop out of therapy. The first presentation describes a conceptual framework based on control-mastery theory, an integrated cognitive-psychodynamic-relational model of psychotherapy. According to this model patients come to therapy with a plan for achieving adaptive life goals and overcoming the obstacles that impede them from doing so. One of the ways that patients work in therapy is by testing the therapist and patients frequently “coach” the therapist to help them pass tests. If therapists consistently fail tests and do not respond to the patient’s efforts to coach them, premature termination is likely. The second presentation focuses on an empirical single case study of premature termination. Transcripts of the sessions were rated for both the degree of patient coaching and the therapist’s responsiveness to the patient’s efforts. The findings from this study suggest that the therapist’s failure to respond to the patient’s coaching was predictive of the premature termination. The third presentation applied the rupture-repair rating system to the same case of premature termination. It is anticipated that rupture expressions co-occur with patient’s coaching efforts. Such convergence between the coaching concept and the rupture-repair framework would suggest that ruptures should be viewed not only as conflicts but also opportunities for both participants to change.

**Contextualizing Treatment Failure within the Patient’s Plan for Therapy.** *James McCollum, San Francisco Psychotherapy Research Group; George Silberschatz, University of California, San Francisco, USA; John Curtis, University of California, San Francisco, USA; David Kealy, University of British Columbia, Vancouver, Canada*

Control-Mastery Theory proposes that when patients enter into psychotherapy, they do so with a plan that includes goals they would like to achieve and how the therapist might help them to do so. Although patients may not be aware of all aspects of their plan, they often try to communicate critical information to the therapist in the hope that the therapist will be able to use that information to help them. This coaching the patient provides can help the therapist to better understand their plan, what new information the patient may benefit from learning, and how to create an environment where the patient feels safe enough to confront and modify their beliefs. If the therapist’s interventions and attitude differ from a patient’s plan for therapy, ruptures in the therapeutic relationship may occur, which, if left unaddressed may lead to treatment failure. This

presentation will discuss how patients work to coach their therapists, including examples from two psychotherapy cases. Transcripts of individual sessions were examined and then rated by an expert panel of psychotherapists. Analysis of these ratings demonstrated that the patient's coaching communications can be identified with a high degree of reliability. Vignettes from the coded therapy sessions will be presented to further illustrate the phenomenon of patient coaching.

**The patient's efforts to prevent treatment failure: An evidence-based case study of coaching and premature termination in psychotherapy.** *David Kealy, University of British Columbia, Vancouver, Canada; James McCollum, San Francisco Psychotherapy Research Group; George Silberschatz, University of California, San Francisco, USA; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Xiaochen Luo, Santa Clara University; John Curtis, University of California, San Francisco, USA*

Treatment failure in psychotherapy is a serious problem: not only do patients continue to suffer with the problems they sought help for, they may leave feeling demoralized and discouraged from seeking further care. One type of treatment failure, the unilateral termination of therapy prior to completion, is rather common. Understanding why and how patients drop out of therapy is important for preventing such treatment failures. Control-Mastery Theory suggests that patients are more likely to unilaterally end treatment when they experience their therapy—and therapist—as incompatible with their goals and needs. However, patients may directly or indirectly 'coach' their therapists to help them become more compatible with their 'plans' for treatment. This presentation reports on an evidence-based case study of premature termination in psychotherapy, focusing on the patient's coaching efforts to help the therapist align with her goals and needs. The patient was a 58-year-old woman seeking short-term psychotherapy for depression, perfectionistic tendencies, and relationship difficulties. Transcripts of six psychotherapy sessions were rated regarding the degree of patient coaching and therapist receptivity and responsiveness to coaching. Results indicated that the patient provided strong coaching to the therapist in the first session of therapy. Moreover, the two sessions prior to the patient's unilateral termination were characterized by the patient's repeated, strong coaches of the therapist, and the therapist's lack of responsiveness to the patient's coaching. Findings from this case study suggest a greater risk for premature termination when therapists fail to respond to patients' direct and indirect efforts to coach them.

**Comparing patient's and therapist's efforts in preventing treatment failures using the rupture-repair framework and the coaching framework.** *Xiaochen Luo, Santa Clara University; Evan Good, Michigan State University, East Lansing, USA; Joshua Turchan, Michigan State University, East Lansing, USA; Alytia Levendosky, Michigan State University, East Lansing, USA; Katie Aafjes-van Doorn, Yeshiva University, New York, USA; James McCollum, San Francisco Psychotherapy Research Group; David Kealy, University of British Columbia, Vancouver, Canada*

Objectives: Interpersonal theories have suggested that treatment failures should be best understood as dyadic processes where both the patient and the therapist contributed. Few studies, however, have examined how this process unfolds within and across sessions from both patient's and therapist's perspectives. This study sought to examine this process in an evidence-based case study using two theoretical frameworks: the rupture-repair framework to assess the patient's expressions of therapeutic ruptures and the coaching framework to assess the patient's efforts for repair through coaching the therapist. Methods: Transcripts of six psychotherapy sessions for a patient who eventually dropped out from short-term psychodynamic therapy were used to rate moment-to-moment interactions. The rupture-repair rating system (3RS) was used to assess segment-by-segment alliance ruptures. The coaching rating system was used to rate the degree of patient coaching. Qualitative and

quantitative analyses were conducted to examine the convergence between patient's rupture expressions and patient's coaching efforts within each session. Results and Discussions: We observed significant within-session correlations ranging from .28 to .69 between patient's rupture expressions and patient's coaching efforts across the six sessions, indicating convergence between two assessment measures and a dialectical view to understand ruptures not only as conflicts but also opportunities to adjust to patient's needs. Patient's coaching seemed to reflect a mixture of withdrawal ruptures and confrontation ruptures. An examination of the time series for ruptures and coaching indicated that both assessments may be used to identify key moments for mis-attunement and therapeutic adjustment.

**Discussants:** Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan;

**Panel**

Depression

Organizers: Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA; Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Catherine King, University of Pennsylvania, Philadelphia, USA;

**Understanding Patient Characteristics, Treatment Processes, and Outcome in a Comparative Effectiveness Study of Cognitive and Dynamic Therapies in a Community Mental Health Clinic**

Depression and other mood disorders are the most common mental disorders for patients seen in community mental health centers (CMHCs). Existing studies of treatments for major depressive disorder (MDD) in CMHC settings have found considerably less success than found in efficacy studies. The challenge of successfully treating depression in the CMHC setting is likely influenced by the extensive medical and psychiatric comorbidity, interpersonal pathology, and trauma that are common in the patient population in CMHCs. These factors may also influence the pattern of change in depressive symptoms over time. To shed light on these issues, we report in this panel new exploratory analyses on patient characteristics, specifically medical comorbidity, trauma, and interpersonal pathology, of patients with depressive symptoms recruited for a large-scale effectiveness study of cognitive and dynamic therapies conducted in a CMHC setting. In addition to descriptive data on these characteristics, the relation of these patient variables to treatment processes and outcome will be presented. Further, using data from this trial, alternative ways of analyzing repeated assessments of depressive symptoms will be explored.

**Overview of the Comparative Effectiveness Study of Cognitive and Dynamic Therapies in a CMHC Setting.** *Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA; Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Catherine King, University of Pennsylvania, Philadelphia, USA; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA*

**Aim:** The goal of this presentation is to provide an overview of the main engagement and effectiveness results for the non-inferiority comparison of cognitive therapy (CT) and supportive expressive dynamic therapy (SE) for major depressive disorder (MDD) conducted in the largest outpatient community mental health center (CMHC) in the United States. **Methods:** Therapists employed in the CMHC were recruited for training in either CT or SE. Patients seeking services at the community site who met criteria for MDD based on a blind independent diagnostic interview were randomized to 16 sessions of treatment. All patients were assessed at baseline and months 1, 2, 4, and 5 utilizing a comprehensive battery that included the Hamilton Rating Scale for Depression (HAM-D), Beck Depression Inventory, Quality of Life Inventory, SF-36, and Inventory of Interpersonal Problems. In addition, the BASIS-24 was administered at each session and at the monthly evaluations. **Results:** A total of 237 patients were randomized to treatment, with 208 having at least one post-baseline assessment. We will present the results of the non-inferiority comparison on the main outcome (HAM-D) and provide a breakdown of attrition at various points in the treatment process. New data on individual patient patterns of depressive symptoms over time will also be presented **Discussion:** The importance of examining patient characteristics, predictors/moderators of treatment engagement and outcome, and patterns of change over time will be

emphasized to provide the basis for the individual panel presentations.

**Medical Comorbidity Among Depressed Patients in a CMHC Setting: Prevalence and Impact on Attrition and Outcome.** *Catherine King, University of Pennsylvania, Philadelphia, USA; Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA*

**Aim.** Many individuals seeking mental health services for depression often suffer from a comorbid medical condition. The goal of the present study was to assess the presence of medical comorbidity in community mental health center setting that primarily serves a Medicare and Medicaid population, characterize the types of comorbid medical conditions experienced in this setting, explore the association between medical conditions and treatment processes such as the alliance and pretreatment expectations, and examine the relationship between comorbid medical conditions and attrition from services and outcome. **Methods.** Medical diagnoses were collected from patient charts and structured clinical interviews from 353 training or randomized participants who had a baseline assessment as part of a comparative effectiveness study of cognitive and dynamic therapies for major depressive disorder (MDD). We calculated the Charlson Comorbidity Index and the number of total medical diagnoses for each patient. **Results.** A high percentage of patients experienced a comorbid medical condition. No significant associations were found between the number of medical conditions or the Charlson Comorbidity Index and the alliance or pretreatment expectations. No significant relationship was found between the number of medical conditions or the Charlson Comorbidity Index and early attrition from treatment or treatment outcome. Exploratory analyses found that presence of a nervous system disorder was associated with relatively poorer treatment outcomes. **Discussion.** Treatments for MDD may benefit from addressing the impact of medical disorders on physical functioning.

**The Association of Trauma with Interpersonal Problems among Depressed Patients in a CMHC Setting.** *Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Catherine King, University of Pennsylvania, Philadelphia, USA; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA*

**Aim:** The goal of this presentation is to describe the relation between past trauma and current interpersonal problems among depressed patients seeking treatment at a CMHC. **Methods:** We used the pool of patients who completed a baseline assessment for the comparative effectiveness trial (N=455) to examine the association of trauma with interpersonal problems. The 32-item Inventory of Interpersonal Problems and the Traumatic Life Events Questionnaire were administered at the baseline assessment. **Results:** Almost all patients in the sample had been exposed to a potentially traumatic event. Multiple regression analyses were conducted to examine the associations between type and number of traumas and interpersonal problems. The total number of traumas experienced was significantly negatively associated with the hard to be assertive and hard to be supportive IIP subscales and positively associated with the too caring IIP subscale and with the IIP personality disorders screen. **Discussion:** The findings will be discussed in relation to a previous article on trauma and interpersonal problems conducted in a different setting.

**Repeated Assessments of Depressive Symptoms as Outcome Measures in a Randomized Psychosocial Intervention Trial: How Best to Analyze Trends over Time?.** *Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Robert Gallop, West Chester University, West Chester, PA; Catherine King, University of Pennsylvania, Philadelphia, USA; Elena Goldstein, University of Pennsylvania, Philadelphia, USA; Mary Beth Connolly Gibbons, University of Pennsylvania, Philadelphia, USA*

Aim. The advent of multilevel analysis has led to the incorporation of clustering into the design and analysis of randomized psychosocial intervention studies. In this paper we explore and compare alternative ways of modeling the pattern of change over time when conducting multilevel modeling. Methods. We used the sample of patients (N=237) randomized to cognitive or dynamic therapy in the comparative effectiveness trial. We explored the fit of different patterns of change in Beck Depression Inventory (BDI) scores over sessions, including linear, quadratic, area-under-the-curve, variability (SD), and overall mean. The relation of individual differences in these patterns to change in functioning/quality of life was also examined. Results. High levels of individual variability in change in BDI scores were apparent. The overall mean level of depressive symptoms was the best fit to the data and was by far the best predictor of change in functioning/quality of life. Treatment group differences in patterns of change will be presented. Discussion. Common methods (e.g., linear) of examining change over time in depressive symptoms may not best capture what is clinically important and may hinder detection of between-group differences in comparative psychotherapy trials.

**Panel**  
Depression

Organizers: Wolfgang Lutz, Universität Trier, Germany; Julian Rubel, University of Giessen, Germany;

**Using cross-sectional and longitudinal studies to personalize psychotherapy**

The present panel presents new studies in patient-focused psychotherapy research and the personalization of treatments from the perspective of different study designs and methods. A variety of new methods and designs have been used recently to support personalized and empirically-based decision making in clinical practice, e.g. ecological momentary assessment, personalized feedback and pre-treatment predictions based on machine learning methods or digital biophysiological and imagery techniques. These different approaches share the common goal to support personalized decision-making in psychotherapy. In the first talk, a project using intensive longitudinal assessments and digital phenotyping (stress level, activity, and sleep duration) to investigate change processes and to feed back this information during psychological therapy is described. In the second talk, a systematic review of items and designs used in the context of ecological momentary assessment studies is presented where over 4600 extracted items were qualitatively investigated to generate overall themes. In the next talk a modularized, transdiagnostic iCBT intervention will be presented, which attempts to optimize the assignment of patients to modules using machine learning algorithms based on patient intake variables. Finally, the last talk investigates the potential of Functional Magnetic Resonance Imaging (fMRI) and acute neural response to personal goal priming to support personalized clinical decision making for patients treated for major depression.

**Help me to help myself (optimally): personalization of a modularized guided self-help intervention.** *Tim Kaiser, University of Greifswald, Germany; Jan Richter, Universität Greifswald; Eva-Lotta Brakemeier, University Greifswald*

Guided self-help in the form of internet-delivered cognitive-behavioral therapy (iCBT) was shown to be effective to treat common mental disorders like depression, anxiety disorders, insomnia and stress-related disorders. Disorder-specific services based on categorical diagnoses still predominate, although a number of transdiagnostically effective interventions exist. Here we present a modularized, transdiagnostic iCBT intervention. In the first step, individual treatment modules (psychoeducation, mindfulness, cognitive flexibility, avoidance and activation) were tested for their effectiveness. Based on patient characteristics and psychometric variables, we attempted to statistically optimize the assignment of patients to modules using machine learning algorithms. Our findings support the effectiveness of personalized iCBT as a low-threshold service for mental health problems.

**The use of digitally assessed phenotyping parameters to model change processes in psychological therapy - Development of an EMA feedback tool.** *Miriam Hehlmann, Universität Trier, Germany; Brian Schwartz, Universität*

*Trier, Germany; Wolfgang Lutz, Universität Trier, Germany*

Background: The present project aims to examine whether intensive longitudinal assessments using digital phenotyping (stress level, activity, and sleep duration) can be a valuable tool to investigate change during psychological therapy. Furthermore, the project targets to develop a feedback tool displaying the relation of digital phenotyping parameters and self-reported affect with treatment outcome for the individual patient. Methods: Patients filled out self-reports regarding positive and negative affect four times a day over a two-week time period while treated with CBT. Measurements of continuous stress levels (heart rate variability), activity, and sleep duration were assessed via fitness trackers (Garmin) during the same two-week period. Time-varying change point autoregressive (TVCP-AR) models were employed to detect both gradual and abrupt changes in stress levels. Results: First results for 25 patients indicate differential patterns of change processes in stress. Inertia of stress level changed gradually over time in a few participants, whereas most participants showed gradual as well as abrupt change. The information was used to generate a feedback tool using heat plots to show the relationship between stress and affect parameters with outcome. Discussion: This feasibility study demonstrates that intensive longitudinal assessments enriched by digitally assessed parameters have the potential to investigate intra- and interindividual differences in psychological change processes and outcome. The feedback tool can be used to give personalized feedback to therapists e.g. in the form of warning signals. If replicated such research could be used to support clinical decision making for example in the context of the Trier Treatment Navigator.

**A systematic review of momentary assessment designs for mood & anxiety symptoms.** *Mila Hall, University of Giessen, Germany; Paloma Scherner, University of Giessen, Germany; Yannic Kreidel, University of Giessen, Germany; Julian Rubel, University of Giessen, Germany*

Background: Altering components of EMA measures to better suit the purposes of individual studies is a common and oftentimes necessary step. Though the inherent flexibility in EMA has its benefits, no resource exists to provide an overview of the variability in how convergent constructs and symptoms have been assessed in the past. The present study fills that gap by examining EMA measurement design for mood and anxiety symptomatology. Methods: Various search engines were used to identify 234 relevant studies. Items administered, data collection schedules (i.e., beeps per day), response scales (i.e., Likert), data collection platforms (i.e., apps), and psychometric properties (i.e., reliability) were extracted. Results: Study designs varied greatly in all aspects across the identified papers. Over 4600 extracted items were qualitatively analyzed, resulting in the identification of 12 themes. The most EMA items focused on affect, with categories such as “happiness” and “tension” appearing most frequently. We provide all of our data extraction in the format of an open-source database. Limitations: Despite our best attempts to include as much of the relevant literature as possible, this review and the accompanying database are not exhaustive, but can easily be built upon to include other, newer studies. Conclusions: The fact that the affect theme featured both positive and negative emotional constructs highlights the dichotomous focus on valence and affect within the literature surrounding anxious and depressive symptomatology. We hope that our database will act as a helpful design decision-making resource for researchers studying this kind of symptomatology in the future.

**Acute Neural Response to Individualized Personal Goal Priming: Initial Evidence for Therapeutic Benefit.** *Katrin Rattner, Duke University, Durham, USA; Erin Choe, Duke University, Durham, USA; Haley Hedrick, Duke University, Durham, USA; Madeline J. Farber, Duke University, Durham, USA; Timothy J. Strauman, Duke University, Durham, USA*

Regulatory focus theory identifies two classes of goals representing desired end states that play an important role in everyday motivation, affect, and behavior.

These two types of goals are associated with different cognitive and motivational inclinations. Ideal goals (hopes and aspirations) are pursued through the promotion system by “making good things happen.” Ought goals (obligations and responsibilities) are pursued through the prevention system by “keeping bad things from happening.” Recent studies have observed deficits in approach-related neural responses, particularly in left prefrontal cortex (LPFC), among depressed individuals who were incidentally exposed to their ideal goals. Nonetheless, to date the therapeutic potential of individualized cognitive priming of personal goals has not been explored. Using an event-related fMRI design with rapid masked stimulus presentations, we exposed depressed participants to the ideal and ought goals they believed they were achieving as well as those they believed they were failing to achieve. Participants who received fewer ideal-success priming trials showed the same attenuated LPFC response seen in previous depression studies. However, participants who received a greater number of ideal-success priming trials showed a statistically significant increase in LPFC activation over a time period of 6 minutes. This discriminant pattern of brain response to individualized goal priming was not observed for ought goals, which previous studies have shown to activate right PFC and to be associated with vulnerability to anxiety. These findings suggest that cognitive priming techniques using individualized personal goal stimuli could have therapeutic value in the treatment of depression.

**Panel  
Methods**

Organizer: Elisa Haller,  
University of Basel

**Using Event Sampling Methodology in Clinical Psychology and Psychotherapy to Better Understand the Development, Maintenance and Change in Mental Disorders**

Understanding the naturally maintaining mechanisms of disorders and mechanisms of treatment change is important for clinicians and researchers: clinicians are less able to help patients who fail to respond to first line treatments; treatment development is retarded; and prevention of complications surrounding mental and environmental strain is made much more difficult. Event Sampling Methodology (ESM) has been seen as one possible way to overcome some of these obstacles. Within clinical psychology and psychotherapy, one distinct advantage is that hypothesized processes of action are targeted in real-time and in patients' natural environments as opposed to single pre-post comparisons in the research setting. This is important given that critical behavior varies across time and circumstances and given that therapeutic change involves unique, dynamic processes. This real-world data gives a view into the daily lives of at-risk individuals and patients with mental disorders while they subjectively experience, feel, behave, and attempt to implement the things they are learning in therapy.

**How often do we experience embarrassment and what happens then?. Jürgen Hoyer, Technical University Dresden, Germany; Jasmin Čolić, Technische Universität Dresden; Andrew Gloster, University of Basel**

Background. Avoidance of and in situations, which could imply embarrassing experiences, is typical for social anxiety disorder (SAD). We know little, however, about the frequency of embarrassing encounters and about the behavioral and emotional consequences of such situations. In an ecological momentary assessment study, we hypothesized that individuals with SAD more often experience embarrassment than depressed individuals (MDD) or healthy controls (HC). Furthermore, we expected immediate cognitive and emotional symptoms following embarrassing encounters such as (negative) post-event processing (PEP) and depersonalization/derealisation (DEP/DR) to be more pronounced in SAD (than in the comparison groups). Methods. Prospective experience sampling was used (seven days, six surveys per day). A total of  $n = 165$  patients ( $n = 47$  SP,  $n = 118$  MDD) and  $n = 119$  HC were included. Whenever subjective embarrassment in social interactions occurred, questions regarding PEP and DEP/DR had to be answered subsequently. Results. Individuals with SP or MDD experienced embarrassing social interactions dramatically more often than HC (4 times higher in MDD, more than 5 times

higher in SAD). The relative frequency of PER (86-96%) and DEP (70-87%) within or directly following embarrassing interactions was generally high in all groups. Nevertheless, both SAD and MDD experienced significantly more PER than HC, while only MDD experienced significantly more DEP/DR than HC (SAD falling in between). Discussion. The study demonstrates the close link between feelings of embarrassment and subsequent psychopathological symptoms. The results can also help understand the experiential basis for the social withdrawal in SAD and MDD.

**Wellbeing and Movement: Preliminary results of using Experience Sampling Methodology to Examine the Relationship between Movement, Symptoms, and Wellbeing in a clinical sample.** *Andrew Gloster, University of Basel; Andrea Meyer, University of Basel; Jens Klotsche, Charité Universitätsmedizin; Victoria Block, university of Basel; Jeanette Villanueva, University of Basel; Elisa Haller, University of Basel*

Movement is a basic component of health. However, little is known how patients diagnosed with mental disorders naturally move about. Likewise, it is unknown whether their movement patterns relate to their symptoms and their wellbeing. This study examined the spatiotemporal movement of patients in and outside of a psychiatric hospital and examined these movement patterns and their relation to symptoms and wellbeing. Participants were 106 patients (inpatients (n = 69) and outpatients (n = 37)) treated for a wide range of mental disorders (transdiagnostic sample). Each patient carried a GPS-enabled smartphone for one week at the beginning of treatment. Spatiotemporal clusters (i.e., at the hospital, at home) were established. These clusters were then related to symptomatology, wellbeing, and psychological flexibility. Preliminary results showed that the spatiotemporal patterns of inpatients and outpatients showed some differences (e.g., outpatients' overall area of movement was higher). These patterns were largely unassociated with symptoms (except for agoraphobic symptoms). In contrast, greater movement and variety of movement were more predicative of wellbeing and psychological flexibility, in both inpatients and outpatients. These results demonstrate that measuring spatiotemporal patterns in patients is feasible, suggest that such patterns are predictive of wellbeing, imply that psychological flexibility is an important aspect of health, and that spatiotemporal patterns may be a marker of patient functioning. Ethical issues of collecting GPS data will be discussed.

**Changes in prosocial behavior in patients undergoing Acceptance and Commitment Therapy (ACT): Evidence from a study using Experience Sampling Methodology.** *Elisa Haller, University of Basel; Marcia T. B. Rinner, University of Basel; Jeanette Villanueva, University of Basel; Victoria Block, university of Basel; Andrea Meyer, University of Basel; Andrew Gloster, University of Basel*

Background: Helping and supporting others are emotionally and socially rewarding behaviors. However, less is known about contextual factors that may impact the occurrence and the beneficial effects of positive social interactions in clinical populations. This study examines prosocial behavior in patients and tests whether Acceptance and Commitment Therapy (ACT) increases the frequency and the contingencies of such behavior. Methods: Data are drawn from a large transdiagnostic clinical trial on treatment non-responders. The sample includes N = 83 patients, primarily diagnosed with depression and anxiety disorder, undergoing ACT. Event Sampling Methodology (ESM) was employed for seven consecutive days at baseline and post-treatment. In each ESM-assessment, patients were asked 6 times/day about their current mood and whether they engaged in prosocial behavior since the last prompt, followed by questions about the recipient of and the motive for the helping behavior. We will report whether ACT has an impact on the extent, the motivation for, and the emotional reactivity following prosocial behaviors in patients. Conclusion: Understanding naturally occurring interpersonal behaviors that have the potential of elevating mood in distressed individuals is of clinical importance. Results will shed light on

prosocial behavior as a behavioral marker of social dysfunction and as a potential therapeutic target in psychotherapy.

**Discussants:** Andreea Visla, University of Zurich, Switzerland;

**Panel  
Methods**

Organizer: Natalie Shapira, Bar Ilan University, Israel

**Using Natural Language Processing and Machine Learning Approaches to Advance Psychotherapy Research**

This panel will focus on the possibilities of using Natural Language Processing (NLP) and Machine Learning (ML) approaches to advance psychotherapy research. The presentations in this panel will demonstrate how different NLP and ML approaches allow learning statistical functions from multidimensional data sets to make generalizable predictions about psychotherapy processes and outcome. The first presentation, by Katie Aafjes-van Doorn from Yeshiva University, NY, will present a review paper on ML in psychotherapy on the future directions in the field with regards to multi-modal analyses of data. The second presentation, by Mike Tanana from University of Utah and Simon Goldberg from University of Wisconsin – Madison, will present a paper on ML for scoring the Facilitative Interpersonal Skills task versus attempts at predicting patient-rated alliance. The third presentation, by Natalie Shapira from Bar-Ilan University, Israel, will present a paper on using NLP to examine linguistic congruence between clients and therapists in psychotherapy. These papers and the discussion that will follow them, by Zac Imel from University of Utah, are expected to shed light on the potential as well as the main challenges in using computational automatic methods to analyze psychotherapy data.

**ML in psychotherapy on the future directions in the field with regards to multi-modal analyses of data.** *Katie Aafjes-van Doorn, Yeshiva University, New York, USA*

**Aims.** Machine learning offers robust statistical and probabilistic techniques that can help to make sense of big data. ML has recently gained popularity in fields such as psychiatric diagnoses and prognosis and pharmacological treatments. **Methods.** In this presentation I will critically report on the current scope of machine learning methods in psychotherapy research based on my systematic scoping review (Aafjes-van Doorn et al., 2020). **Results.** I will highlight the current applications of machine learning in psychotherapy research that demonstrate a range of possible benefits for indications of treatment process, adherence, therapist skills and treatment response prediction, as well as ways to accelerate research through automated behavioral or linguistic process coding. **Discussion.** Given the novelty and potential of this research field, the current proof-of-concept studies are encouraging, however, do not necessarily translate to improved clinical practice (yet). I will end my presentation with considerations for clinical practice and directions for future research with regards to NLP and multi-modal analyses of therapy process and outcome.

**Some things machine learning and natural language process can and cannot do for psychotherapy research.** *Michael Tanana, University of Utah, Salt Lake City, USA; Simon Goldberg, University of Wisconsin, Madison, USA; David Atkins, University of Washington; Zac Imel, University of Utah, Salt Lake City, USA*

As machine learning (ML) continues to transform the world around us, its application is increasingly being examined in psychotherapy research as well. As is often the case for new methods, there is widespread enthusiasm and curiosity regarding the potential of ML to advance research by providing new tools for answering key questions in our field. Among the many applications of ML to psychotherapy that have appeared in the literature, numerous studies have taken advantage of the combination of ML and natural language processing (NLP) techniques to attempt to automate prediction of variables previously provided through other means (e.g., self-report, observer rating). Such methods have the potential to dramatically scale-up assessment of

previously labor-intensive assessment tools. The current presentation focuses on two such studies that used NLP and ML to predict two therapy-relevant constructs: 1) patient-rated therapeutic alliance using session transcripts and 2) interpersonal skills using transcribed responses on the Facilitative Interpersonal Skills (FIS) task. Using a cross-validation procedure typical for ML, models built using a training set predicted alliance and FIS scores in separate test sets significantly above chance. However, model performance was much higher when predicting FIS scores than alliance scores (Spearman's  $\rho$ s = .48 vs. .15). We argue that this difference in performance is meaningful and highlights contexts and tasks in which ML and NLP are likely to be more or less effective. In particular, ML is likely to perform better on tasks in which human raters can achieve high agreement (i.e., observer rating of FIS task performance). ML is likely to perform worse in which important information is unavailable to the model (e.g., internal processing of session content by a patient providing alliance ratings). Thus, although ML is highly enticing for methods-enthusiastic psychotherapy researchers, it is important to have realistic expectations regarding its utility and consider those applications for which it may or may not prove adequately robust.

**Using Computerized Text Analytic Methods to Examine Linguistic Congruence Between Clients and Therapists and its Association with Treatment Process and Outcome.** *Natalie Shapira, Bar Ilan University, Israel; Dana Atzil-Slonim, Bar Ilan University; Yoav Goldberg, Bar Ilan University, Israel*

**Aim.** The growing acknowledgment of the importance of congruence in interpersonal relationships has recently led psychotherapy researchers to start addressing the nature and impact of congruence in the psychotherapeutic process as a way to predict therapeutic alliance and better therapeutic outcomes. In the current study, we aimed to examine (1) whether linguistic congruence between clients' and therapists' increase from session by session throughout treatment (2) The extent to which clients and therapist were influenced by each other's language, and (3) The association between linguistic congruence and the therapeutic alliance at the within as well as the between clients' levels (4) The associations between linguistic congruence and outcome at the within as well as the between clients' levels. **Methods.** Transcriptions of 872 psychotherapy sessions from a sample of 68 clients treated by 51 therapists were analyzed. Before each session, clients self-reported their well-being. At the end of each session, clients and therapists self-reported their working alliance. Using computerized text analysis we represent each session by two vectors (one for the therapist and one for the client). The construction of the vectors was done according to the frequency of the parts of speech that were used in that session. We deduced the linguistic similarity by Jensen-Shannon distance between the vectors. Using hierarchical multilevel modeling, we examined the relationship between linguistic similarity and the quality of the therapeutic alliance and treatment outcomes. **Results and Discussion.** Initial results show that at the end of the treatment, clients were more linguistically similar to their therapist. During the treatment clients absorbed 'all therapists language'. Linguistic congruence was found to be associated with the level of the therapeutic alliance both at the within as well as the between client levels. No significant associations were found with session or with treatment level outcome. Implications about therapy dynamics and the use of raw linguistic data will be discussed.

**Discussants:** Zac Imel, University of Utah, Salt Lake City, USA;

**Panel**  
Routine Outcome  
Monitoring

Organizer: Charlie  
Duncan, British

**Using routine outcome measures in practice**

The collection of routine outcome measures is highly valuable for the purpose of producing an evidence-base for counselling and psychotherapy. By aggregating data relating to a large number of clients and analysing them using appropriate statistical techniques, the resulting reports can potentially be used to support campaigning and lobbying efforts for greater provision and funding of

counselling and psychotherapy. To encourage practitioners and services to collect, record and share outcome measures data, it could be useful to identify strategies to facilitate these behaviours. This panel sets out some of the lessons learnt from implementing routine outcome monitoring in different settings, as well as some of the outcomes. The first presentation, delivered by Dr Clare Symons, will focus on the implementation of an online client management and outcomes monitoring system for practitioners working in private practice with adult clients, including an overview of outcomes and acceptability. The second presentation, delivered by Dr Emma Broglia, discusses the benefits and challenges of implementing a common suite of outcome measures in four UK universities, with the aim of developing a national dataset. The third presentation, delivered by Dr Jo Pybis, discusses the uptake and outcomes for older adults from community-based therapy services in the UK.

**Profiling student mental health and counselling effectiveness: Lessons from four UK University services using different outcome measures.** *Emma Broglia, British Association for Counselling and Psychotherapy*

**Aim:** There remain barriers to securing robust and complete datasets from counselling services embedded in Universities. This study aimed to provide the first step towards developing a national dataset of student counselling outcomes drawn from differing outcome measures, platforms and reporting on all clients. **Method:** Data from four counselling services using two clinical outcome measures and two platforms were pooled and analysed. Outcome measures were administered every counselling session and included data for clients with planned and unplanned endings. Descriptive analyses were used to explore students' symptom profiles and reliable change analyses were used to evaluate service outcomes. **Results:** The dataset comprised 5,235 students from four UK university counselling services. Students presented to counselling with low levels of wellbeing and functioning, and high levels of depression, anxiety, academic distress and trauma. Counselling was particularly effective for improving depression, anxiety, wellbeing, hostility, social anxiety and academic distress. **Discussion:** Findings demonstrate that, with high stakeholder engagement and research-practice collaboration, it is feasible to collate clinical data from university counselling services using different measures. Results demonstrate value in pooling service data and we argue for developing a national dataset of university counselling data.

**Uptake and outcomes for older people - Analysis of community-based counselling services' data.** *Jo Pybis, British Association for Counselling and Psychotherapy*

**Aims:** Older people are less likely to recognise, or take action to address, symptoms of common mental health problems. Those who do consult their GP about symptoms of depression are more likely to be prescribed antidepressants and less likely to be offered choice of talking therapies. This study aimed to understand the demographic profiles and outcomes of older adults using community-based counselling services in the UK, as well as provide recommendations on how data quality could be improved. **Methods:** This is a naturalistic study which will analyse routinely collected CORE data from six community-based counselling services in the UK and look at the relationship between age and outcomes. Data will be analysed descriptively and use inferential statistics (such as t-tests) to examine pre-post change. **Results:** The data have not yet been analysed but will be available by June 2021. The number of client records submitted varied greatly between agencies, the lowest being 8 records, the largest being 2,085. **Discussion:** There are huge discrepancies across services regarding the quality of data they collect, particularly with regards to missing data, which can make data analysis difficult. We will discuss some recommendations on how services can improve the quality of the data they collect.

**Discussants:** Jo Pybis, British Association for Counselling and Psychotherapy;

## Panel

Organizer: Ulrike Dinger,  
University Hospital,  
Heidelberg, Germany

### **What can we learn from synchronous body movements?**

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 brings together papers around intercorporeality and movement synchrony between persons. The first presentation offers an introduction of the concept of intercorporeality and processes of synchronisation in psychotherapy and explores the usability of these constructs with 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 114 dyads of depressed patients with a clinician in a standardized diagnostic interview situation is analyzed and related to patients' symptom severity as well patients' perception of clinical empathy. The third presentation investigates therapist effects in treatment of social anxiety disorder by applying three methodological approaches 1) variances of random effects, 2) effects of socio-demographic therapist variables and 3) disaggregation of therapeutic alliance and movement synchrony into between-therapist and within-therapist components. To this end, cognitive-behavioral and psychodynamic therapies of 267 social anxiety disorder patients are analysed. Together, the three presentations provide theoretical arguments and empirical support for the claim that the consideration of synchrony offers new insights into psychotherapeutic processes.

### **How are body responsiveness and embodied intersubjectivity related to depressive symptoms over the course of inpatient psychotherapy?**

*Frederic Bülow, University Hospital, Heidelberg, Germany; Matthias Volz, University Hospital, Heidelberg, Germany; Christoph Friederich, University Hospital, Heidelberg, Germany; Ulrike Dinger, University Hospital, Heidelberg, Germany*

Observable patient and therapist synchrony can be seen as indicators for embodied intersubjectivity. In phenomenological 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) in patients with major depressive disorder have also been subject of research. However there are only few studies that try to link theoretical concepts and empirical research. The current study investigates the role of the concepts of body responsiveness and embodied intersubjectivity in patients with major depressive disorder in a pre-post design. In a clinical sample of 120 psychotherapy inpatients of a psychosomatic university hospital, body responsiveness was measured with the use of the Body Responsiveness Questionnaire (BRQ) and embodied intersubjectivity with the Embodied Intersubjectivity Scale (EIS). Depressive symptoms were measured at the beginning and end of treatment with the Patient Health Questionnaire (PHQ-9), and a structured diagnostic interview (Mini-DIPS). First of all, correlational analyses between body responsiveness, embodied intersubjectivity and symptoms of depression are conducted. We hypothesise that body responsiveness and intercorporeality are negatively associated with the severity of depressive symptoms. Furthermore, the process of change in the three study variables are examined to test the hypothesis that body responsiveness and embodied intersubjectivity improve with a clinical recovery from depression.

**Movement Synchrony, Depression Severity, Dependency and Self-Criticism in a Diagnostic Setting with Depressed Patients.** *Anna Sandmeir, University Hospital, Heidelberg, Germany; Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Christoph Friederich, University Hospital, Heidelberg, Germany; Ulrike Dinger, University Hospital, Heidelberg, Germany*

Aim: Depressive disorders are characterized by a wide range of affective,

cognitive, somatic-vegetative and psychomotor symptoms. In addition to symptoms on the level of the individual, depression extends to the social environment as it often includes impairments in social functioning and compromises relationships. Dependency and self-criticism have long been researched as interpersonal dimensions that characterize subtypes of depression. This study examines the association of movement synchrony in a dyadic interview setting and depressive symptom severity as well as dependency and self-criticism. Methods: The material are videotaped semi-standardized diagnostic interviews between a trained clinician and healthy and depressed individuals (N = 114). Nonverbal behavioral synchrony is assessed with frame-differencing methods, using Motion Energy Analysis (MEA) and then applying windowed cross-lagged correlations (WCLC). This method quantifies movement synchrony between clinician and patient by automatically and objectively measuring the extent of temporal synchronization of their body movements. Different synchrony measures are derived from this raw data. Depressive Symptom Severity is measured with the Becks Depression Inventory II, dependency and self-criticism with the TDEQ-12. Results: A significant negative correlation between depressive symptom severity and patient led movement synchrony was found ( $r = -0.34$ ,  $p < .01$ ), which remained significant even after controlling for age, gross body movement, and medication of participants ( $r = -0.27$ ,  $p < .01$ ). Significant negative correlations were found between dependency and patient led movement synchrony ( $r = -0.33$ ,  $p < .01$ ), not however between self-criticism and movement synchrony. When entered into a regression model, dependency did not explain any additional variance to depression severity predicting patient led movement synchrony. Discussion: The discussion will focus on the implications of reduced synchrony for relationship quality and address potential explanations for the findings on dependency and self-criticism. Limitations of the study, methodological considerations and further directions for research will be addressed.

**Within- and between-therapist effects of therapeutic alliance and movement synchrony in the treatment of social anxiety disorder.** *Uwe Altmann, University Hospital, Heidelberg, Germany; Brian Schwartz, Universität Trier, Germany; Desiree Schönherr, Institute of Psychosocial Medicine and Psychotherapy, Jena, Germany; Julian Rubel, University of Giessen, Germany; Ulrich Stangier, Goethe University Frankfurt; Wolfgang Lutz, Universität Trier, Germany; Bernhard Strauß, University Hospital Jena*

Aim. Meta-analyses suggested that not only the therapeutic approach but also the person of the therapist is important for the therapeutic success. The present study investigated therapist effects in treatment of social anxiety disorder by applying three methodological approaches 1) variances of random effects, 2) effects of socio-demographic therapist variables and 3) disaggregation of therapeutic alliance and movement synchrony into between-therapist and within-therapist components. Methods. The patients (N=267) were treated either with manual-guided supportive-expressive therapy, manual-guided cognitive behaviour therapy or naturalistic cognitive behaviour therapy. The Inventory of Interpersonal Problems (IIP-32), Beck Depression Inventory (BDI) and Helping Alliance Questionnaire (HAQ) are surveyed and Motion Energy Analysis is conducted. With multilevel models we investigated the prediction of IIP-32 and BDI at the end of therapy. Results. Therapist effects (intra class correlation, ICC= 23.4% and 30.1%, respectively) explained more variance of IIP-32 and BDI post than the therapeutic approach (ICC= 6% and ICC= 1.6%, respectively). Socio-demographic therapist variables (age and sex) had no predictive power. The third methodological approach revealed that between-therapist effects of HAQ were only associated with lower BDI post scores (standardized regr. coef.  $\beta = -.21$ ), whereas between-therapist ( $\beta = -0.23$ ) and within-therapist effects ( $\beta = 0.11$ ) of movement synchrony predicted only lower IIP-32 scores. Discussion. Therapist effects are an integral part in the psychotherapy of social anxiety disorder. Especially, the therapist part of the process-relevant variables therapeutic alliance and movement synchrony are more important for the outcome than the patient or dyad-specific part or socio-demographic therapist

variables.

**Discussants:** Fabian Ramseyer, Universität Bern;

**Panel  
Alliance**

Organizer: Lauren  
Lipner, Mount Sinai Beth  
Israel, New York, USA

**What's really going on here? The application of 3RS to elucidate negative process**

The therapeutic alliance has been consistently found to be one of the most robust predictors of therapeutic outcome across disparate modalities of psychotherapy, leading to its consideration as an integrative variable and common factor in its own right. The term negative psychotherapy process encompasses a wide range of phenomena which may contribute to overall weakened therapeutic alliance, premature termination, or psychotherapy outcome. This panel will focus specifically on instances of pseudoalliance, which refers to a patients' overaccommodation of the perceived desires of the therapist, and alliance ruptures defined as V-episodes, or high-low-high patterns of alliance. While both of these phenomena are well-understood conceptually, how they translate in the therapeutic space verbally and behaviorally remains less clear. To elucidate these processes, the observer-based Rupture Resolution Rating Scale (3RS) will be applied to cases in which these events were previously identified to have occurred. The panel will conclude with a broader look at 3RS-identified rupture process in cases who prematurely terminated versus those cases who successfully completed psychotherapy protocol. This panel aims to provide an in-depth look at these constructs as they are unfolding in the room, with the goal of informing researchers and clinicians alike of their impact on psychotherapy.

**Examining pseudoalliance in psychotherapy using rupture-resolution process and self-report measures.** *Gregory T. Weil, New School University, New York, USA; Howard Steele, New School University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

Aim: Pseudoalliance refers to a dynamic in therapy where a patient complies or accommodates to the therapist's perceived desires in such a way that the therapist is not able to recognize it (Safran & Muran, 2000). While therapeutic process may appear to show progression toward addressing the tasks and goals of treatment, it nevertheless propagates some self-defeating aspect of the patient's style. While there is mention of this phenomenon within alliance literature, the empirical research on its manifestation is sparse. This study has the aim of examining pseudoalliance in two cases of a cognitive-behavioral therapy using empirical measures of alliance, therapeutic process, and outcome. Method: Two cases were selected based on consistently high self-report alliance scores on the Working Alliance Inventory for both the therapist and the patient, coupled with reports of a lack of positive reliable change in symptoms and problematic friendly-submissive behavior between intake and termination. The Rupture Resolution Rating System (3RS; Eubanks, 2015) was then utilized to conduct a descriptive analysis of rupture process in sessions during the treatment. Sessions were selected throughout the treatment with particular interest toward moments where patient and therapist reports of alliance as well as session smoothness and depth diverged. Results: High working alliance scores coupled with a lack of positive reliable change in symptoms and friendly-submissive interpersonal behavior is expected to manifest in in-session markers of withdrawal rupture. Therapist resolution behaviors will also be explored. The findings will be further expanded using qualitative analysis. Discussion: Findings, limitations, and future directions for empirically studying pseudoalliance are discussed.

**What's a V-episode, anyway? 3RS application to a single case study.** *Lauren Lipner, Mount Sinai Beth Israel, New York, USA; Di Liu, Mount Sinai Beth Israel; Sophie Cassell, Adelphi University, New York, USA; Elaine Hunter, Yeshiva University, New York, USA; Catherine Eubanks, Yeshiva*

*University, New York, USA; Chris Muran, Adelphi University, New York, USA*

**Aim:** Research efforts have identified brief V-shaped shifts in the alliance, characterized by a high-low-high pattern of post-session alliance scores, as a meaningful way to operationalize rupture-repair episodes. However, the clinical significance of these types of shifts in alliance scores has not been assessed. This paper employs the observer-based Rupture Resolution Rating Scale (3RS) to assess for differences in rupture process in high-alliance sessions compared to those identified as rupture sessions. We hypothesize that sessions identified as ruptures will include significantly more rupture markers both in terms of their frequency and significance, confirming the utility of the V-episode operationalization of rupture-repair episodes. **Method:** A good-outcome psychotherapy case was selected based on the availability of self-report and video data completeness. The 12-item Working Alliance Inventory was completed after each of 30 sessions by both patient and therapist. Control charting, employed to track changes in time-series data, was utilized to empirically identify V-episodes. 7 sessions were selected to be coded using 3RS, taken from two V-episodes: one early in treatment (spanning 3 sessions), and one later in treatment (spanning 4 sessions). Two reliable coders coded each session for the frequency and significance of rupture markers and repair strategies. **Results:** 3RS data will be analyzed for differences in frequency and significance of rupture markers and repair strategies across sessions. De-identified session video clips will be used to illustrate rupture process. **Discussion:** Results will be discussed regarding implications for operationalizing of rupture-repair process as V-episodes, in their ability to detect actual intrasession rupture process.

**The beginning of the end: A comparison of treatment completers and early dropouts.** *Adelya Urmanche, Adelphi University, New York, USA; Lauren Lipner, Mount Sinai Beth Israel, New York, USA; Sarah Bloch-Elkouby, Mount Sinai Beth Israel; Elaine Hunter, Yeshiva University, New York, USA; Jerzy Kaufmann, New School University, New York, USA; Jonathan T. Warren, Yeshiva University, New York, USA; Gregory T. Weil, New School University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

**Aims:** Up to one-third of adults who begin psychotherapy do not return for a second session. While early dropout has historically symbolized poor clinical outcome or dissatisfaction with care, more recent literature suggests that early dropout may reflect either poor outcome or positive outcome (e.g., spontaneous recovery). The goal of this exploratory study was to utilize a mixed-methods approach to compare the sessions of early dropouts with the corresponding early sessions of treatment completers, analyzing session-level process and outcome of initial engagement. **Methods:** An early dropout case (attended 1 or 2 sessions) and a completer case (attended all sessions) were identified for five therapists enrolled in a brief (30-session) psychotherapy research program. Among the ten dyads, five patients completed treatment, two dropped out after session 1, and three dropped after session 2. Therapist- and patient- reports of the Working Alliance Inventory (WAI) and the Session Evaluation Questionnaire (SEQ) from the early sessions were analyzed quantitatively, and session recordings were coded using the Rupture Resolution Rating System (3RS) to assess for the presence of therapeutic alliance rupture markers and therapist rupture resolution strategies. **Results:** Via comparison to completer cases, findings will provide a more in-depth understanding of psychotherapy process preceding early dropout, adding also to the extant literature examining a correlation between therapeutic alliance and dropout. **Discussion:** Results, study limitations, and directions for future research will be discussed in the context of clinical and empirical implications.

**Discussants:** Adam Horvath, Simon Fraser University, Vancouver, Canada;

**Panel**  
Therapist effects

Organizer: Michael Constantino, University of Massachusetts Amherst

**Who works for whom? Understanding and harnessing therapist effects in naturalistic mental health care**

There is robust evidence that psychotherapists differ from one another in their average general effectiveness. Moreover, within their own practice, therapists possess relative strengths and weaknesses in treating different types of mental health problems. Thus, understanding therapists' effectiveness "track records," both relative to other providers and to their own personal "performance," holds promise for personalizing and tailoring mental health care. The goal of this panel is to highlight empirical developments in this area based on a recently completed randomized controlled trial in community-based treatment (Constantino et al., 2020). This trial, the first of its kind, compared the efficacy of a novel Match System that assigns patients to empirically well-suited therapists (based on track records determined with a multidimensional outcomes tool) vs. case assignment-as-usual. In the panel's first paper, Constantino will present the trial's primary outcomes and their implications for personalized, measurement-based matching. In the second paper, Howell will present on patient-level moderators of the match effect; that is, do some patients benefit more or less from the Match System? Understanding such moderating effects can amplify mental health care precision even further. In the third paper, Coyne will present a secondary analysis of trial data that examined the alliance-outcome association, at both within- and between-therapist levels, and tested therapist-level moderators (e.g., theoretical orientation, self-perceived alliance-fostering abilities) of these associations. Finally, Schwartzman will present qualitative data resulting from trial patients' interviews regarding their experiences seeking and receiving mental health care, and their perceptions of using provider effectiveness track records in therapist selection. Learning Objectives: At the end of this session, the learner will be able to: 1. Use a multidimensional routine outcomes measure in their practice to generate a personal "track record" of strengths and weaknesses in treating different types of mental problems. Therapist learners can also apply these self-referent data to personalized matching and/or training. 2. Understand subgroups of patient for whom outcomes-based matching is especially effective, and apply these findings to their own clinical practice decisions. 3. Understand therapist characteristics that determine the extent to which providers use their alliances to achieve more positive outcomes, and use these findings to inform personalized clinical practices and trainings. 4. Appreciate mental health patients' perspectives on the use of therapists' effectiveness "track records" in provider selection. This application will help promote a patient-centered therapist selection process.

**Enhancing mental health care by matching patients to providers' empirically derived strengths: A randomized clinical trial.** *Michael Constantino, University of Massachusetts Amherst; James F Boswell, University at Albany, State University of New York; Alice Coyne, University of Massachusetts Amherst; David Kraus, Outcome Referrals, Inc.*

**Aims.** Psychotherapists often possess strengths and weaknesses in treating different mental health (MH) problems. Thus, understanding therapists' effectiveness profiles holds promise for helping patients access empirically well-suited providers. Yet, such data are rarely used in treatment decision making, largely leaving to chance the probability of patients seeing an effective therapist for their concerns. Hence, the humbling no-change and deterioration rates in psychotherapy may partly owe to a lack of precision care at treatment's outset. Addressing this gap, we developed a personalized Match System based on provider "track records" determined with a multidimensional outcomes tool – the Treatment Outcome Package (TOP). Specifically, patients are assigned to therapists with previously established strengths in treating their primary problems (e.g., depression, anxiety). To test the Match System's efficacy, we conducted a controlled trial within a community MH care system in Ohio. **Method.** 218 adult outpatients were randomly assigned to the Match condition or case assignment-as-usual (typically based on pragmatic considerations). Therapists were 48 community providers, and treatment was unmanipulated.

Patients completed the TOP and other outcome measures repeatedly through termination or up to 16 weeks. Results. As predicted, patients assigned to empirically well-matched clinicians had significantly better outcomes than patients assigned as usual (ds ranged from .50-.75). Discussion. Measurement-based matching represents a readily scalable innovation that can complement other evidence-based efforts to improve MH care. Notably, the good fit in this study came not from changing what the therapists did in their treatment, but rather who they treated in a manner that played to their strengths. Keywords: within-therapist effectiveness differences, measurement-based care, patient-therapist matching, multidimensional outcomes assessment

**Patient-level moderators of evidence-based patient-therapist matching in community psychotherapy.** *James F Boswell, University at Albany, State University of New York; Michael Constantino, University of Massachusetts Amherst; Alice Coyne, University of Massachusetts Amherst; David Kraus, Outcome Referrals, Inc.*

Aims. The process of referring/assigning a given patient to a uniquely well-suited psychotherapist remains a key decisional dilemma in mental health care (MHC). A recently completed randomized controlled trial compared a personalized patient-therapist Match System based on provider "track record" information to case assignment as usual in a network of community mental health centers (Constantino et al., 2020). Between-condition tests showed that patients assigned to empirically well-matched clinicians had significantly better outcomes than patients assigned as usual. Within the context of this RCT, the aim of this study was to examine moderators of this between-condition effect on the primary treatment outcome of general symptomatic/functional impairment. Method. 218 adult outpatients were randomized to condition and treated by one of 48 psychotherapists. Patients completed the Treatment Outcome Package (TOP; a multidimensional outcomes instrument) repeatedly through termination or up to 16 weeks. We tested the following baseline patient moderators: (a) identified minority status; (b) initial severity; and (c) problem complexity. Associations were tested as patient-level interactions in three-level hierarchical linear models. Results. The moderator effect was statistically significant and clinically meaningful in each model. Namely, the match condition-outcome effect was more pronounced for patients who identified as racial/ethnic minorities, had higher severity of problems at baseline, and presented with greater problem complexity. Discussion: The magnitude of the match effect on outcome varied as a function of specific patient characteristics, indicating that an empirical match system is particularly important for subgroups of patients in MHC systems. Keywords: measurement-based care, moderators of patient-therapist matching, treatment personalization

**Therapist-level moderation of within- and between-therapist alliance-outcome associations.** *Alice Coyne, University of Massachusetts Amherst; Michael Constantino, University of Massachusetts Amherst; James F Boswell, University at Albany, State University of New York; David Kraus, Outcome Referrals, Inc.*

Objective: Voluminous research links higher-quality patient-therapist alliance with patient improvement. However, most such research has failed to capture the inherent nuance in the alliance-outcome relation by parsing it into within-therapist (i.e., differences between patients who are treated by the same therapist) and between-therapist (i.e., differences between therapists' average alliance/outcome across all patients their caseloads) components. Moreover, the few studies that have done so have produced mixed results, suggesting the possibility of systematic variability in these associations (i.e., moderators). One potential source of such variability could be providers themselves; that is, different therapists could use the alliance to differing therapeutic benefit. Thus, the present study tested the alliance-outcome association at both the within- and between-therapist levels, and explored therapist-level moderators of these associations. Method: Data derived from 212 patients treated by 42 therapists

who naturalistically delivered psychotherapy as part of a randomized trial comparing different case assignment methods (Constantino et al., 2020). Patients rated alliance and outcome repeatedly throughout treatment. Therapist characteristics were assessed at baseline. Results: Multilevel structural equation models revealed a significant between- but not within-therapist alliance-improvement association. Regarding moderators, at the within-therapist level, therapists' who took humbler views of their alliance-fostering abilities had stronger, positive alliance-improvement associations, whereas those who were more confident in their alliance abilities had negative alliance-improvement associations. At the between-therapist level, greater therapist identification with a cognitive-behavioral orientation was associated with weaker alliance-improvement associations. Conclusions. Results indicate that different therapists use the alliance to differing benefit, which can inform personalized clinical practices and trainings. Keywords: within- and between-therapist effects, therapeutic alliance, multi-level process-outcome associations, therapist-level moderation

**A qualitative analysis of patient attitudes regarding innovative methods for mental healthcare provider decision-making.** *Carly Schwartzman, University at Albany/SUNY, USA; Adela Scharff, University at Albany/SUNY, USA; Averi Gaines, University of Massachusetts Amherst; Heather Muir, University of Massachusetts Amherst; Brittany King, University at Albany/SUNY, USA; James F Boswell, University at Albany, State University of New York; Michael Constantino, University of Massachusetts Amherst*

Aims: Mental healthcare is devoting more attention and resources to routine outcome monitoring (ROM) as a measure of quality of services and service providers. By tracking changes in patient symptoms, functioning, quality of life, and more, "track records" of provider performance in treating specific problem areas can be established. A randomized controlled trial (Constantino et al., 2020) aimed to investigate the efficacy of scientifically matching patients to therapists with a successful track record in treating similar problems compared with patients assigned to therapists as usual. Following study completion, a subsample of patients volunteered to participate in a semi-structured, qualitative phone interview to elucidate attitudes regarding the use of therapist track records in clinical decision-making. Method: Study personnel conducted qualitative interviews with eight study patients (75% women) to elucidate information about the patient experience of seeking a mental healthcare provider, factors valued in a therapist, completing weekly ROM measures, and perceived advantages and disadvantages of the use of track records in provider selection processes. Participants also disclosed opinions regarding how and by whom track record information should be disseminated and utilized. Results: Interviews have been transcribed and are in the process of being analyzed using Consensual Qualitative Research coding procedures (Hill, 2012). Discussion: These results will be presented and discussed in the context of their implications, including patient preferences on how to be responsive to study findings, how to best implement patient-therapist matching strategies in other mental healthcare facilities, and how to influence mental healthcare policy on a broader scale. Keywords: provider selection, patient-therapist matching, provider track records, routine outcomes monitoring, consensual qualitative research

Plenary

**Past Presidential Address**

**After all these years.... Are we progressing?.** *Bruce E. Wampold, Modum Bad Research Institute, Vikersund, Norway*

Plenary

**Presidential Address**

**Growing a Psychotherapy Research Project.** *Martin Grosse Holtforth,*

## Plenary

Organizers: Shelley McMain, CAMH; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland;

## Tailoring Psychotherapy to the Person, Context, and Moments

**Tailoring Psychotherapy to the Person, Context, and Moments.** *Shelley McMain, CAMH; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Henny Westra, York University, Canada; Fredrik Falkenström, Linnaeus University, Sweden; John Norcross, University of Scranton, USA; Paula Errázuriz, Pontificia Universidad Católica de Chile, Santiago; Zac Imel, University of Utah, Salt Lake City, USA*

**Discussants:** Henny Westra, York University, Canada; Fredrik Falkenström, Linnaeus University, Sweden; John Norcross, University of Scranton, USA; Paula Errázuriz, Pontificia Universidad Católica de Chile, Santiago; Zac Imel, University of Utah, Salt Lake City, USA;

## Posters

### Drop-In Poster Sessions

**Agreement in Patient-Therapist Alliance Ratings and Its Relation to Dropout and Outcome in a Large Sample of Cognitive Behavioral Therapy for Panic Disorder.** *Rotem Moshe-Cohen, Hebrew University, Jerusalem, Israel; Yogev Kivity, Bar Ilan University; Jonathan Huppert, Hebrew University, Jerusalem, Israel; David Barlow, Boston University, USA; Jack Gorman, Franklin Behavioral Health Care Consultants and Critica LLC, Bronx, NY, USA; Katherine Shear, Columbia University, USA; Scott Woods, Yale University, USA*

Objective: It is well established that the therapeutic alliance is related to treatment outcome for a wide range of therapies and disorders. However, much less is known about the agreement on alliance between patients and therapists and its association with outcomes. The present study investigates the association between congruence of patients' and therapists' perceptions of the therapeutic alliance, early and late in therapy, and symptom reduction and dropout during cognitive behavioral therapy (CBT) for panic disorder. Method: Patients (n = 181) and their therapists provided alliance ratings early (session 3) and late (session 9) during 11-session treatment. Independent evaluators rated patients' symptomatic levels at post-treatment. Polynomial regression and response surface analysis were used to examine congruence as a predictor of outcome. Results: Early in therapy, stronger alliances (global, goals and tasks, but not bond) predicted lower symptom severity at the end of therapy and lower likelihood of dropout. Late in treatment, outcome was worse when therapist ratings of the alliance (global, goals, tasks and bond) were higher than those of the patient. Conclusions: Findings suggest that combined therapist-patient ratings of the alliance and higher patient, compared to therapist, ratings predict symptom improvement and treatment retention beyond their individual reports of the alliance. The study highlights the importance of understanding the dyadic nature of the alliance and its impact on therapeutic change.

**A Qualitative Single Case Study about Testing in the Therapeutic Relationship according to the Control-Mastery-Theory.** *Pauline Herrmann, University of Klagenfurt, Austria; Jennifer Kadur, Alpen-Adria-Universität, Klagenfurt, Austria; Dorothea Huber, International Psychoanalytic University, Berlin, Germany; Günter Klug, Technische Universität München; Imke Grimm, International Psychoanalytic University, Berlin, Germany; Sylke Andreas, University of Klagenfurt, Austria*

Background The Control-Mastery-Theory by the Mount Zion / San Francisco

Research Group states, that testing the therapist, consciously or unconsciously, is a substantial part in the psychotherapy process (Weiss, 1986). Testing behavior is necessary for the patient in order to disprove pathogenic beliefs that have been acquired at young age, hindering the patient to reach their goals. Method The single case was retrieved from the Munich Psychotherapy Study (Huber et al., 2012). A single case about a woman, suffering from depression and receiving cognitive behavioral psychotherapy, was chosen for rating: Transcripts were qualitatively analyzed by creating an individual plan formulation for the patient and identifying the tests she advanced toward her therapist during the initial, middle and ending phase of therapy. Results Several tests could be found in every phase of the therapy, showing no distinct pattern in terms of frequency. With one exception the patient made use of transference-tests only, during which the patient projected her pleas onto the therapist as if he were one of her parental figures. It became clear that the patient repeatedly targeted specific themes within her central conflict of self-worth, suggesting that she unconsciously may have followed a designated plan to make the most of the therapy experience. Conclusion The study shows that testing behavior in the therapeutic relationship can not only be identified individually but can also be clustered into different types of appeals, giving information about the progress of the therapy. The therapist's interventions following their patient's testing behavior may be crucial for the sequence of events during the psychotherapy sessions. Keywords: CMT, single case, qualitative

**The Voice of the Parents in a Therapeutic Process with their Trans\* Teenagers: Approaching to a Culturally Competent Model of Psychotherapy.** *Christian Spuler, Universidad Diego Portales, Santiago, Chile*

In the last years have emerged the need to generate models for integrating knowledge about specific aspects of psychotherapy with LGBT+ patients with those related to the socio-cultural determinants that establish the conditions in which psychotherapy is provided. Mental health disparities, access barriers to psychological care, attitudes towards psychotherapy, internalization of stigma and its impact on the formation of the therapeutic alliance, and therapists' attitudes towards LGBT+ people and their effect on the helping relationship require developing an integrated model of psychotherapeutic intervention with sex and gender diverse people. This poster shows, in a very preliminary way, the results from the analysis of 2 in-depth interviews with parents of trans\* adolescents within the framework of a psychotherapeutic process in Chile. This qualitative research includes the efforts to identify those dimensions of psychotherapy that acquire specificity when working with parents as a system. This work in progress chooses the Generic Model of Psychotherapy as a trans-theoretical framework for identifying and integrating specific psychotherapy aspects with trans\* youth and their parents. Although these presentations focus on the Chilean context, as a whole, they illustrate a model of research and understanding the "voice" of parents in the context of a psychotherapeutic process in connection with trans\* adolescent issues in a different socio-cultural context. Key Words: Culturally Competent Psychotherapy, Generic Model of Psychotherapy, LGB Patients, Trans\* adolescent, parents.

**The adaptation of the Innovative Moments Coding System to the group intervention: a preliminary study.** *Giovanna Esposito, University of Naples Federico II; Anna Sara Cutolo, University of Naples Federico II; Raffaella Passeggia, University of Naples Federico II; Miguel Gonçalves, University of Minho; Maria Francesca Freda, University of Naples Federico II*

Aims. The Innovative Moment Coding System (IMCS; Gonçalves et al., 2011) is a reliable and valid method originally developed to track markers of change in individual psychotherapy. Based on the few studies which used the IMCS to study change in group intervention (Esposito et al., 2017; Garcia-Martinez et al., 2020), this methodological study proposes an adaptation of the IMCS to track innovative moments in groups. Method. The transcripts of twenty-seven sessions of three counseling groups (9 sessions for each group) addressed to

underachieving university students were analyzed with the IMCS by two reliable coders. Two groups (N=7; N=6) were selected as they presented the highest and the lowest frequency of the original Individual IMs (e.g. change was expressed by a single participant) and enough group IMs (e.g. change was co-constructed by more than one participants) to be used as a case demonstration. The agreement and the reliability (Cohen's kappa) for Individual and Group IMs were calculated. Results. Results showed a strong agreement, both for Individual (88%; 95.10%) and Group IMs (90%; 92.12%), and a high reliability (Individual: 0.86 and 0.90; Group: 0.89 and 0.94) for IMs levels. A new category of Group (Voice of Group) and Individual IMs (Mirror-IM) emerged. Group IMs were identified in both groups but with a different frequency in Group 1 (42 vs. 20). Despite no differences emerged among IMs levels, in Group 1 all the members were involved in the innovative interactions. Conclusions. Group IMs can be reliably identified for studying change in group treatments.

**A text analysis of therapist emotional experiencing as a result of alliance-focused training (AFT).** *Stephanie Soutanian, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

Title: A text analysis of therapist emotional experiencing as a result of alliance-focused training (AFT) Authors: Stephanie Soutanian, Catherine Eubanks, J. Christopher Muran Abstract Aims: In a previous study, the Experiencing Scale (EXP) was applied to therapist interviews concerning the nature of the therapeutic relationship that were conducted at treatment termination to investigate the impact of AFT on therapists' tendencies to reflect on their relationships with patients in an experientially grounded fashion. These analyses showed that therapists displayed more emotional involvement and were better able to talk about their emotional experience with exposure to AFT. The current study applies techniques of textual analysis in an effort to explore the verbal mechanisms through which therapist emotional involvement and expressiveness are communicated. Method: In a research program designed to assess the value of Alliance Focused Training (AFT), therapists began treating patients using Cognitive Therapy and, in the context of a multiple baseline design, joined AFT supervision groups at either session 8 or 16 of a 30-session protocol. In this study, Voyant Textual Analysis software is applied to therapist interviews conducted at treatment termination to explore the discourse analyses variables correlated with emotional involvement and experiencing. Results: Voyant Textual Analysis will be applied to identify patterns of word complexity, word choice and word frequency present in therapists' verbal accounts of their experiences. Additionally, between group differences will be analyzed (AFT Training at session 8 versus 16) on discourse in the interview (n=30) when therapists talk more or less about their emotional experience and how differences in the discourse variables correlate with higher levels of emotional involvement and greater exposure to AFT will be explored. Discussion: How language is used to express emotional involvement and experiencing will be discussed.

**Evidence of Fidelity and Validity of Operationalized Psychodynamic Diagnosis in Childhood and Adolescence (OPD-CA-2) into Brazilian Portuguese.** *Gabriela Quadros de Lima Stenzel, Universidade do Vale do Rio dos Sinos / UNISINOS; Eduardo Brusius Brenner, Universidade do Vale do Rio dos Sinos; Vera Regina Ramires, Universidade do Vale do Rio dos Sinos*

The Operationalized Psychodynamic Diagnosis is a protocol of clinical diagnosis of psychodynamic basis with the objective of expanding the diagnostic classification based uniquely on the description of symptoms. First developed for the use with adult patients, and in face of the wide acceptance of the adult version, the OPD version for children and adolescents was developed. After further revision, a second version was published, OPD-CA-2. The OPD system allows to obtain reliable information about the patients' experience with their suffering, their motivations for treatment, their conflicts, the quality of the

defenses and the quality of interpersonal relationships. These information help to develop psychotherapeutic treatment plans and to evaluate their results. The aim of this study is to adapt the OPD-CA-2 for Brazil. This is a, undergoing, quantitative, cross-sectional study, included in the category of instrumental studies. Ten therapists with experience in psychodynamic psychotherapy for children and adolescents will participate, who will provide detailed reports of psychotherapy sessions. 60 dialogued reports of psychotherapy sessions will be analyzed. Subsequently, the OPD system will be filled by 4 different therapists who are also experienced. Three months later the same therapists will receive the same sessions to score again. The results will be inserted in a database for statistical analysis on the reliability and internal consistency of the instrument.

**Personalized interventions for chronic pain management: preliminary feasibility and effectiveness of an Ecological Momentary Intervention for Fibromyalgia management to improve patient's quality of life.** *Guadalupe Molinari, Universidad Internacional de Valencia; Mónica Navarro Sánchez, Universitat Jaume I; Carlos Suso Ribera, Universitat Jaume I; Rosa Baños, Instituto de Salud Carlos III, Spain; Azucena García Palacios, CIBER of Physiopathology of Obesity and Nutrition*

Electronic monitoring available in internet applications is an excellent alternative to traditional, episodic evaluation and intervention. First, pain can be measured in the moment they occur, which attenuates the memory recalled bias. Second, obtaining a measure of pain in real time allows giving feedback when patients need it. Third, momentary data collection allows capturing the real course of pain trajectories so that interventions can be personalized. However, there is a need to further investigate the applicability of this new monitoring and intervention procedure in people's everyday lives, to integrate their use in daily routine practice. Our aim is to test an internet application, "FibroMonitor", that enables fibromyalgia patients to monitor pain and related variables, and receive empirically-based psychological interventions to improve their quality of life. We are interested in understanding how feasible it would be to implement the pain app, how adherent patients would be in using the app, and how effective it could be. Our study will advance in the personalization of the methods of evaluation and treatment of fibromyalgia through a flexible, personalized intervention, capable of adapting to the needs of each person. Moreover, it will help improve accessibility, flexibility, confidentiality, and cost-effectiveness of psychological interventions for chronic pain. And as a personalized, stand alone, affordable system can easily be implemented in different settings. Future ideas about how the design of mobile interventions could improve personalization will be discussed.

**Mature defensive style is positively and depressive symptoms and negative affectivity are negatively associated to resilience in psychotherapy patients.** *Leonardo Gonçalves, Universidad Federal do Rio Grande do Sul, Brasil; Eric Marques Januário, Universidade Federal do Rio Grande do Sul; Neusa Rocha, UFRGS-Universidade Federal do Rio Grande do Sul*

Background: Resilience refers to a process of restoring a healthy state after the effect of a stressor. Psychotherapies deal with traumatic situations seeking a more healthy, productive and creative level of functioning for the individual. Few studies in the literature assess which predictors measure resilience in the psychotherapeutic process. Objective: evaluate the factors associated with resilience in patients undergoing three types of psychotherapy (psychodynamic psychotherapy, cognitive-behavioral therapy and interpersonal psychotherapy). Methods: it is the baseline sample of a 12-month longitudinal observational study. The following were evaluated: sociodemographic data, resilience (25-item Connor Davidson Resilience Scale [CD-RISC-25]), stressful life events (LEQ), depressive symptoms (Beck Depression Inventory), social support (Medical Outcomes Study [MOS]), defense mechanisms (Defense Style Questionnaire [DSQ-40]), personality traits (The Personality Inventory for DSM-5 [PID-5]).

Population: sample of 68 adults outpatients undergoing psychotherapy in Hospital de Clínicas de Porto Alegre, RS, Brazil between 2016 and 2019. Results : refer to preliminary data from the baseline analysis of this sample. Multivariate regression showed a significant association of resilience with the following predictors: depressive symptoms ( $\beta = -0.29$ ;  $p = 0.018$ ), negative affectivity (PID-5) ( $\beta = -0.3$ ;  $p = 0.007$ ), mature defensive style (DSQ-40) ( $\beta = 0.26$ ;  $p = 0.044$ ) and use of psychotropic medication ( $\beta = 0.21$ ;  $p = 0.44$ ). Conclusion: in the exploratory analysis, some factors were more relevant in the multivariate analysis, such as the mature defense mechanism, depressive symptoms and the personality trait of negative affectivity. As we know, this is the first study to elucidate this type associations relating resilience to psychotherapies and can contribute to a greater understanding of the mechanisms of the effectiveness of psychotherapies. The follow-up analysis may elucidate the direction of these associations.

**A Systematic Review of Empirical Studies on Psychotherapists' Emotions.** Anton Marx, University of Munich, Germany; Eva Reim, Ludwig-Maximilians-Universität, Munich, Germany; Christian Woll, Ludwig-Maximilians-Universität, Munich, Germany; Corinna Reck, Ludwig-Maximilians-Universität, Munich, Germany

Aim: In psychotherapy, there is broad agreement on the crucial role of emotions and countless studies have been conducted on patients' emotional experiences. Although the emotions of psychotherapists themselves have been of great theoretical and practical interest as well, there seems to be a lack of studies on this topic. Therefore, this study aims to provide a systematic review on published empirical studies focusing on psychotherapists' emotions. Methods: Following established guidelines, we conducted an extensive literature search and screened 8588 publications from different databases. Based on preregistered inclusion criteria, we then selected 60 articles for further data extraction and analysis. Results: Overall, the number of studies increased steadily per year (earliest in 1969) and they were conducted in different countries worldwide (50% either USA or Israel). Their data collection methods included self-report questionnaires, interviews, video/audio recordings (e.g. for facial expression analysis), physiological measures (e.g. heart rate variability) or a combination of these. Their sample sizes were rather small and showed great variability (Min = 1, Max = 684, M = 80.2, SD = 140.5) with 17 studies under 10 participants and 12 over 100, respectively. Additionally, the studies highly differed in their definitions of psychotherapy, the type of therapy under study (e.g. psychodynamic therapies), and their specific research questions or topics (e.g. empathy, countertransference). Discussion: While there is growing scientific interest in psychotherapists' emotions, more studies seem to be needed to systematically shed light on their clinical and practical implications (e.g. therapeutic relationship, treatment outcome, or emotion regulation).

**Text mining diaries from internet-delivered psychotherapy for generalized anxiety disorder: A proof of concept.** Sanna Mylläri, University of Helsinki, Finland; Suoma Saarni, HUS Helsinki University Hospital; Ville Ritola, HUS Helsinki University Hospital, Finland; Jan-Henry Stenberg, HUS Helsinki University Hospital, Finland; Grigori Joffe, HUS Helsinki University Hospital, Finland; Tom Rosenström, University of Helsinki, Finland

Aim: Text mining of online psychotherapies offers a window to factors associated with treatment response and change processes. We aimed to provide a proof of concept for the text-mining approach. Methods: We analyzed altogether 122 574 worry diary entries from 1697 patients undergoing internet-delivered cognitive behavioral psychotherapy (iCBT) for generalized anxiety disorder (GAD) using text mining and multilevel modeling. The study comprised HUS Helsinki University Hospital iCBT patients with Generalized Anxiety Disorder Assessment-7 (GAD-7) score of at least 8 at first iCBT session. Patients could use a separate online worry diary during the 13-session treatment program, as a therapy exercise. Text tokens were extracted and associations of

selected tokens with GAD-7 score were investigated, while modeling individual-specific scores as a random intercept. Results: Certain text tokens were associated with therapeutic change processes in an interpretable manner. For example, writing about anxiety ("anx" token presence) was not associated with time-average GAD-7 score (0.50 points, 95% CI = -0.05, 1.04) but was associated with per session decline in GAD-7 score (-0.06 points/session, CI = -0.10, -0.02). Number of diary entries, however, showed an association with worse treatment response (0.002 points/session/entry, CI = 0.000, 0.004) but the finding needs careful interpretation in light of skewed number of entries distribution (range 0–97, mean = 9.2, median = 7). Discussion: Text mining of registries generated during online psychotherapies appears a promising route to understand therapeutic change processes. Diary exercise in iCBT had the intended positive effect for those writing about their anxiety.

**Research on Interpersonal group for survivors of sexual violence. Milena Alincova, Kings College NHS Trust, London**

The Havens' (London's Sexual Assault Referral Centre) therapies service has been offering an Interpersonal Group intervention since 2014. This intervention adheres to the UK National Institute for Health and Care Excellence (NICE, 2018) for post-traumatic stress disorder/PTSD to safely facilitate peer support wherever possible for people with PTSD. This intervention is currently available only to female clients. Interpersonal group method The group intervention is carried out based on the following elements: Clear referral criteria and comprehensive assessment process. Introducing firm ground contract prior to and at the first session, and reviewing it throughout the course. Not sharing narratives of the assault to comply with medical and legal guidelines for provision of therapy to vulnerable witnesses. Establishing group responsibility. Maintaining boundaries and providing support and safety by two experienced facilitators under supervision. Collecting quantitative data on improvement of group members psychological well-being as well as qualitative data of their experiences in group. Group results / effectiveness The Interpersonal group seems to achieve two aims: It creates a safe space for people to explore the impact of sexual violence, and it empowers them to regain a sense of autonomy and control over own recovery. The group intervention provides a space to gain shared experiences and identification with others. It also supports survivors to restructure the traumatic memory, and to encourage them to re-establish a healthy lifestyle. Overall, providing a safe space for peer support is a profound intervention to assist people recovering from sexual violence. We do also invite haptic, proprioceptive experience by offering grounding objects as environmental support / grounding support All our group members attend the group after recent traumatic event with activated threat system. Amygdala - our main survival set of neurons in the brain-is connected to the parietal lobes, to reinforce storied of separation and where separation is emphasised, there is more fear and we struggle to feel safe. (RS, 2017) Inviting haptic, proprioceptive capacity / dimension of the group members while they talk or are remembering traumatic memories, creates more supporting atmosphere, facilitates ground and supports sense and meaning making. Relevance of research to the broader academic field and/or professional practice Current research focuses mainly on structured, symptom management group interventions for this client group. We have been collating valuable data and feedback on Interpersonal group since 2014 and now we have decided to officially start research on this unique innovative therapeutic intervention. As outlined above - the group safely facilitates recommendation of NICE guidelines to provide access to the peer support. Our aim is to provide research validated evidence based data for the Interpersonal group intervention to become recommended NICE guidelines Interpersonal group psychotherapy intervention. We combine qualitative and quantitative methodology / Co-operative inquiry. It is based on us researchers / group facilitators examining our own experience and actions carefully in collaboration with feedback from group members.

**Humor in Psychotherapy - Checking the Validity of a Banter Category**

**System in Different Psychotherapeutic Settings.** *Andre Baumann, University of Klagenfurt, Austria; Sylke Andreas, University of Klagenfurt, Austria; Dorothea Huber, International Psychoanalytic University, Berlin, Germany; Günter Klug, Technische Universität München; Imke Grimm, International Psychoanalytic University, Berlin, Germany; Adrian Brooks, University of Klagenfurt, Austria*

Objective: There has not been a sufficient body of research about banter as a particular humour style in psychotherapy. This study focuses on the use of banter and its correlation with treatment outcome over three different psychotherapy modalities. The aim is to examine whether the use of banter as an aggressive humour style is associated with treatment outcome. Methods: The sample consists of 68 psychotherapy transcripts as part of the Munich Psychotherapy Study (Huber et al., 2012) containing psychodynamic, psychoanalytic and cognitive-behavioral psychotherapy modalities. For each patient the treatment outcome is evaluated by Symptom-Checklist-90 score (Derogatis et al., 1992). Banter and banter-related humour categories are measured by a deductively developed coding system containing seven categories (Brooks et al., 2020). Results: The results will be presented on the SPR Congress 2021 in Heidelberg. Respecting the empirical data the results will be critically discussed. Conclusion: Further research is needed to investigate the proper use of banter in order to comprehend why its effectiveness might differ between therapy settings and develop a deeper understanding about the relations between humour, and symptom change.

**The Finnish Psychotherapy Quality Registry – A Standardized follow-up-system of psychotherapy.** *Suoma Saarni, HUS Helsinki University Hospital; Tom Rosenström, University of Helsinki, Finland*

Aim: To describe the Finnish Psychotherapy Quality Registry. Methods: Up to date the data on psychotherapy outcomes and courses has been scarce, scattered and unstructured. The Psychotherapy Quality Registry was developed as a national common effort of psychiatrists and psychologists from all five Finnish University Hospital districts. The aim of the registry is to provide health care organizations and researchers with comprehensive and structured data on psychotherapy course, effectiveness, and side effects. Further aim is to provide information on patient flow and accessibility, and therefore help to plan psychiatric services. Results: The Quality Registry was implemented in 2018 in Helsinki and Uusimaa Hospital district covering a population of 1,5 milj. . 1.1.2021 we have data on >5400 patients, with over >350 psychotherapists'. Patients and therapists fill in their own questionnaires at the beginning, mid-term and at the end of the treatment. Symptom severity and everyday functioning are measured with validated and widely used questionnaires (e.g. CORE-OM, PHQ-9, OASIS, AUDIT, SOFAS). Questionnaire data on therapeutic alliance, risks, socioeconomic status and medication are collected. The registry covers >95% of psychotherapies organized by Hospital District Discussion: The Finnish Psychotherapy Quality Registry forms a novel database with excellent coverage and valid and commensurate data across different patient groups, psychotherapy settings and types. It integrates data from patient, psychotherapist and clinical records, and automatically forms a case summary to the medical record.

**A Qualitative Investigation of the Safe and Effective Use of Humour in Psychotherapy.** *Geoffrey Stone, University of Ottawa, Canada; Nicola Gazzola, University of Ottawa, Canada*

If it is used responsibly, humour can be a valuable tool for psychotherapists to help clients achieve positive change. Laughter has myriad health benefits, and is associated with reduced depression, increased self-esteem, and lower perceived levels of stress (Eckstein et al., 2003). Using humour can strengthen the therapeutic alliance, reduce clients' defensiveness, help clients gain self-awareness and broaden their perspectives, encourage flexibility in clients' thoughts and behaviours, help clients to rediscover their capacity for

playfulness, and help therapists glean information about their clients' cognitive capacities and personality dynamics from their responses to humour (Hussong & Micucci, 2020). It can also simplify the process of confronting clients on dysfunctional behaviours (Thomas et al., 2015). However, there is a lack of research on humour in psychotherapy, and clinical training in its use (Franzini, 2001). This qualitative study was guided by the following research questions: (a) How do psychotherapists use humour in their therapy sessions? (b) In what contexts do psychotherapists perceive humour use as being appropriate and beneficial in therapy? And (c) In what contexts do psychotherapists perceive humour use as being potentially harmful? A semi-structured interview protocol will be used to interview experienced Canadian psychotherapists. Preliminary findings from the thematic analysis (Braun & Clarke, 2012) will be presented and discussed in light of using humour safely and effectively in the process of psychotherapy (i.e., to maximize the benefits and minimize the potential harm on the client). Further, the findings have implications for clinical training and supervision as well as future research. Keywords: Humour, Humor, Safe and Effective Use of Self

**The role of culture regarding change processes in multi-person psychotherapy.**

*Sina Baader, Universität zu Köln; Ali Al-Hasani, Witten/Herdecke University; Nina Immel, Pontificia Universidad Católica de Chile, Santiago; Christina Hunger-Schoppe, Witten/Herdecke University*

Aim: The study aims at shedding light on the role of culture regarding change processes in multi-person psychotherapy. This is especially relevant as globalisation and growing crises around the world have long created a context in which a great number of people with diverse cultural backgrounds in immigration societies require psychotherapeutic treatment. Research has demonstrated the efficacy of multi-person psychotherapy (e.g. Carr, 2019; von Sydow et al., 2010). Taking into account that the construction of the self and social relations hinge to a great extent on one's cultural upbringing (Breunlin & Pinsof, 2011; Saleebey, 2001), culture presumably matters when it comes to therapeutic change processes. However, the role of culture regarding change processes in multi-person psychotherapy has hardly been examined (Heatherington et al., 2005; Heatherington et al., 2015). Methods: Data is collected by conducting and transcribing explorative, semi-structured interviews via an online-platform with therapists practicing in immigration societies who are experienced in multi-person psychotherapy in transcultural settings. The interview transcripts are analysed by applying qualitative content analysis (Mayring, 2014) using a mixed inductive-deductive approach. Results: Initial observations from the semi-structured interviews and emerging categories based on the qualitative content analysis (Mayring, 2014) will be presented. Discussion: It will be discussed what the findings might imply for further transcultural psychotherapy research as well as for therapeutic practice. Keywords: psychotherapy, multi-person, culture, change process

**The impact of life events on symptom burden – Within- and between-patient associations.**

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Aim. The factors that lead to inter- and intra-individual changes in psychotherapy are not well understood. While most studies focus on in-session processes, events outside therapy is less often investigated. The present study aims to investigate the impact of life events (LE) on individual change in symptom burden throughout psychotherapy. Moreover, we test the moderator hypothesis that the impact of life events on symptom burden is less pronounced in successful than in less successful treatments. Method. Data is collected in a randomized controlled trial (RCT) including 147 patients randomly assigned to two different psychotherapies (exposure-based cognitive therapy/cognitive-

behavioral therapy). The analysis of inter- and intraindividual effects was performed using Dynamic Structural Equation Modelling (DSEM). Results. At the within-patient level (WP-level), negative valence of life events led to higher symptom burden. The number of positive and negative life events each predicted subsequent symptom burden accordingly. At the between-patient level (BP-level), both valence and number of negative life events were associated with symptom burden. On neither level did therapy outcome moderate the association between LE and symptoms. Discussion. Results suggest that life events are an important factor in therapy that affect subjectively perceived symptom burden. Findings are discussed with regard to the importance of separating BP and WP-levels.

**Testing a Simple Warning System for Community-Based Parent Child Interaction Therapy.** *Christie Karpiak, University of Scranton, USA; Jack Golden, University of Scranton, USA; Jessica Goldschlager, University of Scranton, USA; Laura Rebolledo, University of Scranton, USA*

Aim. Warning systems to identify clients at risk for treatment failure may be especially important for youth in community health settings. Parent-Child Interaction Therapy (PCIT) already includes routine monitoring of child behavior problems via the Eyberg Child Behavior Inventory (ECBI). ECBI scores should decrease across treatment, but fluctuations are common, typical patterns of change are not well-documented, and there are no guidelines for when a session's increase is large enough to warn of poor outcome. Inspired by Nelson et al.'s (2013) demonstration of a simplified early warning system for YOQ scores, we are testing reliable (Jacobson & Truax, 1991) increase from client baseline in ECBI problem intensity scores as a warning of poor PCIT outcome. Method. Archival data (current N=68) from a community health center in the northeastern United States. Thus far, 89% of caregivers were mothers, 64% of children were male, and 51% of caregivers self-identified as white non-Hispanic. Most treatment was fully funded by public assistance and most children had more than one diagnosis at the time of treatment. Intake ECBI scores were high:  $M=165$ ,  $t$ -score 67. Outcomes were: deterioration ( $n=11$ , 16%), no change ( $n=22$ , 32%), reliable change ( $n=22$ , 32%), and recovery ( $n=13$ , 19%). Groups did not differ on ECBI at intake. Results. Cases were identified as warning "yes" if their ECBI intensity score was in the reliable increase range (17 points or more above their baseline) for any of sessions 1-5. Phi for "yes/no warning" by outcome category was .836,  $p < .001$ . 11 of the 15 warned cases had outcomes in the 'deteriorated' category. All 11 deteriorated outcomes were identified with this simple procedure. Discussion. ECBI scores are collected every session in PCIT. If the predictive utility of reliable problem increase in early sessions is verified, widespread clinical application for this warning should be relatively easy. Limitations of this study are many--this is a statistically simple first step with a modest sample. The sample will hopefully be larger before presentation, but regardless of whether that happens, replication and more sophisticated modeling will be needed. Keywords: Child & Family, Community, Routine Outcome Monitoring

**Functional Magnetic Resonance Imaging of Patients with Major Depressive Disorder Undergoing Psychotherapy: a Systematic Review.** *Gianfranco Rizzotto de Souza, Universidade Federal de Ciências da Saúde de Porto Alegre; Felipe Cesar de Almeida Claudino, Universidad Federal do Rio Grande do Sul, Brasil; Reebeca Menegol, Universidade Federal do Rio Grande do Sul; Augusto Mádke Brenner, Universidade Federal de Ciências da Saúde de Porto Alegre; Victória Machado Scheibe, Universidade Luterana do Brasil; Josiane Maliuk, universidade federal do rio grande do sul; Neusa Rocha, UFRGS- Universidade Federal do Rio Grande do Sul*

Psychotherapies demonstrate effectiveness in the treatment of depressive disorders. Despite the evidence of response to this therapeutic resource, its neural mechanisms are not yet fully understood. A greater understanding of the neurobiological factors associated to therapeutic response, such as the

investigation of the functional changes in brain areas triggered by the psychotherapy, has significant relevance for clinical outcomes. We aimed to observe the changes in neuroimaging exams associated to psychotherapy and to investigate predictive markers of response to treatment. We searched for articles indexed in scientific databases such as PubMed, PsycInfo, Embase, Cochrane Central and Web Of Science, using keywords for psychotherapy, depression and neuroimaging. After excluding duplicates, 2988 articles were found. Sixteen studies with fMRI exams in patients diagnosed with Major Depressive Disorder, without other psychiatric comorbidities, of several designs (except for other systematic reviews, meta-analysis, case reports and letters), who underwent psychotherapy were included. There was no date restriction. Three studies used resting-state fMRI, while thirteen used task-based fMRI with several paradigms. Regarding resting-state results, positive connectivity scores appear to be associated with positive outcomes with psychotherapeutic treatment, measured through scales such as the Beck Depression Inventory. Studies using different paradigms pointed out that the main areas with activity change after psychotherapy were basal nuclei, temporal, frontal parietal and occipital lobe areas, limbic gyrus areas, cerebellum, amygdala and insula. Pretreatment activity in basal nuclei, temporal, frontal and parietal areas, insula, amygdala, cerebellum and limbic gyrus areas were predictors of response to treatment. Some regions, such as areas of the limbic system and of the parietal and frontal lobes, both had changes in activity after therapy and were predictive of response to treatment. A deeper understanding of neurobiological markers associated with response to psychotherapy and posttreatment functional changes is necessary, as it can assist in the therapeutic choice and in obtaining better clinical outcomes.

**BDNF levels and association with depressive symptoms in patients undergoing individual psychotherapy: a naturalistic study.** *Felipe Cesar de Almeida Claudino, Universidad Federal do Rio Grande do Sul, Brasil; Leonardo Gonçalves, Universidad Federal do Rio Grande do Sul, Brasil; Neusa Rocha, UFRGS-Universidade Federal do Rio Grande do Sul*

Background: Biological markers are associated with response to treatment with psychotherapies in patients with mental disorders. Among the markers, the brain derived neurotrophic factor (BDNF), a neurotrophin related to neuronal plasticity, with greater concentration in the hippocampus, which, together with the limb system, acts on the regulation of emotions. Previous studies have shown conflicting results of BDNF levels associated with remission of depressive symptoms after psychotherapy, one of the limitations being the short follow-up of these patients (average of 4 weeks). Objectives: To evaluate the association of BDNF levels with depressive symptoms in outpatients undergoing individual psychotherapy. Methodology: A longitudinal naturalistic study with consecutive sample of all patients who are attending the psychotherapy outpatient clinic was performed. BDI and BDNF serum levels were assessed in baseline and 6 months after participant study inclusion in the study. Results: a sample of 37 baseline patients and a 6-month follow-up were analyzed, compared with the control of 37 samples from healthy patients who had not undergone psychotherapy. There was a significant reduction in the mean of depressive symptoms before: 30.2 (10.53) and after therapy (28.5), with  $p < 0.05$  in the group of patients undergoing treatment. These values seem to be associated with variations in BDNF levels after psychotherapy. Conclusion: There is a reduction in depressive symptoms after individual psychotherapy in a patient with mental disorders and with a potential change in serum BDNF levels, which is a potential marker of biological response to treatment.

**The Experiences with Gay, Lesbian and Bisexual Patients: Approaching to a Culturally Competent Model of Psychotherapy.** *Catalina Rosenbaum, Universidad Diego Portales, Santiago, Chile; Jesús Vidal, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Constanza Galvez, Universidad Diego Portales, Santiago, Chile; Juliana Rodriguez, Universidad Diego Portales, Santiago, Chile*

In the last years have emerged the need to generate models for integrating knowledge about specific aspects of psychotherapy with LGBT+ patients with those related to the sociocultural determinants that establish the conditions in which psychotherapy is provided. Elements such as mental health disparities, access barriers to psychological care, attitudes towards psychotherapy, internalization of stigma and its impact on the formation of the therapeutic alliance, and therapists' attitudes towards LGBT+ people and their effect on the helping relationship, require developing integrated model of psychotherapeutic intervention with sex and gender diverse people. This poster shows the preliminary results from the analysis of 7 interviews with LGB patients about their experiences of psychotherapy in Chile. This qualitative research includes the efforts to identify those dimensions of psychotherapy that acquire specificity when working with non heterosexual patients, and in a Chilean and Latin American context that has shown a growing social and cultural openness towards the promotion of LGBT+ rights while maintaining high rates of prejudice, discrimination and violence towards sexual and gender diversity. This work in progress chooses the Generic Model of Psychotherapy as a trans-theoretical framework for identifying and integrating specific aspects of psychotherapy with LGB patients. Although these presentations focus on the Chilean context, as a whole they illustrate a model of research and understanding of psychotherapy with LGB+ people applicable to different socio-cultural contexts. Key words: Culturally Competent Psychotherapy, Generic Model of Psychotherapy, LGB Patients

**Advancing the Understanding of Factors that Influence Client Preferences for Race and Gender Matching in Psychotherapy.** *Gabrielle Ilagan, McLean Hospital; Laurie Heatherington, Williams College, Massachusetts, USA*

Aim: While clients sometimes prefer having a therapist of their same race or gender, research generally doesn't show that racial/gender matching improves psychotherapy outcomes. Two studies explored matching preferences as a function of being informed (or not) about the lack of evidence for its efficacy, and the role of two relevant variables: systemizing tendencies and strength of BIPOC cultural identification. Methods: Study 1 (n = 128) investigated preferences for racial matching; Study 2 (n = 174) investigated preferences for gender matching. Participants recruited from Amazon Mechanical Turk were randomly assigned to be "Informed" that research shows that matching does not lead to superior outcomes, or "Uninformed." Using a discounting paradigm, they indicated preferences for a more effective, unmatched therapy, vs. a less effective, matched therapy; they next indicated whether they preferred an unmatched in-person therapy or a matched teletherapy. Results: Being informed did not affect matching preferences, and participants preferred unmatched in-person treatment to matched teletherapy. Lower systemizing tendencies and stronger identification with a culture other than White/European-American were associated with stronger race/gender matching preferences. Black/African-Americans had significantly higher racial matching preferences, and Asian/Asian-American participants (who were largely male) had significantly higher gender matching preferences. Discussion: The findings suggest that potential clients may disregard information about the effectiveness of race/gender matching on outcomes, and that they value in-person treatment over teletherapy. Further, demographic and personality variables both influence how strongly clients prefer matching.

**A Phenomenological Analysis of Couple and Family Therapists' Experiences Forming and Maintaining Therapeutic Alliances in Telehealth Settings.** *Edmund Orłowski, University at Albany/SUNY, USA; Myrna Friedlander, University at Albany/SUNY, USA; Shayne Anderson, Brigham Young University, Provo, USA*

The COVID-19 pandemic has dramatically elevated the mental health concerns of adults and children. Consequently, psychotherapists are being called on to

provide services to increased numbers of individuals in acute distress, particularly couples and families. Due to the dramatically increased use of telehealth services since the pandemic began (Békés & van Doorn, 2020), there is a pressing need to understand how therapists build and maintain strong alliances with these clients. Despite substantial evidence of the association between alliance and outcome in couple and family therapy (Friedlander et al., 2018), alliances with couples and families, in particular, can be strained or compromised when working remotely due to the limited nonverbal information and the potential lack of privacy and safety. This qualitative study is designed to explore a sample of 12-15 psychotherapists' phenomenological experiences of the process of treating couples and families in a virtual format. Specifically, participants who switched to a telehealth platform in March, 2020, are being interviewed about their approach to forming and maintaining strong therapeutic relationships with couples and families and how this process may be different from (or similar to) conducting conjoint therapy in person. The transcribed interviews are being analyzed using open coding and constant comparison to identify common themes relevant to the study's aims. The results are anticipated to have substantial practical implications for psychotherapists working remotely with couples and families.

**System Contextual Integrated Model for Affective-Cognitive Processing and Behavioral Health.** *Raymond Hawkins, University of Texas at Austin; Catherine Hawkins, Texas State University*

The System Contextual Integrated Model (SCIM), developed as a trans-theoretical framework for selecting measures for psychotherapy process and outcome, is reformulated for behavioral health applications. The SCIM "healing cycle" is an allostatic hedonic affective-cognitive right-hemisphere – left hemisphere coordinated process involving positive alliesthesia that mitigates traumatic pain and generates psychological flexibility. The SCIM "trauma cycle" is an allostatic overload alliesthesia opponent process with long-lasting pathology sequelae. The social ecological context moderates the "healing cycle" and the "trauma cycle." Repeated evocation of the "healing cycle" in a therapeutic relationship can gradually relieve trauma sequelae. The SCIM is applied to pain, obese binge eating, and substance use disorders.

**Slow Rhythmic Breathing as Effective Method Supporting Psychotherapy Process of Trauma and Claustrophobia in Head and Neck Cancer Patients..** *Alicja Heyda, Maria Skłodowska Curie National Research Institute of Oncology; Agata Bielerń, Maria Skłodowska-Curie National Research Institute of Oncology, Gliwice Branch; Krzysztof Skłodowski, Maria Skłodowska Curie Research Institute of Oncology, Gliwice Branch*

Goal Slow rhythmic breathing (SRB) of 6 breaths per minute is known for its beneficial effects on regulating the peripheral nervous system through vagal nerve stimulation, improving oxygenation and reducing hypertension. Head and neck cancer (HNC) and its treatment very often cause facial disfigurement, fatigue, pain, speech problems, and depression. The goal of this study is to evaluate how SRB affected heavily distressed HNC patients, whose trauma could have prevented them from completing cancer treatment. Method Eight HNC patients aged 54-76 undergoing radical radiotherapy or chemo-radiotherapy started psychotherapy with SRB as an adjunct bodywork intervention after they reported claustrophobia (6), depression (5) or/and anxiety (3), preventing them from starting/completing cancer treatment. Patients had 15-30 minutes of slow breathing sessions day by day followed by a free verbal expression (median=5 sessions; min 2-max 16). Results Underlying traumas included: accidents in the coal mine (3), at the martial arts training (1), cumulative trauma of being a long-term (>10y) caregiver of ill relative (2), post-operative PTSD (1), and life-threatening abduction (1). All patients completed the cancer treatment and all reported significant clinical improvement: reduction of radiotherapy related pain (3/8pts), claustrophobia (6/6pts), and anxiety (8/8pts) after a median of 2 sessions (min 2-max 10). Four patients made

significant lifestyle changes. Conclusion SRB effectively reduced symptoms of claustrophobia, anxiety, and pain and enabled the patients to complete cancer treatment. The method proved to be an effective adjunct to psychotherapy process of traumatized HNC patients. Keywords: slow rhythmic breathing, 6 breaths per minute, head and neck cancer, claustrophobia,

**Perception of Mental Health Professionals to the Emotional Impact of the COVID-19 Pandemic and the Provision of Psychotherapy Services in Mexico.** *Beatriz Adriana Corona-Figueroa, Universidad Gabriela Mistral, Santiago, Chile; Cielo Cristina Mejía-Montoya, Clinical Psychology Chilean Society, Santiago; Ana Paulina Campos Tapia, Clinical Psychology Chilean Society, Santiago*

**INTRODUCTION** The prolonged pandemic of SARS-CoV-2 has caused diverse emotional reactions in the general population of all the countries where it occurs. Unfavorable reactions have been more common, including depression, anxiety, adjustment disorders, and grief(1). Face-to-face psychotherapy had to change the modality to telepsychotherapy and adjust to continue providing care(2.3). It has also been necessary to offer these services to health personnel and the general public who have been affected by the emotional ravages of the pandemic. In Mexico, this pandemic has taken on complicated dimensions due to the high lethality associated with the virus and the effects it has on social and economic life(4). **OBJECTIVES** The objectives of this qualitative study were to analyze the perceptions of Mexican mental health professionals regarding the effects of the pandemic, the changes that this phenomenon has caused in the provision of their services, and the effects of the pandemic on psychopathology. **METHOD** A group of 10 mental health professionals who provide psychotherapy services was convened, of which 9 were psychologists and 1 was a psychiatrist. A question guide had been established for the session that dealt with the objectives of the study and the session was conducted by the first and second authors of this work, seeking the participation of all. The session was videotaped with the signed consent of the participants and later transcribed to carry out the analyzes with the ATLAS Ti program to establish categories and different levels of analysis. **RESULTS** Regarding the perceptions of mental health professionals in the face of the effects of the pandemic, some favorable ones are detected, such as maturity and responsibility to face situations and among the unfavorable reactions are the fear of getting sick, uncertainty and depression. The main changes in the provision of services have been noted in the specification of bioethical principles to the new modality and the need to strengthen rapport and maintain the link despite the conditions of the session. Professionals observe the exacerbation of some pathologies such as violent, depressive, anxious and obsessive compulsive reactions that already existed, as well as situations that complicate the experience of grief. **CONCLUSIONS** Perceptions of mental health professionals denote the changes that care has shown and the adjustments that have had to be made to interventions and therapeutic relationships to maintain therapeutic adherence and respond to emerging mental health needs in the face of the unusual phenomenon that represents this pandemic. 1 Yao, Chen y Xu, 2020 2Ávalos, Valdés, Lanzagorta y Nicolini, 2020 3Rodríguez Rodríguez, Fonseca Fernández, Valladares González y López Angulo, 2020 4 Suárez, V., Quezada, M. S., Ruiz, S. O., & De Jesús, E. R. 2020 We are not from Chile, but from Mexico, but our institution doesn't appear

**How Graduate-student or Recent Graduate Psychotherapists Experience and Manage Errors in Psychotherapy.** *Sarah Knox, Marquette University, Milwaukee, USA; Kariisse Callender, Marquette University, Milwaukee, USA; Tin Weng (Angel) Mak, Marquette University, Milwaukee, USA; Shannon Skaistis, Marquette University, Milwaukee, USA; Graham Knowlton, Milwaukee VA*

**Aim** We examined psychotherapists' experience of errors in psychotherapy: antecedents, nature of error, realization/recognition of error, impact of error, recovery from error, and discussion of error. **Methods** We chose consensual qualitative research (CQR; Hill, 2012) to facilitate collection of rich data and

description of complex phenomena using participants' words. Results Thirteen graduate-student/recent-graduate psychotherapists defined errors as something that yields negative consequences for clients/psychotherapy, identified inattention to client factors as the most common error, and reported minimal/no training regarding errors. When describing a specific psychotherapy error they made, they noted a strong pre-error psychotherapy relationship, recounted varied intrapersonal antecedents, and described the error as using an approach not helpful to the client/psychotherapy. Some realized the error in session; others' realization came post-session. The errors led to ruptures and negative emotional responses; they also stimulated growth/learning. Participants used supervision to recover from the error and process thoughts/feelings regarding the error. They also discussed the error with clients. Discussion These participants defined errors as something that yielded negative consequences and consisted of not attending to important client factors. Their specific experiences of errors highlighted that: a) errors occur in both strong and tenuous psychotherapy relationships; b) intrapersonal challenges often precede errors in which they fail to intervene helpfully; c) they recognize errors both in-session and upon later reflection; d) although effects were largely negative, errors also created opportunities for learning/growth; e) they use supervision to strategize recovery from errors and address their thoughts/feelings regarding errors; and f) they discuss errors with clients.

**The Effectiveness of Different Strategies for Coping During the COVID-19 Pandemic: A Randomized Clinical Trial.** *Rivian Lewin, University of Memphis; Jeffrey Berman, University of Memphis; Rachel Pace, University of Memphis; Andrew Snell, University of Memphis; Olivia Glasgow, University of Memphis; Audrey Garrett, University of Memphis*

Social distancing measures implemented during the COVID-19 pandemic are having a profound impact on the lives of individuals throughout the world. Prior research on social isolation and disease quarantine procedures underscore the potential for negative psychological consequences as a result of social restrictions mandated by the current health crisis. In an effort to assess ways of improving well-being during this time, the current study used a randomized clinical trial design to evaluate the helpfulness of different strategies for coping with social isolation. Participants in the study were recruited from a variety of social media sites and newsletter announcements. They first completed an initial online survey assessing baseline levels of distress and loneliness as well as levels of introversion-extraversion and need for structure. Participants were then randomly assigned to engage for a two-week period in one of seven classes of coping strategies—remote social interaction, altruistic behavior, structure facilitation, distraction, self-help, physical activity, or self-chosen strategies—and completed online follow-up surveys gauging distress and loneliness after their first and second week of activity engagement. Preliminary analysis revealed that focusing on the structuring of activities was more effective than other coping strategies, there was no reliable difference in effectiveness among other strategies, and the usefulness of different coping strategies did not vary reliably as a function of an individual's level of introversion-extroversion or perceived need for structure. These findings suggest that recommendations for coping with psychological challenges during periods of social distancing would benefit from including advice regarding the structuring of daily activities.

**A Telehealth Adaptation of CARE: Navigating Pandemic-Related Stress and Anxiety in a Group Parenting Intervention.** *Kristen Gardiner, Montefiore Medical Center; Anne Pang, Montefiore Medical Center; Anna Kilbride, Albert Einstein College of Medicine / Montefiore Medical Center; Adella Nikitiades, Montefiore Medical Center; Amanda Zayde, Albert Einstein College of Medicine / Montefiore Medical Center*

Aim: To investigate the relationships between pandemic-related stress and anxiety symptoms prior to and following participation in an adaptation of CARE, a mentalizing-focused group parenting intervention, delivered to an under-

resourced urban community during the height of the COVID-19 outbreak. Methods: Participants (N = 10) of CARE groups that were initially delivered in-person and shifted to video telehealth during COVID-19 completed self-report surveys prior to their first telehealth session and at 20-week follow-up. A Pearson correlation was used to determine the relationship between Pandemic Stress Index responses and GAD-7 scores prior to participation. Changes in GAD-7 scores over the intervention were analyzed using a paired samples t-test and Cohen's d effect sizes. Results: There was a significant correlation between self-reported impact of COVID-19 on daily life and anxiety prior to participation in CARE telehealth sessions ( $r = 0.62$ ,  $p = 0.039$ ). Participants also reported significantly fewer anxiety symptoms at 20-week follow-up than prior to their first telehealth session, 95% CI [2.23, 8.57],  $t(9) = 3.86$ ,  $p = 0.004$ ,  $d = -0.94$ . Discussion: The decreases in anxiety associated with participation in CARE suggest that the telehealth adaptation was able to provide effective support for caregivers experiencing high levels of pandemic stress and anxiety, with implications for the use of mentalizing-focused group interventions in the context of widespread fear and unraveling situations.

**The Trier Treatment Navigator (TTN) in action: Clinical case study on the benefits and challenges of Routine Outcome Measurement (ROM).** *Jana Wasserheß, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany*

Even though psychotherapy has been proven to be a highly effective treatment method for clients with psychiatric disorders, for about one third of clients psychotherapy does not lead to better outcomes, and sometimes clients even deteriorate. Technical progress however, allows to analyze data from routine outcome measurement (ROM) in "real-time" and provides therapists the opportunity to detect deterioration tendencies early in therapy. Moreover, ROM data can be used to recommend evidence-based interventions to counteract these deterioration tendencies and thereby advance personalized psychotherapy. One example for a comprehensive feedback system using these data is the Trier Treatment Navigator (TTN; Lutz et al., 2019). This clinical case study aims to illustrate the implementation of the TTN in a CBT-focused treatment at the University of Trier outpatient clinic in Southwest Germany and how its features were used in this specific case. Furthermore, the benefits and challenges of applying the TTN for this specific case are discussed.

**COVID-19 Lockdown Experience of Elderly Female as Reflected in Their Artwork.** *Liat Shamri-Zeevi, Haifa University, Israel; Neta Ram-Vlasov, Beit-Berel, Israel*

Today the world as a whole is attempting to cope with the COVID-19, which has affected all facets of personal and social life from country-wide confinement to maintaining social distance and taking protective measures to maintain hygiene. One of the populations faced with the most severe restrictions is seniors. Various studies have shown that creativity plays a crucial role in dealing with crisis events. Painting - regardless of media - allows for emotional and cognitive processing of these situations, and enables the expression of experiences in a tangible creative way that conveys and endows meaning to the artwork. The current study was conducted in Israel immediately after a 6-week lockdown. It was designed to specifically examine the impact of the COVID-19 pandemic on the quality of life of elderly women as reflected in their artworks. The sample was composed of 21 Israeli women aged 60-90, in good mental health (without diagnosed dementia or Alzheimer's), all of whom were Hebrew-speaking, and retired with an extended family, who indicated that they painted and had engaged in artwork on an ongoing basis throughout the lockdown (from March 12 to May 30, 2020). The participants' artworks were collected, and a semi-structured in-depth interview was conducted that lasted one to two hours. The participants were asked about their feelings during the pandemic and the artworks they produced during this time, and completed a questionnaire on well-being and mental health. The initial analysis of the interviews and artworks

revealed themes related to the specific role of each piece of artwork. The first theme included notions that the artwork was an activity and a framework for doing, which supported positive emotions, and provided a sense of vitality during the closure. Most of the participants painted images of nature and growth which were ascribed concrete and symbolic meaning. The second theme was that the artwork enabled the processing of difficult and /or conflicting emotions related to the situation, including anxiety about death and loneliness that were symbolically expressed in the artworks, such as images of the Corona virus and the respiratory machines. The third theme suggested that the time and space prompted by the lockdown gave the participants time for a gathering together of the self, and freed up time for creative activities. Many participants stated that they painted more and more frequently during the Corona lockdown. At the conference, additional themes and findings will be presented.

**Predicting Defensive Functioning Rating Scale (DMRS) Repression Scores from Adult Attachment Interviews (AAs) using an Artificial Neural Network.** *Samantha Carlucci, University of Ottawa, Canada; James Wiley, Carleton University; Livia Chyurlia, University of Ottawa, Canada; Michelle Presniak, Ottawa Neurofeedback Centre; Nancy Mcquaid, University of Ottawa, Canada; Robert Hill, University of Ottawa, Canada; Stephanie Wiebe, Saint Paul University, Ottawa, Canada; Camille Garceau, University of Ottawa, Canada; Danielle Baldwin, University of Ottawa, Canada; Chloe Slowikowski, University of Ottawa, Canada; Iryna Ivanova, Dr. Ivanova Psychology & Associates; Renee Grenon, University of Ottawa, Canada; Louise Balfour, Ottawa Hospital/University of Ottawa, Canada; Giorgio Tasca, University of Ottawa, Canada*

**BACKGROUND:** Defense mechanisms are automatic psychological responses that allow individuals to manage distress or internal conflict. Repression is a defense mechanism defined by the unconscious inhibition to remember traumatic experiences or impulses. It is particularly common in psychopathology; however, the incidence of repression and other defenses is relatively understudied in binge-eating disorder (BED). We can measure defensive functioning via the Defense Mechanism Rating Scale (DMRS), an observer rating system used to code defense mechanisms from transcripts of audio or video recordings. However, manually coding defensive functioning is labour intensive. **OBJECTIVE:** This study assessed the utility of an artificial neural network to identify possible incidences of repression in Adult Attachment Interview (AAI) transcripts from a sample with BED and from a control sample without BED. **HYPOTHESIS:** Repression counts predicted by the artificial neural network will have a strong positive correlation with those discerned by human coders. **METHOD:** We used the DMRS to assess repression, among other defenses, in AAs administered to women with and without BED (N = 49). Eleven coders were trained to use the DMRS to rate defensive functioning from AAI transcripts. Coders were blind to study condition. We entered text from AAI transcripts into an artificial neural network to assess whether it could accurately identify repressions that were previously coded by a human rater. We used k-fold cross validation and grid search to train the algorithm. The best performing model was then tested against a final holdout dataset. **RESULTS:** The artificial neural network was able to identify counts of repression from AAI transcripts with adequate accuracy, but not to a degree that warrants replacing human coders. Pearson's correlations between the predicted and actual number of repressions were 0.50 [ $t(37) = 3.55, p < .01$ ] in the training data and 0.69 [ $t(8) = 2.72, p = 0.03$ ] in the holdout validation set. **CONCLUSIONS:** The model performed adequately in both training and holdout validation, though more work is needed before coding of repression can be automated. **Keywords:** binge-eating disorder, machine learning, defensive functioning, repression

**Memory Lane: Successful Resolutions as a Potential Path Towards Corrective Emotional Experiences.** *Yara Khoury, University of Haifa, Israel; Tal Ben David-Sela, Haifa University, Israel; Liat Leibovich, University of Haifa, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

Aim: Contemporary theories and the empirical literature stress the importance of successful resolutions of alliance ruptures for the process and outcome of treatment. Theoretically, successful resolutions of alliance ruptures can be conceptualized as a key component in creating corrective emotional experiences (CEEs). Despite their clinical importance, little is known about how successful resolutions are related to CEEs. The purpose of the present study is to explore how patients with high versus low levels of successful resolutions differ in their reports on the characteristics and consequences of CEEs, if reported. Method: The present study is based on a sample of 18 patients diagnosed with major depressive disorder (MDD) who received short-term dynamic psychotherapies as part of an ongoing randomized controlled trial. CEEs were examined through a semi-structured post-therapy interview. We used consensual qualitative research (CQR) to analyze patients' experiences and determine whether they had CEEs. Successful resolutions of ruptures were coded using the rupture resolution rating system (3RS) at four time points (weeks 2,4,6, and 8). We divided patients into two groups based on their mean levels of successful resolutions (high versus low) and compared their CEE reports. Results: Preliminary results suggest that patients with a higher level of successful resolutions during treatment are more likely to report a meaningful corrective emotional experience in a post-therapy interview. Discussion: Our findings may emphasize the importance of successful resolutions as a potential path towards corrective emotional experiences between the patient and the therapist. Keywords: Therapeutic alliance; Rupture resolution; Corrective emotional experience; Psychotherapy; post-therapy interview; patient's perspective

**Coercion and Control: Understanding Safety in Couple Therapy.** *AnnaLisa Carr, Brigham Young University, Provo, USA; Lee Johnson, Brigham Young University, Provo, USA*

Establishing safety in couple therapy is an important aspect of the therapeutic alliance. When couples experience violence in their romantic relationship, intimate partner violence (IPV), safety is threatened. There is little research of clinical dyadic data examining self-reported violence in current relationship and the impact on self and partner's safety in therapy. Aims: the purpose of this study is to examine the impact of coercive control in couple relationships on self-reports of safety in therapy overtime. Methods: sixty-one heterosexual couples in a committed relationship seeking couple therapy participated in this study. Coercive control was measured (via PMWI-F) before therapy began and safety was measured at three different time points, before sessions two, three, and four. A latent growth curve was used to model the results. Results: female PMWI-F ( $\beta = .32, p = .01$ ) and male PMWI-F ( $\beta = -.28, p = .04$ ) both significantly predicted male safety intercept. Female PMWI-F ( $\beta = -.58, p = .00$ ) and male PMWI-F ( $\beta = .43, p = .02$ ) both significantly predicted slope of male safety. Discussion: male and female coercive control impact starting points of both self and partner's reported safety. Higher coercive control reported by females (meaning the female feels more coercively controlled by their male partner) was associated with higher male intercepts for therapy safety. For males on male intercept, the finding was opposite. Higher levels of male reported coercive control from their partner was associated with lower male intercept for therapy safety. Possible interpretations and implications are further discussed.

**Assessing the Western Components of Psychotherapy.** *Jessica Ahn, University of British Columbia, Vancouver, Canada; Robinder Bedi, University of British Columbia, Vancouver, Canada; Rajneesh Choubisa, Birla Institute of Technology and Science; Namita Ruparel, School of Business, Woxsen University*

Background: Frank and Frank's (1991) contextual model conceptualizes psychotherapy as a socioculturally constructed healing practice. Based on this model, psychotherapy is a predominantly Western approach to healing, meaning

individuals more accepting of Western values, beliefs, and morals should be more inclined to seek and benefit from psychotherapy. However, there is no single measure that assesses the Western components of psychotherapy. Method: A sample of 144 individuals from India completed six measures representing potential proxy variables to predict positive attitudes towards seeking psychotherapy: Asian values, cultural mistrust, collective self-esteem, European-American values, ethnic identity, and two dimensions of westernization (maintenance of the culture of origin and identification with the new culture being introduced). Linear regression was used to test twelve hypotheses generated (six for each of the two measures of attitude towards seeking psychotherapy) based on the model. Results: Out of the twelve hypotheses, only one was supported: a negative correlation between cultural mistrust and positive attitude towards seeking psychotherapy ( $r = .22$ ,  $p < .01$ ,  $R^2 = .048$ ). Conclusion: Although psychotherapy is largely rooted in Western principles of healing, 'westernness' remains an elusive construct. This study serves as a pilot, with the intent to develop an initial database of constructs that capture 'westernness' inherent in psychotherapy. Based on the results of this study, it may be worthwhile to assess an individual's level of mistrust of Western culture. Those with high mistrust may be better suited for a traditional healing alternative to psychotherapy, unless cultural mistrust can first be reduced significantly.

**The Ability of Nonverbal Synchrony to Serve as a Marker of Alliance Ruptures.** Galit Peysachov, University of Haifa, Israel; Keren Cohen, University of Haifa, Israel; Tohar Dolev-Amit, University of Haifa, Israel; Fabian Ramseyer, Universität Bern; Sigal Zilcha-Mano, University of Haifa, Israel

Aim: Findings from the past five decades of empirical research on the alliance suggest the importance of it in psychotherapy. Recent studies have sought to identify automatic markers of alliance. One of the most promising candidates is nonverbal synchrony, however results have been mixed. Delving into processes that constitute the alliance, as alliance ruptures, may shed light on these inconsistent findings. The present study aimed to examine whether nonverbal synchrony can serve as an automatic marker of alliance ruptures. Method: A total of 418 sessions of 75 therapeutic dyads were coded both for ruptures using the Rupture Resolution Rating System (3RS), and for nonverbal synchrony using the motion energy analysis (MEA). A mixed-method analysis, integrating multilevel nested models with a case study analysis, was implemented to examine whether nonverbal synchrony can serve as an automatic marker of alliance ruptures. Results: The results suggest that nonverbal synchrony is significantly associated with confrontational ruptures. The findings of the case study analysis suggest that moments of especially high nonverbal synchrony during a rupture are those in which the therapist made great efforts to be attentive to the patient, while the patient acted in a confrontational manner. Discussion: The findings of the present study demonstrate the potential of nonverbal synchrony to serve as a marker of confrontational ruptures. The findings support the social glue assumption according to which therapists may seek higher levels of nonverbal synchrony with patients to maintain a strong alliance in the face of difficulties. Keywords: Nonverbal synchrony, alliance ruptures, confrontation ruptures, psychotherapy process, psychodynamic treatment.

**The Alliance-Outcome Relationship: An Examination of Therapeutic Outcome Knowledge for its Impact on Alliance Ratings.** Susan Lokhorst, University of Minnesota Duluth; Catherine Reich, University of Minnesota Duluth

Aim: The association between the working alliance and client outcomes is typically interpreted as evidence that a good alliance contributes to a successful therapeutic outcome. However, it remains possible that the relationship is the reverse. This study examined the effect of outcome knowledge (i.e., positive, negative, or neutral control) on observer ratings of the therapeutic alliance utilizing an experimental design. It was hypothesized that the positive outcome

scenario would yield higher alliance ratings and the negative outcome scenario would yield lower alliance ratings relative to the control group. Method: All participants (N = 168) watched the same brief clip of a scripted therapy session. Then participants heard a randomized voiceover in which they either heard a detailed account of a positive outcome, a negative outcome, or received no outcome information (control). Then, participants completed the Working Alliance Inventory - Observer Form. Results: There was a statistically significant difference between experimental groups for alliance (including subscales). This difference was such that the negative group was significantly lower than the positive and neutral groups, with moderate to large effect sizes. Discussion: Knowledge of a negative therapeutic outcome seemed to bias observers' ratings of the alliance, perhaps indicating a "horn effect," an error in reasoning in which negative traits distort the view of independent traits for the same subject. This suggests observers ought to be kept blind of outcomes when making alliance ratings and might raise concerns that the association between alliance and outcome observed in past research could be inflated by this bias.

**Therapist effects in CBT: Do treatment adherence and therapist competence predict outcome?.** *Jana Wasserheß, Universität Trier, Germany; Jessica Prinz, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany*

Background: The therapist effect has been demonstrated in various studies, 5-8% of the variance in patient outcome can be attributed to the therapist. However, it remains unclear why some therapists gain better results than others. Therefore, the main aim of the present study is to test whether treatment adherence and therapist competence can predict across-session change in symptom intensity scores in a naturalistic dataset. Method: The results are based on 483 patients and 58 therapist, who each treated 1-17 of the patients at an outpatient clinic in Germany. Treatment adherence and therapist competence were rated based on 1210 video recorded sessions using the Inventory of Therapeutic Interventions and Skills (ITIS; Boyle et al., 2019). In each session, symptom intensity was assessed with the Hopkins Symptom Checklist 11 (HSCL-11; Lutz et al., 2006). The nested data was analyzed using a three-level growth curve approach Results: Three-level growth curve model demonstrated that treatment adherence was significantly associated with symptom improvement. Therapists' competence was not predictive of symptom change. Conclusion: These results provide initial evidence for the idea that specific therapist behavior relates to symptom improvement. The degree of adhering to a treatment approach, in this case an integrative, personalized CBT-approach might make a difference in the effectiveness of a treatment.

**Do you feel the same? An examination of the relationship between emotional synchrony and the therapeutic relationship using AI-assisted assessments..** *Patrick Terhürne, Universität Trier, Germany; Wolfgang Lutz, Universität Trier, Germany*

Objectives: Synchrony between patient and therapist plays a major role in the psychotherapeutic process. It seems to reflect aspects of the therapeutic relationship. So far, many channels through which synchrony between patient and therapist is expressed have been examined. Synchrony of emotional expression has hardly been investigated so far, also due to the relatively high effort of the data collection methods. With the help of the software NOVA, synchrony of emotional expression will be determined for same-sex and opposite-sex dyads in an outpatient sample. The relationship between emotional synchrony and the therapeutic relationship is then examined. Methods: Using the NOVA software, continuous ratings of valence and arousals of patient and therapist are determined for a large number of therapy videos. Synchrony values are computed by means of cross-correlations. The therapeutic relationship is assessed using routinely collected questionnaire measures (e.g. HAQ). We use HLM to estimate the relationship between emotional synchrony and the therapeutic relationship, taking into account a possible therapist effect. Results

& Discussion: Results will be discussed within the framework of the Interpersonal Synchrony (In-Sync) Model of Psychotherapy. The main focus will be on emotional synchrony as a possible extension to other channels of synchrony research.

**A Randomized Controlled Trial to Evaluate the Efficacy of Two Internet-based Self-help Interventions for Loneliness: A study protocol.** *Noëmi Seewer, University of Bern, Switzerland; Anton Käll, Linköping University, Stockholm, Sweden; Gerhard Andersson, Linköping University, Stockholm, Sweden; Andrej Skoko, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland*

Background: Feelings of loneliness are common both in the general population and in clinical practice. Loneliness is (longitudinally) associated with various somatic and psychological symptoms and has been found to be a risk factor for premature mortality. Loneliness is highly stigmatized. Thus, low threshold interventions to effectively address loneliness are needed. Aim: This randomized controlled trial (RCT) aims to evaluate the efficacy, and potential moderators and mediators of two internet-based self-help interventions for loneliness in order to gain more insight into how to alleviate loneliness efficiently. Method: A total of 250 participants suffering from loneliness will be randomly assigned to either a 10-week internet-based self-help intervention with and without guidance or a wait-list control group (2:2:1 allocation ratio). The intervention under investigation is an adapted version of an evaluated internet-based intervention based on cognitive-behavioural principles against loneliness (Käll et al. 2019). The efficacy of the two interventions, possible moderators and mediators will be examined by assessing data at baseline, 5 weeks (intermediate), 10 weeks (post), 6 and 12 months (follow-ups). The primary outcome is loneliness, assessed with a 9-item version of the UCLA Loneliness Scale. Secondary outcomes include depressive symptoms, satisfaction with life, and a variety of measures to assess cognitive bias and counterproductive social behaviour. Results: Participant recruitment is planned to start in April 2021. First results of the study are expected in 2022. Discussion: The present study will expand knowledge on if and for whom an internet-based self-help program for loneliness works. Furthermore, it will shed light on the importance of guidance for reducing loneliness. Keywords: Loneliness, internet-based, intervention, treatment process and outcome

**Deliberate practice in the initial counseling skills training of Japanese graduate students: A pilot study.** *Kaori Nakamura, Ochanomizu University, Tokyo, Japan; Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan*

Aim: Deliberate practice (DP) in psychotherapy is an individualized training method that aims to improve therapist skills through behavior rehearsal of target skills. The goal of this study was to incorporate DP into the initial counseling skills training of Japanese graduate students in clinical psychology and investigate how it would help them improve basic skills such as restatement and reflection. Methods: As a pilot study, two female trainees conducted five trial counseling sessions with graduate students from different universities, received an individual supervision incorporating DP after each session, and practiced specific skills that were assigned as homework. The trainer was a Japanese male psychologist with over 20 years of clinical experience. Trainees were interviewed about their experiences in counseling sessions and supervision sessions as well as helpful and unhelpful aspects of DP. The quality of actual trainee behaviors in counseling sessions that were the targets of DP were assessed by independent raters in order to examine the effects of training. Results: Two trainees reported that DP helped them feel proficient in specific skills but the actual application in different counseling situations was still difficult. The independent raters evaluated that the trainees learned to focus on feelings of their clients over five counseling sessions. Discussion: DP was useful for initial training of Japanese graduate students. The next step will be to develop a program of clinical training incorporating DP.

**Therapeutic Mechanisms of Change in Multicomponent Treatment: Dynamic Panel Network Model.** *Adam Klocek, Masaryk university, Czech Republic; Tomáš Řiháček, Masaryk University, Brno, Czech Republic; Hynek Cígler, Masaryk university, Czech Republic*

Mechanisms of change represent the cornerstone of modelling the therapeutic process. This study aims to investigate which of the hypothesized theoretical mechanisms (emotion regulation strategies, interoceptive awareness strategies, acceptance, relational needs, catastrophizing) are related to change in therapeutic outcomes (somatic symptom severity and psychological well-being). The data were collected at seven clinical sites in the Czech Republic in the context of group-based multicomponent treatment with predominant psychodynamic orientation. The treatment lasted between four and twelve weeks and data were collected on a weekly basis. The sample consisted of N = 444 (70% women). The data will be analyzed using dynamic lag-1 vector autoregressive network models with cross-lagged effects. Panel design allows to model both within- (temporal and contemporaneous) and between-subject relationships between nodes (i.e., mechanisms and outcomes). We will use latent variables derived from confirmatory factor analyses to reduce measurement error and test the fit of the final network model as well as the centrality of nodes (i.e., closeness, betweenness, and edge strength). The findings will be discussed in the light of existing studies on change mechanisms.

**The Swiss Practitioner-Researcher Network Study on Emotion-Focused Therapy (EFT): Design and first results.** *Ines Culina, University of Fribourg, Switzerland; Catalina Woldarsky Meneses, York University, Canada; Marielle Sutter, University of Bern, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland*

Aim: Emotion-Focused Therapy (EFT) has proven its efficacy in several controlled studies but despite the large body of evidence focusing on outcome and process in the context of EFT, only a few studies have been conducted exploring its effectiveness in routine clinical practice. Thus, the aim of the current research is to demonstrate clinical effectiveness of EFT in a naturalistic setting. Method: A Practitioner-Researcher Network (PRN; Castonguay et al., 2013) has been developed. Study participants are treatment-seeking individuals recruited by the participating therapists across Switzerland. Currently, N = 25 participants and N = 10 therapists have been included, and recruitment is still ongoing. Primary outcome is the CORE-OM (Barkham et al., 2010), a self-report questionnaire measuring symptom distress sent by email after the first and last session of the therapy, as well as at follow-up. Additionally, after each therapy session, participants receive the brief CORE-OM and a brief version of the Bern post-session assessment (Altenstein, Krieger, & grosse Holtforth, unpublished). Secondary outcome include the Beck Depression Inventory-II (BDI-II, Beck et al., 1996), the Inventory of Interpersonal Problems (IIP-32, Horowitz et al., 1987) and the Social Adjustment Scale (WSAS; Mundt, Marks, & Shear, 2002). Results: Longitudinal models will be used to describe change, by identifying patterns and associations among main factors and outcomes. Discussion: The naturalistic design of the study has several implications, among which the contribution to the further improvement of the effectiveness of EFT as well as the opportunity to identify new central processes explaining therapeutic change. Key-Words: Practice-based; Naturalistic; Emotion-Focused Therapy

**Reliability and validity of the evaluation questionnaire for concentrative movement therapy.** *Klaus-Peter Seidler, Hannover Medical School, Germany; Swantje Grützmacher, GRC Clinics | Wiegmann Clinic, Berlin, Germany; Alexandra Epner, Helios Dr. Horst Schmidt Kliniken, Wiesbaden, Germany; Karin Schreiber-Willnow, Köln, Germany*

Objective: Concentrative movement therapy (CMT) is a body oriented

psychotherapy method with a psychodynamic foundation. The therapeutic approach focuses on the awareness and expression of body sensations. An evaluation questionnaire (EQ-CMT-G) exploring patients' perspectives of effects and therapeutic factors of CMT in group setting was developed in a previous study. An explorative factor analysis yielded six dimensions. The analysis of the internal consistency indicated the possibility of a scale-length optimization. Aim of the present study was to examine the reliability and validity of a shortened version of the EQ-CMT-G. Method: 251 patients of inpatient psychotherapy or day treatment completed the EQ-CMT-G and the Questionnaire for the Assessment of Side Effects and Negative Experiences in Group Therapy (NUGE-24) at the end of their course of treatment. A confirmatory factor analysis was conducted, followed by an exploratory factor analysis. Internal consistency and test-retest reliability were calculated for the scales obtained. Discriminant validity was tested by correlating the scales of the EQ-CMT-G with the scales of the NUGE-24. Results: Factorial validity of the EQ-CMT-G with six dimensions could not be confirmed in confirmatory factor analysis. The subsequent exploratory factor analysis suggested a 4-factor solution: (1) therapeutic usefulness of CMT, (2) positive body-related experiences and effects, (3) positive experiences with the therapist, (4) positive group atmosphere. The corresponding scales showed acceptable to good internal consistency as well as test-retest reliability. The negative correlations of the EQ-CMT-G scales with the NUGE-24 scales confirmed discriminant validity. Discussion: Dimensionality of the questionnaire is discussed with reference to the assumptions about effects and therapeutic factors in the therapy theory of CMT.

**Personal Style of the Therapist: Semantic validation of the questionnaire in Colombian population.** *Nubia Apolinar, El Bosque University, Colombia; Nicolas Lozano Hernández, El Bosque University, Colombia; Manuel Paez Bozon, El Bosque University, Colombia; Adriana Trujillo, El Bosque University, Colombia*

The personal style of the therapist is the set of singularities that makes a therapist carry out their task in a particular way, offering a broad vision on how the psychologist imprints their personal stamp to accomplish the therapeutic tasks. The assessment of this construct is carried out through the Therapist's Personal Style Questionnaire, composed of 36 items and originally developed in Argentina. The application of the Therapist's Personal Style Questionnaire offers a personal profile related to five functions: Instructional, attentional, expressive, operational and involucrative. This questionnaire has been translated and validated in English, Portuguese and Polish; giving evidence of its utility and generated expectations. The present study aims to evaluate the equivalence of the Therapist's Personal Style Questionnaire on a sample of Colombian clinical psychologists. For this purpose, a cross-descriptive and methodological design was proposed. In the study, 15 psychologists with clinical training were evaluated using the Cognitive Interview technique, following the criteria of saturation and theoretical relevance. Each of the participants completed a questionnaire of sociodemographic data and the Cognitive Interview format, in which the clarity and comprehension of each of the components of the questionnaire were explored. The components included the instructions, the rating scale and the 36 items that make up the Therapist's Personal Style Questionnaire. Once the interviews were conducted the information was synthesized. When the participants responses were contrasted and the information between groups was compared, the results indicated that items 5, 10, 16 and 36 present difficulties in clarity and comprehension; therefore, through a bibliographic review and available evidence, the items were reformulated to achieve an adequate adaptation to the vocabulary of the Colombian context. The main result obtained is the questionnaire culturally adjusted, and it can be affirmed that it is equivalent on a conceptual, semantic and functional level to its original version. The development of this phase gives rise to the following stages of evidence collection on the reliability and validity of it in the population of clinical psychologists in Colombia. Once the process of adaptation and validation has been completed, the questionnaire will be very

useful in the research fields to go deeper into the image of the therapist, and also in the clinical field to evaluate the relationship between this construct and the way in which the patient improves when he or she is part of a psychotherapeutic process. Keywords: Personal style of the therapist, validation, cognitive interview.

**Show me the Motives of Feeling Lonely: Findings on the Relationship between Motives, Incongruence and Loneliness in an Outpatient**

**Sample.** *Andrej Skoko, University of Bern, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Noëmi Seewer, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland*

**Background / Aim** In recent years, the public interest in loneliness has grown larger due to its detrimental consequences which have been shown in current research. Furthermore, it is a common phenomenon in clinical practice. Despite growing knowledge about loneliness and its causes and consequences, research on the relationship of loneliness and motivational factors is still comparably scarce. Since a better understanding of motivational schemes in lonely patients could contribute to a more conclusive picture of loneliness and inform therapeutic interventions, the goal of the present study was to investigate the relationship between loneliness, motivational aspects, such as motivational goal intensity and goal satisfaction (i.e., incongruence) and motivational conflicts. Based on theoretical considerations, we addressed the following questions: (1) How is loneliness related to motivational goal intensity and satisfaction?, (2) Are there any differences regarding goal intensity and satisfaction between lonely and non-lonely patients? and (3) Is there a relationship between loneliness and motivational conflicts and do lonely and non-lonely patients differ with regard to the intensity of the motivational conflicts? **Methods** We analyzed cross-sectional data from patients with various psychological disorders (N=1724) of a university-based outpatient clinic in Switzerland serving the local population. To investigate the above-mentioned questions, we used items from the Brief Symptom Inventory (BSI), the Inventory of Approach and Avoidance Motivation (IAAM) and the Incongruence Questionnaire (INC), to assess loneliness, motive intensity, and motive satisfaction. Furthermore, based on theoretical considerations, we assumed stereotypical motivational conflicts for loneliness based on specific approach and avoidance goals (e.g., desire to have an intimate relationship vs. avoid being rejected). **Results** Results revealed stronger relationships between loneliness and avoidance goals than between loneliness and approach goals; this was the case regarding goal intensity and satisfaction. Regarding differences between lonely and non-lonely patients, we found significant differences with small to moderate effect sizes in specific avoidance goals. Moreover, we found some evidence for a relationship between theory-based motivational conflicts but also for some other conflicts. The intensity of these conflicts differed significantly between lonely and non-lonely patients. **Discussion** These findings will be discussed regarding theoretical aspects of loneliness and potential implications for clinical practice. Keywords loneliness, motivation, incongruence, psychotherapy

**Development and pilot investigation of a questionnaire for the assessment of generic intersession processes in psychotherapy.**

*Leonie Kollmar, Aalborg University, Denmark; Thomas Munder, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

The investigation of what happens in the time between psychotherapy sessions in the daily lives of patients (inter-session processes, ISP) holds great potential for a better understanding of change in psychotherapeutic treatments and for enhancing its effects. Knowledge about beneficial ISPs for therapy course and outcome could be used to design interventions that support beneficial ISPs. Existing measures of ISP have conceptualized ISP mostly from a psychodynamic-humanistic perspective as spontaneous therapy-related

experiences (e.g. internalization of the therapeutic relationship). These measures have less focused on ISPs being important from other therapeutic approaches, e.g. a cognitive-behavioral or a systemic perspective, such as planned and goal-directed activities or spontaneous application of issues learned during sessions. Existing approaches to measure ISP mainly have assessed ISPs retrospectively and cross-sectionally and therefore have remained limited due to recall bias and few measurement occasions. We develop a questionnaire that allows a real time assessment of ISP aiming at the dynamic interplay of ISPs and other patient and treatment variables and at covering various conceptual dimensions being relevant for IPTs across treatment approaches, e.g. the dimension ranging from (1) spontaneous to goal-directed intersession processes and the dimension of (2) different psychological levels (i.e., behavioral, emotional, physical, interactional and/or bodily). The development and pilot investigation of this measure will be presented at the conference.

**[OPTIMIZE] Optimizing cognitive-behavioral therapy for social anxiety disorder using the factorial design: what works best and how does it work?** *Dajana Šipka, University of Bern, Switzerland; Rodrigo Lopes, University of Bern, Switzerland; Tobias Krieger, University of Bern, Switzerland; Jan Philipp Klein, University of Bern, Switzerland; Thomas Berger, University of Bern, Switzerland*

Social Anxiety Disorder (SAD) is the third most common mental disorder and highly impairing. Although evidence-based treatments exist, there is room for improvement. There is also a lack of understanding about how treatment works. The goals of this study are to (1) examine main and interaction effects of four active treatment components of an established internet-based cognitive-behavioural therapy (ICBT) for SAD (Shyne) and (2) to examine the mediation effects of mechanisms of change in the outcome. A factorial design will be used. Four treatment components (psychoeducation, cognitive restructuring, attention training, exposure) will be combined in sixteen conditions (either present or absent). This innovative design enables to estimate the main and interaction effects of the four treatment components. The 464 participants, with a primary diagnosis of SAD, will be randomised in one of the sixteen conditions and get online access for 8 weeks to a certain version of Shyne which is tailored to the particular condition. Self-report questionnaires and telephone interviews will be conducted at pre-treatment, mid-treatment after 4 weeks, post-treatment and follow-up after 6 months. The primary outcome measure is symptoms of SAD at post-treatment. We will assess six secondary outcomes (depression and anxiety symptoms, quality of life, client satisfaction, negative effects, diagnoses) and four hypothesized change mechanisms to ICBT for SAD (knowledge of SAD, dysfunctional cognitions, self-focused attention, avoidance and safety behaviours). Data will be collected from fall 2021. Future SAD treatments might be improved, and remission rates increased through the understanding of the mechanisms of change. Keywords: social anxiety disorder, cognitive behavioral therapy, online therapy, factorial design

**Sharing is caring? Higher expectations of alliance predict less sharing in real life.** *Timur Guralnik, Haifa University, Israel; Shimrit Fisher, Haifa University, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

Aims: The therapeutic alliance between the patient and therapist has been consistently shown to predict treatment outcome. Theoretical conceptualization suggests that the alliance is closely associated with epistemic trust (ET). ET refers to one's willingness to consider novel social information as personally relevant and generalizable. It has been suggested that the alliance is both a product of the general trait-like ability of the individual to place trust in information given by others and a predictor of further state-like changes in ET during treatment. The present study aims to test these theoretical associations between the alliance and ET empirically. Method: The present study is part of an ongoing RCT, in which individuals diagnosed with Major Depressive Disorder

receive short-term psychodynamic therapy over 16 sessions. ET will be assessed at the fourth session, using a coding system recently developed by our research team. Expectations of therapeutic alliance assessed at baseline will be correlated with trait-like ET, whereas baseline expectations subtracted from session 4 alliance will be correlated with the state-like component of ET. Results: Preliminary results show that the construct of ET correlates with the therapeutic alliance. Full data analysis will be completed by June 2021. Discussion: This study stands to contribute to our empirical understanding of ET as an emerging concept in quantitative psychotherapy research. Its relationship with one of the most researched mechanisms of change in the field will shed further light on the determinants of effective psychotherapy. Keywords: Epistemic Trust

**Hypnotizability in patients with psychosomatic pain disorders.** *Anna Kaczmarek, Jagiellonian University, Kraków, Poland; Krzysztof Rutkowski, Jagiellonian University, Kraków, Poland; Michal Mielimaka, Dpt. of Psychotherapy, Jagiellonian University Medical College*

Background: Chronic pain is a major health care problem in Europe. Evidence suggests that psychological and cognitive behavioral treatment can reduce pain. The technique that combines elements of various effective methods is hypnosis. Hypnotic analgesic suggestions can lead to significant analgesic effects in most people, while their effectiveness may depend on the level of hypnotizability. Methods: A randomized, double-blind clinical trial is conducted. The intervention is hypnosis with analgesic suggestions, the placebo is neutral hypnosis. Each of the 120 recruited patients participates in 4 hypnosis sessions in 4 visits during the week. The first session is performed in person according to the Elkins Hypnotizability Scale. The 3 post-randomization sessions involve listening to the hypnosis CD via headphones, allowing double-blinding. Before and after each hypnotic procedure participants complete questionnaires including pain scales. Results: So far, data from half of the 120 patients has been obtained. Partial results, including descriptive statistics and an initial relationship between hypnotizability and pain reduction, will be presented. Due to the impossibility of unblinding group assignment, the intervention and control groups will not be compared. Discussion: The research should provide the description of relationship between the use of hypnotic analgesic suggestions and the efficacy of hypnosis in treating pain. The results may also answer the question of how individual hypnotizability relates to the clinical response to suggestions, whether it is worth assessing before starting treatment. Keywords: hypnosis, hypnotizability, psychosomatic, pain

**Predicting Romantic Partners' Treatment Preferences Prior to Beginning Couple Therapy.** *Edmund Orlowski, University at Albany/SUNY, USA; Lee Johnson, Brigham Young University, Provo, USA; Shayne Anderson, Brigham Young University, Provo, USA; Myrna Friedlander, University at Albany/SUNY, USA*

Objective: Based on the assumption that people can indicate a preference for interventions reflecting different theoretical approaches, if described in everyday language, we investigated how preferences for the major approaches to couple therapy might be related to clients' other pre-treatment characteristics. Method: Following an intake interview at a university training clinic, 278 romantic partners (mostly white, married and heterosexual) selected their primary presenting concern from a list of problems and completed the Experiences in Close Relationships-Short Form (Wei et al., 2007) and the EPSC (Friedlander et al., 2019), which uses a forced-choice format to identify clients' preferences for either cognitive-behavioral (CBT; e.g., I would prefer the therapist to help us change how we behave with each other), family systems (FS; e.g., I would prefer the therapist to help us see how we are repeating patterns from previous generations of our families), or emotionally-focused couple therapy (EFT; e.g., I would prefer the therapist to help us change how we respond emotionally to each other). Results: Whereas 20.9% of clients equally preferred EFT and CBT,

those with a single preference mostly selected EFT (33.9%), contrary to previous research, followed by CBT (21.6%) and FS (9.4%); 65.5% of couples indicated the identical preference. Logistic regression analyses showed that women were significantly more likely than men to select EFT as the top preference,  $p < 0.05$ , whereas selecting CBT was not predicted by gender identity, and a preference for either approach was not associated with type of presenting concern, Anxious or Avoidant attachment.

**How Do You Define 'Expert Psychotherapist'? A Systematic Review.** *Felipe Concha, Universidad Diego Portales, Santiago, Chile*

**BACKGROUND:** The study of expert psychotherapists could be useful for the understanding of the psychotherapy process and develop better training methods. However, this field faces difficulties in delimiting the phenomenon from a theoretical-conceptual point of view. **AIM:** To systematize the definitions used of 'expert therapist' in empirical research. **METHODS:** A systematic review of the literature in academic databases was carried out. We used three groups of words related to i) expert, ii) psychotherapist/psychiatrist, and iii) compound words. The criteria for inclusion were: i) empirical research; ii) to include psychotherapists, counselors, psychiatrists, or psychologists in their sample, and; iii) to measure therapists outcomes or to assign them the role of thematic advisor. **RESULTS:** The sample was composed of 35 articles out of a total of 866 reviewed. The criteria for delimiting the role of expert were institutional affiliation, contribution to the discipline, credentials, work dedication, years of experience, years of training, peer nomination, deliberate practice, and performance around a clinical task. Four investigations did not use any criteria. Of the total sample, only eight reports the theory on which they are based to define expertise. Finally, it is possible to identify a total of 18 instruments to measure the variable. **CONCLUSIONS:** The operational definitions of expert psychotherapists present a high degree of variability, and it is common to use criteria that have not been shown to correlate with better therapeutic outcomes. **Keywords:** therapist training, expertise, expert psychotherapist

**Navigating ambivalence and resistance well: Validating a simplified therapist behavior monitoring system..** *David Olson, York University, Canada; Henny Westra, York University, Canada; Nazanin Shekarak Ghashghaei, York University, Canada; Serena Shukla, York University, Canada; Alyssa Di Bartolomeo, York University, Canada*

Process coding may hold promise as a form of clinical training. Process feedback on a moment to moment basis can offer clinicians valuable insight into areas where further skill development is needed. However, process coding using traditional measures is complex, multi-faceted, and often takes significant time to learn. Such measures are reliably predictive of patient outcomes and useful in process research but may not be feasible for training practicing clinicians to monitor their interactions with ambivalent clients. It may be possible to identify behavioral correlates or markers of existing global constructs. In the presence of client ambivalence or resistance, demanding and supportive therapist responses have been found to reliably predict proximal and distal outcome measures, as well as subsequent levels of client resistance (Aviram et al., 2016; Hara, 2020; Mamedova et al., 2019; Westra et al, 2020; Westra & Norouzian, 2018). Demand responses can be conceptualized as directive statements in the presence of client ambivalence with the intent to fix the client's presenting problem, while supportive responses are understood as affirming or validating statements with the intent to empathize and understand the ambivalent client. In a recent randomized controlled trial (RCT), Westra et al. (2016) compared the efficacy of cognitive behavioural therapy (CBT), a directive therapy, to CBT integrated with motivational interviewing (MI), a more supportive therapeutic approach, in the treatment of severe generalized anxiety disorder, a condition characterized by client ambivalence towards changing chronic worry. Episodes of client ambivalence and resistance from these sessions were coded for both global MI adherence and MI spirit. Using the dataset of Westra et al's

(2016) RCT, this study will compare the ability of easily identifiable specific therapist behaviors to more complex, multi-faceted global coding of therapist MI adherence to predict client outcomes. Implications for training and practice monitoring will be discussed.

**The Open Studio Therapeutic Process in a Psychiatric Setting for Adolescents from the Point of View of Clients and Therapists and its Reflection in the Artwork: A Qualitative Analysis.** *Daniela Finkel, Haifa University, Israel; Michal Bat Or, Haifa University, Israel*

This is a proposal for work-in-progress presentation: The open studio approach to art therapy invites participants to create art alongside other participants within a space which encourages their own individual artmaking as the core of the therapeutic work. Participants and therapists share the creative experience by expressing their unique voice through artmaking and at the same time witnessing others doing the same, in this sense the open studio group incorporates aspects of a community life where individuals live together and separately (Deco, 1998). Aim The aim of the study is to conduct an in-depth inquiry of the open studio as a therapeutic intervention from the point of view of clients and therapists in a psychiatric day unit for adolescents, and to develop a theory about the therapeutic process in the open studio. Research question What portrays the experience of therapeutic process in the open studio practice and what are the therapeutic factors that contribute to this process from the point of view of clients and therapists? Methods This study will use a qualitative design of grounded theory in a Participatory Action Research approach. The experience of therapeutic process in the open studio will be studied based on the integration of clients' and therapists' perspectives, that will participate as co-researchers, through triangulation of information collected from different sources at different stages of the therapeutic process (i.e., semi structured in depth interviews, reflection on the artwork, etc.). The systematic data analysis of the grounded theory method will serve to develop a theory about the open studio as a therapeutic intervention for adolescents with mental health issues. References Deco, S. (1998). Return to the open studio group: Art therapy groups in acute psychiatry. In: Skaife, S. and Huet, V. (Ed.) Art psychotherapy groups. London: Routledge. Pp. 100-107 (A new look at the open studio group). \* This poster presentation will include an invitation for interested colleagues to create an artistic response reflecting their perception of therapeutic process.

**Routine outcome monitoring and personalized clinical feedback for people in treatment for substance use disorders: A mixed-method adaption study..** *Øyvind Grindheim, Norwegian University of Science and Technology, Tordheim, Norway; Heidi Brattland, Tiller Mental Health Center, St. Olavs Hospital; Andrew McAleavey, Weil Cornell Medical College; Christian Moltu, Western Norway University of Applied Sciences; Kristin Tømmervik, St. Olavs hospital HF; Valentina Iversen, Norwegian University of Science and Technology, Tordheim, Norway*

Aim: Routine outcome monitoring and clinical feedback (ROM/CFS) are promising for reducing dropout and deterioration, and their use are heavily mandated by policy makers, but they lack specificity for the substance abuse disorder (SUD) context and population. Norse Feedback (NF) is a novel multidimensional person-adaptive tool used in clinical settings and researched in multiple projects. The project will analyse collected data from an SUD population, in comparison with existing norms and benchmarks from a mental health population, to establish specific stakeholder needs, change trajectories and psychometric properties in an SUD population. Methods: The project comprises three work packages: (A) A systematic review and meta-analysis of the existing knowledge on use of ROM/CFS in SUD treatment. (B) A comparative investigation of early-treatment response characteristics as measured by NF in a sample of SUD patients and non-SUD patients in ordinary clinics where NF is implemented. (C) A qualitative investigation of clinicians and patients experiences with the particular needs of an SUD context in using a

ROM/CFS system. Results: The project is scheduled to start in 2021, with data and results available in 2022. Discussion: The results of this project will contribute to the scientific grounds for tailoring a ROM/CFS system to a hitherto underserved population with regard to specific technology. The project will establish quantitative and qualitative knowledge of this population's clinical needs, and can contribute to personalizing treatment processes and improving outcomes for SUD patients, with consequential individual and societal benefits.

**Mentalization-enhancing therapeutic interventions in the psychotherapy of anorexia nervosa: An analysis of use and influence on patients' mentalizing capacity..**

*Alexander Ferdinand Meier, University of Freiburg, Germany; Almut Zeeck, University of Freiburg, Germany; Svenja Taubner, University of Heidelberg, Germany; Thorsten-Christian Gablonski, University of Klagenfurt, Austria; Inga Lau, University of Freiburg, Germany; Romi Preiter, University of Freiburg, Germany; Hannes Gläser, University of Freiburg, Germany; Christoph Friederich, University Hospital, Heidelberg, Germany; Wolfgang Herzog, University Hospital, Heidelberg, Germany; Stephan Zipfel, University Hospital, Tuebingen, Germany; Beate Wild, University Hospital, Heidelberg, Germany; Gaby Resmark, University Hospital, Tuebingen, Germany; Armin Hartmann, University of Freiburg, Germany*

Background: Improvement in patients' mentalizing capacities (making sense of one's own and others' states of mind) is considered a possible mechanism of change in psychotherapy. So far, such improvements could be shown for Mentalization-Based Treatment and psychodynamic treatments. This improvement might take place via mentalization-enhancing interventions (MEI) performed by psychotherapists. Objective: The study aimed to explore the use of MEI in two evidence-based psychotherapeutic treatments for patients with anorexia nervosa (CBT-E, FPT) and their association with the patients' capacity to mentalize in sessions („in-session reflective functioning“ / in-session-RF). Additionally it was explored, if the amount of MEI used could either predict change in in-session-RF over the course of treatment or treatment outcome after one year. Methods: 84 audiotapes from psychotherapy sessions of 28 patients of the ANTOP-study (three sessions per patient, one from beginning, middle phase and end of treatment) were transcribed and rated with both the MEI Rating Scale and the In-Session Reflective Functioning scale by trained raters (14 CBT-E, 14 FPT; 16 with a good and 12 with a poor outcome). Results: Generally, MEI were applied in both treatments. Psychodynamic psychotherapists used them to a higher extent. A moderate correlation between the amount of MEI and patients' in-session-RF as well as its change over the course of treatment was found. However, MEI were not associated with therapy outcome and there was no overall improvement of in-session-RF. Conclusion: A greater use of MEI is related to higher patients' in-session-mentalizing and its change over the course of treatment. However, long-term effects on outcome remain inconclusive. Future research should further investigate the mentalization-enhancing character of MEI and whether there is a threshold in MEI-use for lasting improvement in mentalizing.

**The relationship between epistemic trust and personality disorders in the treatment of MDD.** *Ariel Donskoy, Haifa University, Israel; Shimrit Fisher, Haifa University, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

Aims: Epistemic Trust (ET) refers to one's willingness to consider new social information as personally relevant and generalizable. In recent years, theoreticians and clinicians suggested ET plays an essential role in any effective psychotherapy. This theoretical framework further suggests that individuals suffering from Personality Disorders (PDs) fail to establish ET and therefore gain only partial efficacy from psychotherapy. To this day, the association between ET and PD has not been empirically researched. Given the partial therapeutic efficacy and the lack of empirical research, this study aims to examine the relationship between ET and PD empirically. Method: This study is part of an ongoing RCT, in which patients diagnosed with Major Depressive Disorder

receive short-term psychodynamic therapy for 16 sessions. ET will be assessed at session 4 of therapy using an innovative rating system developed by our researcher group. PDs will be assessed at baseline using the Structured Interview for Personality Disorders (SIDP). The correlation between ET and PD will be calculated. Results: Preliminary results show that ET significantly correlates negatively with PDs measures. Full data analysis will be completed by June 2021. Discussion: This study will contribute to our empirical knowledge regarding the associations between personality disorders and ET.

**A Qualitative Exploration of Counselling Interns' Management of Feelings of Incompetence.** *Brad Daly, Western University, London, Canada; Lydie Masengo, University of Ottawa, Canada; Nicola Gazzola, University of Ottawa, Canada*

The psychotherapist's character has been identified as a crucial element in successful therapy (Lambert, 1989), and the significance of the therapeutic relationship is rarely contested (Sparks, et al., 2008). A critical aspect of the therapist's experience includes feelings of incompetence, which are widespread among therapists regardless of levels of expertise (Thériault & Gazzola, 2008). Insecurity, performance anxiety and poor self-perceived mastery are particularly evident among counsellors in training (Orlinsky et al., 1999). Additionally, beginning counsellors have been found to present a low tolerance for ethical ambiguity (Jennings et al., 2005) and often feel isolated, unsupported, and overwhelmed within their work environments (Gazzola et al., 2013). This current study employed Thematic Analysis (Braun & Clarke, 2012) to explore how counselling students completing their internship manage their feelings of incompetence. Four master's level counselling students from three different masters counselling programs in Ontario, Canada were interviewed using a semi-structured interview protocol to gain an in-depth understanding of the effects of FOI and how they managed their FOI during their internship. In and out of session effects and management strategies emerged from the data. The FOI that counsellors-in-training experience and the strategies that they use to manage this experience can directly impact their clients and the implications of this study related to counselling pedagogy and supervision are discussed.

**The Ability of Trait-like and State-like Attachment to Predicting Alliance Ruptures.** *Rahil Tareef, Haifa University, Israel; Tohar Dolev-Amit, University of Haifa, Israel; Sigal Zilcha-Mano, University of Haifa, Israel*

**Aim:** In recent years, the research of the therapeutic alliance has focused on the effect of ruptures in the alliance on treatment outcome. Previous studies demonstrated the importance of the patient's attachment orientation on the patient's ability to form and maintain a strong alliance. Yet, little is known about the associations between patients' attachment orientations and alliance ruptures, and the few studies that are available reveal mixed results. In order to better understand the mixed findings, patients' attachment can be divided into trait-like pre-treatment attachment and state-like changes occurring during the course of treatment. In this study we aim to examine the associations between trait-like and state-like attachment and their role in predicting alliance ruptures. **Method:** The present study is based on a sample of 79 patients with Major Depressive Disorder receiving supportive-expressive short-term dynamic psychotherapy. The rupture resolution rating system (3RS) was used to assess ruptures at 4 time points (week 2, 4, 8 and 12). To assess pre-treatment trait-like attachment patients completed the Experience in Close Relationships scale (ECR) at intake; to assess state-like changes in attachment patients completed the ECR before the same sessions when the ruptures were examined. **Results:** Analysis will be conducted during winter of 2020-2021 and presented at the SPR meeting in June 2021. **Discussion:** This study may shed light on the association between attachment and alliance, by predicting ruptures amount according to the pre-treatment patient's attachment as well as the changes in attachment.

**The Development and Initial Validation of the Cultural Humility and**

**Enactment Scale in Counseling.** *Peitao Zhu, Northern Illinois University; Yanhong Liu, Aalborg University, Denmark; Melissa Luke, Aalborg University, Denmark; Qiu Wang, Aalborg University, Denmark*

The study of cultural humility (CH) in the context of counseling is at a preliminary stage. A systemic review of CH literature by Mosher, Hook, Farrell, Watkins, and Davis (2017) only located a handful of studies specific to the context of counseling (Hook et al., 2013, 2016; Owen, 2013; Owen et al., 2014; 2016, 2018); with homogenous demographic characteristics (e.g., race/ethnicity, gender, nationality). One of the important factors that may have stymied the quantitative research on humility in the clinical setting was scarcity of psychometrically sound measures (Davis & Cuthbert, 2017). The Cultural Humility Scale (CHS, Hook et al, 2015), the only existing measure on CH, demonstrated high reliability across studies but has suffered from limitations regarding its content and construct validity (Mosher et al., 2017; Worthington & Allison, 2018). The purpose of the study is to develop a client-rated, conceptually and statistically valid and reliable measure on counselor's CH that addresses some of the limitations associated with the CHS. The measure is named the Cultural Humility and Enactment Scale (CHES). Using exploratory factor analysis, the study explored the factor structure and the internal consistency reliability of the CHES. In addition, convergent, discriminant, and predictive validity was explored. A few methodological highlights, including scale format, sampling methods, and expert review, as well as the implication for clinical work and supervision will be discussed.

**A trial qualitative meta-analysis of three qualitative studies on therapists' self-disclosure and professional development of novice therapists.** *Akihiro Kusaoka, Hokkaido University, Japan*

**Aim:** It is supposed that the experiences of using therapists' self-disclosure (TSD) would have kinds of impact to develop novice therapists' professional selves. However, it was very rare that qualitative studies focused on this kind of topic. In this presentation, the author tried to integrate the findings of three studies by the qualitative meta-analytic method which was detailed by Levitt (2018). **Method:** The primary study was searched by some electric databases, only one study was found which was written by Bottrill et al. (2010). Added two primary studies which were by the author (Kusaoka, 2019 and ongoing project) to that. In all, there formed eighty-seven meaning units from these three primary studies. The entire analyzing process was focused on common subjective experiences and processes in each meaning unit. **Results:** The Primary findings were integrated into the following five categories, namely, 1) It was difficult to determine to use TSD is appropriate or not because of restrained by the "self-disclosure is a taboo" rule, 2) TSD is scary because it might become a threat to self, client and entire therapy, 3) The willingness to helping the client as a sincere person was sprung up from own personal area, 4) The willingness to helping the client encouraged novices to step into an "unknown zone", 5) Reflecting to own personality and how to utilize it in therapy through self-disclosure led to expanded and deepened as a therapist. **Discussion:** These findings suggested that TSD has facilitative impacts on the developing process of novices' professional self. Some implications for training and education were discussed. **Keywords:** Novice therapist, self-disclosure, professional development, qualitative meta-analysis

**There's no hope, is there? A qualitative analysis of change expectations in long-term depressed patients in day clinic treatment.** *Catherine Irrniger, University of Zurich, Switzerland; University of Bern, Switzerland; Martin Grosse Holtforth, University of Bern, Switzerland; Inselspital Bern, Switzerland; Rainer Krähenmann, University of Zurich, Switzerland; Psychiatric Hospital Münsterlingen, Switzerland*

**Aim:** In depression, one out of four patients has a chronic course of at least two years' duration. Therefore, patients with chronic depression usually experience a

wide range of functional impairments over a long period of time. Considering this long-term character and the symptoms of depression itself, lack of hope for change is an important and clinically highly relevant issue. Recent findings point out the relationship between outcome expectations and treatment success. However, little is known about the qualitative content of treatment expectations in patients with long-term depression. Methods: Currently, a naturalistic longitudinal psychotherapy study is being conducted with long-term depressed patients at the day clinic of the Psychiatric University Hospital Zurich. Patients either receive Short-Term Psychodynamic Psychotherapy (STPP) or Cognitive Behavioral Analysis System of Psychotherapy (CBASP). In addition to primary outcome parameters (i.e. symptoms of depression and anxiety), patients are also asked to report on their treatment expectations in a free-text format, which will be categorized by qualitative content analysis. Results: Preliminary results of the qualitative content analysis will be presented, complemented by descriptive data. Discussion: The qualitative approach could supplement existing findings on change expectation in patients with long-term depression. This will enable a deeper understanding of patients' mindsets at the beginning of treatment and help to identify dysfunctional or beneficial change expectations.

**Evaluating Patient and Clinician Perceptions of Touch Within the Context of the Therapeutic Alliance.** *Rachel Keitelman, Ferkauf Graduate School of Psychology; Melissa Wasserman, Ferkauf Graduate School of Psychology; Catherine Eubanks, Yeshiva University, New York, USA*

Objective: While research has consistently shown positive outcomes related to touch in therapy, the field of psychology generally discourages clinicians from touching their patients. Touch is often neglected as a topic of research, and it is important to study the impact of touch on the therapeutic alliance. This study evaluated clinician and patient perceptions of touch in the context of therapy using female-female dyads, examined whether touch has positive implications on an observed therapeutic bond, and explored how patient and clinician perceptions of the therapeutic bond may differ across different gender dyads. Method: A sample of 114 Clinicians and 54 patients (laypeople with previous experience in individual psychotherapy) were randomized into touch and no-touch conditions. Participants in both conditions viewed a brief one-minute clip of a mock therapy session, which differed only in the presence or absence of touch and provided observer ratings of the therapeutic bond. Results: Contrary to predictions, there were no significant differences between clinician and patient overall bond ratings, and there was no interaction between patient and clinician bond ratings and touch condition. However, condition was found to significantly impact bond scores such that participants in the touch condition had significantly higher bond scores compared to participants in the no-touch condition. Additionally, an exploratory analysis that examined how participants would rate the bond with different gender dyads found that participants in the touch condition gave lower ratings of the bond for a male therapist-female patient dyad compared to a female therapist-female patient dyad. Conclusions: Findings suggest that touch may be used as a tool to facilitate and strength the bond between clinicians and patients. Clinical implications as well as future directions are discussed.

**Play Profiles of Children with Different Psychopathologies: Adaptation of the Children's Play Therapy Instrument (CPTI) into Brazilian Portuguese.** *Eduardo Brusius Brenner, Universidade do Vale do Rio dos Sinos; Vera Regina Ramires, Universidade do Vale do Rio dos Sinos*

Play activity and childhood are inevitably intertwined, with numerous evidences of the therapeutic action of the play for child development and, consequently, for psychodynamic psychotherapy (PP). To access children's play during PP, the Children's Play Therapy Instrument (CPTI) was developed. The aim of this study was to adapt the CPTI to Brazilian Portuguese, as well as to conduct a pilot study to identify evidence of its validity, through the analysis of play profiles of three psychotherapies for children with different psychopathologies. First, CPTI

was translated from the original language (English) into the target language (Brazilian Portuguese) by two independent translators. After formulating a consensual version, the instrument was analyzed by a group of experts in order to assess its clarity, pertinence and relevance in the Brazilian context. Then, two translators back translated the instrument to its original language. The consensual back translated version was approved by the author of the instrument. It was found that the Portuguese version of CPTI showed good equivalence with the original version and the interrater reliability was high, in addition to finding evidence of discriminant validity. The instrument was able to distinguish the three play activities analyzed, corroborating the play profiles outlined in several international studies that have used the CPTI. The play profiles found were consistent with the psychopathology characteristics of each child. The possibilities and limitations of the instrument are discussed

**Functions of non-verbal communication in psychotherapy: A systematic review of the last decade (2009-2019).** *Jesús Vidal, Universidad Diego Portales, Santiago, Chile; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Sebastián Rubilar, Universidad Diego Portales, Santiago, Chile*

Introduction: Communication within psychotherapy is an intrincical element to the bond between patient and therapist. Some findings link verbal communication (VC) and non-verbal communication (NVC) with therapeutic change and others have highlighted its implicit and explicit role intra and intersubjects. Regarding NVC, studies emphasize micro-phenomenons and the role of the non-verbal in the formation of empathic, authentic and effective alliances, although, there are only few researches with a focus on communication that integrates in a complex and complete manner, NVC and VC in the dyadic interaction. Objective: To describe the functions of NVC in the interaction between patient and therapist in psychotherapy. Method: A systematic review of the literature between the years 2009 and 2019 was done. The research for academic publications was through EBSCO, WOS and SCOPUS data bases. Fourteen articles were selected for analysis. Results: Can be synthetized in three sections: Conditions for production, specific and synchronic functions of NVC with VC, and limitations in the research of NVC. Conclusions: Human communication is a complex and multidimensional phenomenon between NVC and VC, that act as synergic processes of information delivery, that facilitate a bond between two or more members within an interaction. Specifically, NVC is a gate for patients to express and socialize their subjectivities, by reaching into their emotinal experience in psychotherapy. NVC is closely related to emotional/affective and behavioural processes in the interaction in psychotherapy.

**Young adults' vulnerability, parental responsiveness and treatment outcome in relationship-focused therapy for sexual and gender minority adults and their non-accepting parents.** *Shira Katz, Ben Gurion University, Beer Sheva, Israel; Gary Diamond, Ben Gurion University, Beer Sheva, Israel*

Introduction: Parental rejection of their adult child's minority sexual orientation or gender identity has deleterious effects on the child's well-being and the quality of the parent-child relationship. Relationship-focused therapy is specifically designed to help decrease parental rejection, increase parental acceptance, and improve the quality of the relationship between the adult LGBT child and their parents. Relationships are transformed in the context of corrective emotional/attachment episodes. During these episodes, the young adult expresses vulnerable emotions and unmet needs and parents respond in an empathic, validating manner. This study examined whether young adults' expressions of vulnerability during conjoint corrective emotional/attachment episodes predicted subsequent parental responsiveness and, consequently, changes in the young adult's experience of parental acceptance and rejection throughout therapy. Method: Videotaped sessions from 26 cases of RFT-SGM were analyzed. Vulnerability and parental responsiveness were observationally coded at the level of speech turn by independent raters. Young adults reported on the perceived parental acceptance and rejection at five time-points across

the six months of treatment. Preliminary results: At this stage we have preliminary descriptive data on young adults' vulnerability, suggesting that vulnerability is indeed frequent in conjoint corrective emotional/attachment sessions, representing up to 52% of the young adult's communication with parents. Moreover, we identified a pattern showing that vulnerability is more prominent in the first conjoint sessions and then subsides, consistent with the therapeutic model. HLM will be used to examine whether adult children's vulnerability predicts immediately subsequent responsiveness on the part of parents.

**Uncovering the hidden assumptions that guide sexual communication in romantic relationships.** *Monica Bridge, Saint Paul University, Ottawa, Canada; Stephanie Wiebe, Saint Paul University, Ottawa, Canada; Sara Kriplani, Saint Paul University, Ottawa, Canada*

Keywords: sexual communication; attachment style; cultural sexual scripts; couple therapy Communication around sexual relations in committed romantic relationships is a key predictor of sexual well-being, sexual satisfaction, as well as overall relationship satisfaction. It is posited that difficulties in the sexual relationship permeate into other areas of affectional bonding creating greater emotional and physical distance in couples. The burgeoning research in the field of sexuality has demonstrated the significance of attachment styles in predicting sexual attitudes, motives, and communication. This relationship between attachment and sexual communication is further nuanced by gender, and researchers have suggested that adherence to traditional gender roles and the dominant cultural sexual script could account for these discrepancies. However, the relationship between attachment styles and cultural sexual scripts and their effects on sexual communication remains largely unexplored. The current study examined the intersect between attachment styles, cultural sexual scripts, sexual communication, and sexual satisfaction in committed adult relationships. The purpose of this research was to investigate whether there was a correlation between insecure attachment styles and adherence to traditional heterosexual cultural scripts, and whether this relationship was moderated by gender. Additionally, the researchers examined the association between attachment styles, sexual communication, and sexual satisfaction and whether adherence to sexual scripts was a mediating variable in these relationships. A series of simple regression analyses demonstrated that only higher levels of attachment avoidance significantly predicted greater adherence to cultural sexual scripts, lower levels of sexual communication and lower levels of sexual satisfaction. The results of this study highlight the differences in sexual attitudes between attachment avoidance and attachment anxiety and how these attitudes shape sexual communication and impact satisfaction with the sexual relationship in couples. The clinical implications of the study will be discussed, with a focus on how psychotherapists can tailor their approach, taking into account the dominant cultural sexual scripts and attachment bonds that govern sexual communication in romantic relationships.

**Mindfulness and mindfulness practice predict interleukin-6 responses to a mindfulness-based alcohol relapse prevention intervention.** *Andrew McClintock, University of Wisconsin, Madison, USA; Shannon McCarrick, Access Community Health Centers*

Chronic alcohol misuse can result in chronically elevated interleukin (IL)-6, a pro-inflammatory cytokine, in the bloodstream. Given that Mindfulness-Based Relapse Prevention (MBRP) has been shown to reduce alcohol misuse, MBRP might also be effective in reducing IL-6 concentrations. Past research has found, however, that IL-6 does not respond consistently to mindfulness-based interventions. Building on prior studies, we examined whether between-person variability in engagement with mindfulness training (i.e., formal mindfulness practice time) is associated with between-person variability in changes in serum IL-6, using data from a randomized controlled trial evaluating MBRP for Alcohol Dependence (MBRP-A). Participants were 72 alcohol dependent adults (mean

age = 43.4 years, 63.9% male, 93.1% White) who received a minimum dose (i.e., at least four sessions) of MBRP-A either at the start of the trial (n=46) or after a 26-week delay (n=26). IL-6 concentrations did not significantly change from pre- to post-intervention for the full sample. Nevertheless, greater mindfulness practice time was significantly associated with reduced IL-6 levels ( $r = -.27$ ). The association between practice time and IL-6 changes remained significant when controlling for intervention timing (i.e., immediate or after the 26-week delay), demographic characteristics, and changes in mindful awareness, obsessive-compulsive drinking, and depressive symptoms. The association between practice time and IL-6 changes was not significant when omitting the minimum treatment dose requirement. Overall, results suggest that the level of engagement in mindfulness training may predict changes in the inflammatory pathophysiology in adults with alcohol dependence.

**Creating a Model of a Client Process in the First Session of Psychotherapy - an Analysis of AEDP Sessions -** *Marina Yabuki, Ochanomizu University, Tokyo, Japan*

AEDP (Accelerated Experiential Dynamic Therapy) is a non-pathologizing healing-oriented psychotherapy theory and practice focused on health and strivings of the client. Garland, Fredrickson, Kring, Johnson, Meyer & Penn (2010) states that active pursuit of positive events yield more opportunities to experience positive emotions, which encourages more active pursuit of positive events. This is referred to as a “positive spiral”. Transformance is a term used in AEDP referring to the drive to heal and to become a more authentic self. AEDP’s client transformation process theory begins with a focus on the client’s transformance in the context of a safe dyadic environment. This research analyzed first sessions of AEDP to create a model of the client’s process of experiencing positive emotion and aimed to understand how the positive spiral is set in motion from the beginning of therapy. Data from research conducted by AEDP Institute was used with the permission of AEDP researchers. Video tapes of first sessions of three cases and corresponding questionnaire data were used for analysis. The sessions were chosen using Beck’s Depression Inventory score having an RCI (Reliable Change Index) of 1.96, or higher, pre-therapy and after the last session. Task analysis was conducted. A theoretical model of how positive emotions arise in the first session was created. Next, five occasions where transformance was detected were analyzed to create the first model for how positive emotions arise in the first session of AEDP. Essential components in the client’s process were, “Deep emotional experience from feeling understood by the therapist”, “Strong emotional experience”, “Emotional pain does not increase, but begins to decrease”, “Positive emotional experience”. Two occasions out of five had two more stages of “positive emotion spreads/new positive emotions emerge”, and “A deep understanding of self and the feeling that this is me”. All clients experienced positive emotions after therapists shed light on the client’s glimmer of transformance. Therefore, the final model agreed with AEDP theory. Clients’ process began with having one’s difficult past understood deeply by the therapists. This was counter to the expected result, where the client’s process begins with a client state generated by therapist’s detection of clients’ s transformance such as realizing one’s strength and drive to heal. The results instead suggest that therapist’s empathic attitude contributes greater to the emergence of client’s positive affect. Two out of five occasions differed in that they consisted stages of “amplification of positive affects” and “a deep understanding of the self”. This difference in client process was thought to have come from whether the strong emotion in stage two was fully processed or not (Pascual-Leone & Greenberg 2007).

**What did I do? what am I doing? what could I do? using videofeedback to develop psychologists' skills during their training.** *Pedro Fuentes, Universidad Santo Tomás, Santiago, Chile; Elizabeth Aranda, Universidad Santo Tomás, Talca, Chile; María Carolina Pardo, Universidad Santo Tomás, Santiago; Alejandro Gajardo, Universidad Santo Tomás, Santiago; Nelson Valdes-Sanchez, Universidad Santo Tomás, Santiago, Chile*

Supervision becomes a key aspect in identifying, evaluating, providing feedback, developing and strengthening the therapeutic skills of trainee psychologists. The fundamental aspect of supervision is the acquisition of knowledge, learning, and achieving critical reflection of the supervisee, so the role of the supervisor is essential to facilitate learning. The systematic video-based analysis and reflection in supervision allows to reduce some of the drawbacks of subjective case reporting, offering the possibility of more immediate and explicit reflections, as well as feedback that potentially helps to overcome cognitive and memory biases. The present study aims to describe the perception of Psychology students at Universidad Santo Tomás regarding the experience of participating in the supervision program based on the videofeedback technique as part of the Clinical Intervention I subject, with the purpose of showing the consequences of the videofeedback technique on students and its impact on supervision through the simulation with patients, understanding this last one as an educational instance where a teaching-learning interaction between peers and supervisors takes place, being videofeedback an opportunity in times where technology provides tools for University processes. In this sense, the perception that students have about their own learning process under this model, is fundamental to identify the strengths and weaknesses of videofeedback in clinical supervision. To achieve this, different videofeedback techniques were used as a pedagogical strategy and methodological resource with 120 psychologists in their last year of training in psychology. A mixed method was used with a descriptive design that considered the application of self-report instruments (surveys) and episodic interviews with students and supervisors, with the purpose of describing their perception about the simulation and subsequent supervision based on the observation of the video sessions. The results concluded that there was greater awareness of the students' competencies and weaknesses during the role-playing activity, as well as certain characteristics of the supervisor when providing feedback on the students' performance.

**Patients' experience of alliance rupture and repair: A qualitative analysis of patients' written responses on a direct report measure.** *Meital Bendet, The Wright Institute; Jessica DeINero, New School University, New York, USA; Lauren Lipner, Mount Sinai Beth Israel, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

**Aim:** Consistent with Bordin's transtheoretical conceptualization of the alliance, a rupture marks a break in the collaboration on the goals of therapy, or a strain in the emotional bond between patient and therapist. When left unresolved, these incidents have been associated with premature termination and poor outcomes. Ruptures may present as direct expressions of anger towards the therapist, a withdrawal from the relationship, or an over-compliance to the therapist's interventions. Previous studies focused on identifying the occurrence of a rupture. This poster aims to understand how patients experience and describe ruptures in their own words. **Methods:** A sample of 40 patients who participated in a 30-session cognitive-behavioral therapy protocol were selected for this study. Patients completed post-session questionnaires, which included two open-response items: "Please describe the problem" and "What do you think contributed to the resolution of the problem? Please describe." One early session (sessions 4-6) was identified for coding. Two independent coders will apply Theoretical Analysis to these responses to identify patterns and themes. Qualitative data will be compared with observational data that was previously coded using the Rupture Resolution Rating System (3RS). **Results:** Themes related to rupture and repair will include preexisting themes when appropriate (e.g., withdrawal rupture, confrontation rupture), as well as new themes that emerge during the data analysis process. Themes will be elucidated by supporting quotes from the data and integrated to provide a preliminary description of patient experience of rupture and repair. **Discussion:** The implications of patients' own experience of rupture and repair in the construction

of research measures and clinical practice will be discussed.

**E(f)FACTS (Emotionally FocusEd Couples Therapy in Spanish): A step forward in improving couple therapy among Latinos..** *Ragan Lybbert, Brigham Young University, Provo, USA; Martiño Rodriguez-Gonzalez, Universidad de Navarra; Shayne Anderson, Brigham Young University, Provo, USA; María Calatrava, Universidad de Navarra; Marie-France Lafontaine, University of Ottawa, Canada; Paul S. Greenman, Université du Québec en Outaouais; Alfonso Osorio, Universidad de Navarra*

Emotionally Focused Couples Therapy (EFT) is well-established as an effective therapy in helping couples with a variety of presenting problems. However, this research has taken place almost exclusively with English speakers in the US and Canada. Despite Spanish being the second most spoken language in the world, there is little to no research which has sought to validate the effectiveness of EFT, or therapy in general, with native Spanish speakers. This is additionally surprising as the largest minority in the US are Latinos and they are projected to make up more than 1/4 of the US population by 2060. The purpose of this study is to identify the efficacy of EFT for a populous group both within and outside of the US. This will be accomplished through testing for differences between a treatment group and a waitlist control group in multiple countries where Spanish is the native language. All participants (therapists, clients and waitlisted clients) will be native Spanish speakers and residents of the aforementioned countries. The study, named E(f)FACTS (Emotionally FocusEd Couples Therapy), is designed as a randomized clinical trial (RCT) where the treatment group will receive approximately 20 sessions of EFT. Regular supervision and adherence checks will take place to ensure adherence to the EFT model. The proposed study will allow for multiple studies and analyses. Provided sufficient data has been able to be collected, this particular (proposed) study would use preliminary data to assess for initial differences in relationship satisfaction and attachment behaviors between the treatment group and control group using an ANOVA.

**Living in Pandemia: beliefs, attitudes, and psychological distress and wellbeing.** *Gabriel Mortara, universidad de flores; Flavio Calvo, Universidad de Flores; Edgardo Etchezahar, Universidad de Flores; Elena Scherb, Universidad de Flores; Bernardo Kerman, Universidad de Flores*

Shortly after the COVID-19 Pandemic was declared, the lives of each and all of us were subjected to an impact in multiple areas. In an attempt to contain contagions, disease and deaths, the different countries responded with Isolation and Social Distancing measures, while the effort to manufacture an effective vaccine that could eliminate this threat began frantically. This required from the population different degrees of adaptation, that were broadly distinct between and within the countries. Peoples´ responses were both resilient and demoralizing, depending on multiple factors. Clearly the economic, social, political, educational, cultural, geopolitical, financial, religious contexts have an influence in the way peoples react as a whole. Unlike previous Pandemics, the role of the media in communicating and in some degree confusing messages was undoubtedly preponderant too. All this broadly exceeds the scope of our research. . We became interested in understanding the psychosocial impact of this situation, focusing in particular in psychological distress and well being. The COVID-19 pandemic has also led to predictions of a widespread mental health crisis. But it is also seen as a turning point for the future. From one behavior perspective, despite the fact that prevention measures and vaccination are aimed at protecting the population from the disease, they also generate contradictory attitudes and beliefs, beyond the fear and natural anguish that are normal and expected in the face of the emergence of a natural disaster like this. We know that there are anti-vaccination movements long before this. But within 2020, regarding COVID - 19 Pandemics, is there any relationship between unfavorable beliefs and attitudes towards prevention measures and vaccination and anxiety and depressive symptoms and remoralization? The goal of this research is to explore fears and anguish feelings, changes in habits, and

examine the relationship between behaviors, changes in habits, medication intake, beliefs and attitudes towards the Pandemic and Vaccination, with depressive, anxious symptoms and demoralization. For the latter we utilized BDI II and Remoralization Scale, both adapted, translated and standardized for our population. N=1500 adult people residing in the City of Buenos Aires, Argentina, participated in the study, from diverse gender, socio-economic and educational status. We do not yet have the definitive results, but the trend indicates significant relationships between certain habits and behaviors, certain attitudes and beliefs towards preventive measures and vaccines, with depressive symptomatology and demoralization. The findings will be discussed, and Conclusions will be drawn regarding, on the one hand, their possible consequences in the face of the imminence of the need for vaccination, and on the other hand, on the relationship with psychological and social distress and its consequences for clinical practice in these and future times. Key word: Pandemics

**User Experiences of laypeople, patients, and experts testing a virtual reality intervention for claustrophobia.** *Gwendolyn Mayer, Heidelberg University, Germany; Nadine Gronewold, Heidelberg University, Germany; Svenja Hummel, Heidelberg University, Germany; Neele Oetjen, Heidelberg University, Germany; Kirsten Polte, Heidelberg University, Germany; Jakob Korbel, Technical University Berlin, Germany; Jobst-Hendrik Schultz, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital*

Background: Exposure therapy is the gold-standard treatment for phobic anxiety disorders in Cognitive Behavioral Therapy (CBT). In practice a gradual approach of exposure is favored over flooding. However, creating adequate exposure situations with appropriate stimulus-control options is sometimes difficult. Virtual reality (VR) is a promising technology for enhancing treatment options in this field by providing a safe and controllable environment in which patients can confront their fears before entering the real-life situation. Many studies so far aimed at the feasibility and acceptability of VR-based exposure therapy for social phobias and different specific phobias. Up to this time no approach investigated a VR-based intervention for claustrophobia with different intensity levels. Objective: The current study aims to assess the user experiences of laypeople, patients, and experts regarding a VR-based claustrophobia intervention with 5 intensity levels. The intervention task was an elevator ride. Intensity levels varied in terms of a) presence of other people, b) elevator size, c) duration of elevator ride and waiting periods for door-opening and elevator arrival, and d) lighting conditions. For successfully completing a level, users gained additional elements to their home-screen as a rewarding element. Methods: Laypeople, patients, and experts tested at least 3 intensity-levels of the VR intervention. Before the intervention, all participants filled out the state scale of the Spielberger State-Trait Anxiety Inventory (STAI) and measures regarding technology commitment. The testing period was audio-recorded by means of collecting think aloud feedback. After the intervention, experienced immersion (the feeling of "being really inside" the virtual world) was measured. Finally, an in-depth qualitative interview was conducted. Analysis focused on descriptive measures of the scales and on a qualitative thematic analysis. Results: Up to 45 participants took part in the study. Preliminary Results show a high positive interest of the participants in the intervention. Positive statements across all groups referred to a high immersion, the therapeutic meaningfulness of the tasks and their practical relevance. Critical comments of experts voiced concerns regarding the order of the intensity-levels, barriers for the integration into care and the necessity to further train future therapists in using the technology. Conclusions: A VR-based cognitive behavioral intervention targeting claustrophobia is a feasible and acceptable approach to complement established treatment methods in anxiety disorders. A high degree of personalization of the intensity-levels enables the tailored use with a broad spectrum of patients. Keywords: Internet based; anxiety, qualitative research, virtual reality, exposure therapy

**Psychophysiological synchrony between therapists and clients in helpful events in psychotherapy.** *Vânia Silva, Universidade do Minho, Braga, Portugal; Patrícia Oliveira-Silva, Universidade Católica, Porto; Adriana Sampaio, Universidade do Minho, Braga, Portugal; Ângela Ferreira, Universidade do Minho, Braga, Portugal; Eugénia Ribeiro, University of Minho*

Aim: Research about helpful events allows us to understand what facilitates or interferes with client change in psychotherapy, and this may assist the therapist in practice. The study of the psychophysiological synchrony, in turn, has shown that synchrony is widely associated with the ability to empathize, a basic competence of therapists that seems to facilitate the process of change. The present study aims to explore the psychophysiological synchrony between therapists and clients, based on heart rate monitoring, in events identified as helpful in psychotherapy, comparing good and poor outcome cases. Methods: Under analysis is a sample of 99 Helpful Aspects of Therapy, gathered from 4 good and 4 poor outcome cases of the Psychology Service of University of Minho. Information on significant events was collected through the Helpful Aspects of Therapy (HAT) questionnaire. The therapist's and client's cardiac activity was recorded during the psychotherapy sessions using the BIOPAC System MP150. The presence of psychophysiological synchrony will be analyzed in three different categories of events, namely in the events identified by the therapists (48 events), those identified by the clients (31 events) and those identified by both elements of the dyads (20 events). Results: The process of analysis is ongoing. We will conduct a cross-correlation analysis between the therapist's and client's heart rate in each significant event, identified in each condition, to calculate heart rate synchrony. We will compare patterns of synchrony between the conditions and between good and poor outcome cases. We expect to find more synchrony between therapists and clients in good outcome cases, independently of the event's category. Discussion: Results will be discussed in terms of their clinical and research implications. Keywords: helpful events, heart rate, psychophysiological synchrony, good and poor outcome

**Clients' Disinhibited Online Disclosures and Disclosures in Psychotherapy.** *Gus Mayopoulos, Columbia University, New York, USA; James Zech, Columbia University, New York, USA*

Aim: This poster will present the results of an emerging research project investigating psychotherapy clients' disinhibited online disclosure on social media and the ways it may influence their views of psychotherapy and disclosures in therapy. "Disinhibited online disclosures" broadly refers to the phenomenon of Internet users seeking information about and/or disclosing deeply personal information regarding personally sensitive topics that are often stigmatized. Previous research indicates clients commonly do not disclose relevant details about these sensitive topics in psychotherapy, sometimes impairing clinical progress and outcomes. Method: Our online survey will ask participants (psychotherapy clients) to report the extent of their disinhibited online disclosures across several topics, favored social media platforms, views on the value and helpfulness of psychotherapy, and relevant disclosures in psychotherapy. We will also ask respondents to reflect on their motivations for disclosing online vs. in therapy. Results: We will present data regarding similarities and differences in disclosures relating to sensitive topics in psychotherapy and on social media platforms, motivations for disclosure in each domain, and findings related to influences of demographic and platform-specific factors, such as level of perceived anonymity. Discussion: Discussion will explore the ramifications of disinhibited online disclosure for the practice of psychotherapy, given its tradition of being, among other things, a unique space for the discussion of intensely private concerns. We will also note implications for specific clinical populations, specific groups of clinicians, and directions for future research. Keywords: Disclosure; Social Media; Stigma

**Physiological synchronization and micro-process measures: a bottom-up approach.** *Ylenia Cariolato, University of Padova, Italy; Eugénia Ribeiro, University of Minho; Johann Kleinbub, FISPPA Department, University of Padova, Italy; Nataliya Dmytrenko, University of Padova, Italy; Emanuele Pick, FISPPA Department, University of Padova, Italy; Arianna Palmieri, FISPPA Department and Padova Neuroscience Center, University of Padova, Italy*

Aim: Physiological synchronization, the covariation of physiological signals between patient and therapist, similarly to other nonverbal synchrony phenomena, is associated with positive interpersonal factors, such as empathy, therapeutic alliance, and attachment, as well as predicting therapy outcome. However, the exact function of synchronization in psychotherapy remains unknown, greatly hindering the potential application of this sensitive and objective measure in both clinical practice and research. In order to fill this gap, we adopted a bottom-up approach by analyzing physiology, video and transcripts of a brief 16-session psychodynamic psychotherapy. Methods: The parts of sessions concomitant to sequences of high skin conductance synchronization were extracted. A qualitative bottom-up categorization of these excerpts was performed by expert clinicians and compared with the formal ratings performed through two widely used therapeutic process coding instruments: the Psychodynamic Interventions Rating Scale (PIRS) and the Therapeutic Collaboration Coding System (TCCS). Results: The high-synchronization sequences were associated to overlapping PIRS' coding of "Clarification" (a non-interpretative intervention) and TCCS' coding of "Reflecting" (supportive intervention), characterized by many common elements. Discussion: Our findings contribute to theoretically understand the role that physiological synchronization plays in therapy sessions and would allow clinicians to enrich their comprehension of the clinical process.

**The Relationship Between Therapist Interventions and Couples' Emotional Injury Resolution in Emotion Focused Couples Therapy.** *Ora Kula, Ben Gurion University, Beer Sheva, Israel; Eran Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel; Reut Machluf, Ben Gurion University, Beer Sheva, Israel; Ben Shahar, Hebrew University, Jerusalem, Israel*

The primary purported change process in emotion-focused couples therapy (EFT-C) occurs as therapists assist one partner to access and reveal primary vulnerable emotions and needs and promotes a subsequent compassionate, accepting and supporting response from the other partner. Such newly formed in-session interactions aim to restructure the couple's old and familiar maladaptive cycles and to create an emotionally secure relationship bond. This study aimed to examine the association between therapists' views regarding their interventions during a given session and the degree to which partners reported the session as helpful in resolving their unfinished business. Data from 22 couples who took part in the York Emotional Injury Project and received 10–12 EFT-C sessions were analyzed using multilevel models. The primary findings revealed that when therapists reported using interventions that promoted acceptance of feelings and needs in a given session, both partners reported higher resolution levels in relation to their partner. Our results suggest that interventions that facilitate responsiveness between partners are particularly important in EFT-C, and perhaps in couples therapy in general.

**Psychotherapists' Perceptions of their Clinical Skills and In-Session Feelings in Live Therapy vs. Online Therapy: A Pilot Study on COVID-19 Pandemic Experience.** *Irene Messina, Universitas Mercatorum, Rome; Henriette Loeffler-Stastka, Medical University of Vienna, Austria; David Orlinsky, University of Chicago, USA*

During the COVID-19 pandemic, many psychotherapists who were used to seeing their patients in face-to-face setting adapted to providing therapies online via videoconferencing or via telephone. The present study investigated therapists' perceptions of their abilities and difficulties in online therapy

compared to live therapy. To this end, we used selected subscales of the Trainee Current Progress Report (TCPR) constructed by the SPR Interest Section in Therapist Training and Development (SPRISTAD) for its current collaborative international study of psychotherapy trainees. 30 therapists were recruited via social networks. They were asked to complete a questionnaire consisting of the TCPR subscales Clinical Skills, Difficulties in Practice, and in-sessions feelings of Flow, Boredom and Anxiety, giving a score for each item in the conditions of Live Therapy and Online Therapy. Regressions were carried out to compare subscales scores in Live Therapy and Online Therapy conditions. Compared to Live Therapy, in Online Therapy therapists reported significantly less Clinical Skills ( $t=3.51$ ,  $p < .002$ ), although their perception of Difficulties in Practice did not differ in the considered conditions. With regard to in-sessions feeling, therapists reported significantly lower scores of Boring ( $t=-2.57$ ;  $p < .017$ ) and higher scores of Flow ( $t=2.62$ ;  $p = .015$ ) in Live Therapy compared to Online Therapy, whereas Anxiety did not differ in the considered conditions. The results of the present study call attention to important issues related to online psychotherapy trainings: How well do therapists' self-reported skills and difficulties correspond to their real efficacy with patients? Would online therapy require a specific training?

**Refining the Relational Cognitions and Affects Questionnaire (RCA-Q).** *Ken Critchfield, James Madison University; Tiffany Pempek-Rahl, James Madison University; Eliza Stucker-Rozovsky, James Madison University; Julia Dobner-Pereira, James Madison University; Priyata Thapa, James Madison University*

**Aims:** Interpersonal Reconstructive Therapy (IRT: Benjamin, 2003/2006) theory underscores the need for clinicians to track patterns of affect, behavior, and cognition with respect to key internalized attachment relationships. Affect and cognition are seen as working together to predispose and support repetition of specific behavioral patterns that were learned and internalized with loved ones in childhood. The present work provides updated validity data on a questionnaire designed to characterize feelings and thoughts that respondents have in relation to specific other people. The instrument is called the Relational Cognitions and Affects Questionnaire (RCA-Q: Critchfield & Benjamin, 2016). RCA-Q items were chosen to conform to a circumplex structure first articulated by Lorna Smith Benjamin (1986) that applied the dimensions of affiliation, interdependence, and attentional focus to the domains of affect and cognition. This same structure was used to organize the well-established circumplex model of interpersonal behavior, the Structural Analysis of Social Behavior (SASB: Benjamin, 1974; 1996). Interpersonal Reconstructive Therapy (IRT: Benjamin, 2003/2006) is an integrative treatment approach that grew out of clinical use of SASB. Historically, research with the SASB model revealed that clinical problems have been associated with a baseline involving hostility or extremes of either enmeshment or differentiation (Benjamin, Rothweiler, & Critchfield, 2006). The RCA-Q seeks to complement the SASB model and allow more extensive testing of IRT theory via direct assessment of relational cognitions and affects using a circular structure that parallels the SASB model. **Method:** The work involves multiple samples used for (1) item development, in which several rounds of a dimensional ratings procedure have been used to develop and refine item content ( $N = 200$ ), as well as (2) exploration of psychometric properties, and convergent and discriminant validity when respondents make ratings of themselves and a close relationship ( $N = 350$ ). **Results:** Factor analytic work shows the model to have the expected structure when applied to ratings of relationships with a significant other. Convergent and discriminant patterns align well in relation to external measures. **Discussion:** Use of the measure for clinical practice and research will be described. Sample questionnaires will be made available.

**Comorbid health problems in a psychiatric sample linked to interpersonal histories and personality disorder diagnosis.** *Priyata Thapa, James Madison University; Mona Al-Bizri, James Madison University; Ashley Woods, James Madison University; Ken Critchfield, James Madison University*

The CDC states that nearly half of American adults have some chronic disease or condition (Chronic Disease Overview, 2017). These chronic conditions do not exist in a vacuum; in addition to physical discomfort they can be financially draining, difficult to navigate, and mentally challenging. Goodell, Druss, & Walker stated, "Comorbidity between mental and medical conditions is the rule rather than the exception" (2011, p. 1). However, data specific to mental illness and chronic illness is lacking. Chapman, Perry, & Strine succinctly explain, "Despite the growing recognition of the importance of both chronic disease and depressive disorders to the health of individuals and communities, research examining their interrelationship has been the subject of surprisingly little empirical review" (2005, p. 1). Interpersonal Reconstructive Therapy (IRT) is a psychosocial treatment approach designed to be helpful for psychiatric patients with severe problems, comorbid diagnoses, and repeat/chronic suicidality for whom previous treatment approaches have had little impact. IRT begins with a formulation that makes clear the links between an individual's learning history with key attachment figures and current clinical problems. As such, the IRT approach bears resemblance to D.T. Graham's (1952) "specificity hypothesis" which posits, and provides data, that a range of medical problems have specific interpersonal contexts. The present work uses chart data from a sample of 88 psychiatric inpatients who received a detailed case formulation interview and personality disorder diagnosis. Differential links are found between health categories of chronic illness, chronic pain, episodic pain when compared to mental health variables including symptomatic experience, personality disorder, relational learning history, and self-treatment. Key, statistically significant observations as well as implications for diagnosis and treatment are discussed.

**Using Natural Language Processing to investigate the Therapeutic Dialogue in Psychodynamic Therapy.** Amir Eliassaf, Bar-Ilan University, Ramat Gan, Israel; Dana Atzil-Slonim, Bar Ilan University

**Aim:** Psychotherapy is largely based on the verbal exchanges that take place between patients and therapists in the therapeutic session. To date, researchers have mainly relied on subjective self-reports to identify patients' mental states and treatment processes and outcomes. These assessment methods have critical shortcomings, including the fact that they are usually taken before or after the therapeutic session. To identify the processes that occur within sessions, researchers tend to rely on skilled clinicians coders. However, observational human coding is labor-intensive, which limits the amount of data that can be analyzed and thus restricts the generalizability of results to real-world clinical practice. The mental health field could thus be enriched by more objective and flexible methods that can handle copious data and tap the rich information that takes place during psychotherapy sessions. One extremely promising avenue is to harness automated text analytic techniques to pinpoint important information that emerges from the interaction in psychotherapy sessions. The current proposal aims to apply a Deep Learning (DL) model to a large psychotherapy session dataset to automatically identify the moment-by-moment patients' emotional experience and therapists' interventions. **Methods:** Transcripts of 873 sessions from 58 clients treated by 52 therapists were analyzed. All sessions were videotaped. Trained coders annotated a sub-sample of 200 sessions speech turn by speech turn as follows: Therapists' interventions were assessed using the Psychotherapy Interactional Coding system (PIC20) and patients' emotions were labeled as negative, positive, neutral, or mixed. A DL model will be trained to automatically classify therapists' and patients' utterances. **Results:** we expect that our model will reach human level agreement. **Discussion:** The application of DL models to automatically categorize patients' and therapists' utterances will allow examining at a large scale the relationships between patients' processes, therapists' interventions and treatment outcomes.

**Development of a trans-diagnostic mobile app to support intersession processes in psychotherapy.** Gvantsa Jinashvili, University of Zurich, Switzerland; Catherine Irniger, University of Zurich, Switzerland; University of

*Bern, Switzerland; Markus Wolf, University of Zurich, Switzerland; Mateusz Dolata, University of Zurich, Switzerland; Dario Stähelin, University of Zurich, Switzerland; Gerhard Schwabe, University of Zurich, Switzerland; Birgit Watzke, University of Zurich, Switzerland*

Introduction: Research has shown that psychotherapy outcomes increase when patients are able to successfully transfer the skills acquired in therapy to their everyday lives. In fact, patients spend only a small portion of their time in face-to-face sessions with their therapists, while important processes- are likely to occur outside of therapy, i.e., between sessions (referred to as intersession processes, ISP). Since smartphones are not only widely available but can also be used regardless of location and time, apps are a promising tool to enhance psychotherapy in everyday life. Our collaborative research project aims to develop a prototype trans-diagnostic mobile app that promotes patients' ISP in psychotherapy. Specifically, we envision an app consisting of different functions to support patients in planned and unplanned ISP. This helps patients, for example, to engage in planned ISP or to induce reflection for unplanned ISP. Methods: The development of the app follows a Design Science Research approach. Clinical psychology and psychotherapy is at the centre of the research disciplines backed by computer-as-social-actors, and persuasive technology from computer science. The performance of the developed solution is ensured through regular feedback loops from psychotherapists and patients in line with the SCRUM methodology. Results: The poster presents a scientifically sound concept for an app prototype. Discussion: The evaluation of the feasibility and acceptance of the app must be discussed as soon as the prototype is implemented. The next step is to validate the app regarding the above mentioned two categories together with therapists and patients.

**Understanding the subjective experience of psychologists in the Program of mistreatment and serious abuse in relation to the rupture of the therapeutic alliance: A qualitative study..** *Alexandra Soto, Universidad de Playa Ancha; Valdés Michelle, Universidad de Playa Ancha; Danae Zuleta, Universidad de Playa Ancha; Cecilia de la Cerda, Universidad de Playa Ancha, Valparaiso, Chile*

The resolution of the therapeutic alliance has been agreed upon as an essential element for the success of the therapy. This study aims to understand what are the subjective experiences that psychologists attribute to the rupture and eventual reparation of the therapeutic alliance during the therapeutic work with adolescents belonging to the programs of reparation of severe abuse in the V Region, Chile. It is understood the meanings that arise from the experiences of psychologists with respect to the factors that influence the rupture and the eventual reparation. Psychologists from different centers were interviewed and their data was analyzed using a qualitative methodology, based on Phenomenological Interpretative Analysis and Grounded Theory. We found that the interviewees do not refer to the causes as aspects of the evolutionary stage, but rather coincide that the majority of the factors that intervene in the alliance are the conditions that the program and the SENAME Network impose. Another factor observed in the results of the study is the naturalization of violence from users as a factor that interferes with the alliance, because it differs from the program's guidelines and therefore can be visualized as a threat. In this sense, the psychologist's task is to implement skills and strategies to make his or her practice the most beneficial for the higher good of children and adolescents, to make decisions with ethical-political implications, and thus provide a genuine space for meeting with the program's users and thus strengthen or recover the therapeutic alliance.

**Chilean Students and Psychotherapists' Beliefs and Prejudices Regarding Sexual and Gender Diversity.** *Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Angelo Brandelli Costa, Pontificia Universidad Católica Rio Grande do Sul*

Psychotherapeutic care seems to fail to meet LGBT\* people specific needs. This is mainly due to the lack of knowledge of professionals about the specific aspects of the life development and mental health processes of LGBT\* people, as well as the unnoticed presence of prejudices and negative attitudes. Therefore, there is a need to generate knowledge about prejudices and beliefs held by psychology professionals and undergraduate students about LGBT\* people, with a focus on identifying culturally competent psychotherapy training for working with LGBT\* patients. Method: 52 undergraduate students and 407 professional psychologists participated by answering an online survey that included socio-demographic information, questions about the level of professional experience, skills for clinical work with LGBT patients, and beliefs about the LGBT nature and prejudice against sexual and gender diversity. Results: The results show that the higher level of experience and clinical competence with LGBT patients, the lower is the level of prejudice on the part of the professionals. When comparing expert professionals and psychology students, the former present higher levels of psychological beliefs about homosexuality and bisexuality, while the latter present low levels of ethical-moral beliefs about homosexuality. In the case of transsexuality, professionals present higher levels of biological beliefs and students show fewer ethical-moral beliefs. Conclusions: The development of training that includes cultural competences for psychotherapeutic work with LGBT\* people diminishes prejudice, but does not necessarily eliminate the psychological and biological beliefs associated with the nature of LGBT\* people, which would be associated with the old school training still present in some professionals.

**LGBQA identity reconciliation in therapy: Sexual minorities at a Christian university.** *Angie Bledsoe, Brigham Young University, Provo, USA; Audrey Parker, Brigham Young University, Provo, USA; Melissa Jones, Brigham Young University, Provo, USA; David Erikson, Brigham Young University, Provo, USA*

Emerging adulthood is characterized by accomplishing important developmental tasks, including establishing an identity and an internal sense of integrity. Sexual minority students may have a difficult time achieving these two tasks as they try to develop two conflicting identities: sexual and religious. This conflict may be further compounded at a non-affirming religious university. Tension between such important aspects of the self puts these students at greater risk for negative mental health outcomes. Hence, it is important to provide information to clinicians whose clients are struggling with this particular identity conflict. Building upon current research, we intend to qualitatively explore the experiences of sexual minority therapy clients at a religious university, specifically Brigham Young University, using consensual qualitative research methods. Our guiding research question looks at whether or not sexual minority students reconcile their sexual and religious identities and what role therapy plays in attempting to approach and resolve this conflict. We are hopeful that through gathering and analyzing such exploratory data, themes will emerge that can inform and aid therapists working with conflicted sexual minorities.

**Structural evaluation by OPD-2-Axis IV, Neurobiological markers and Depressive symptoms in patients with severe mental disorders in psychotherapy.** *Marta Haas Costa, Universidad Federal do Rio Grande do Sul, Brasil; Leonardo Gonçalves, Universidad Federal do Rio Grande do Sul, Brasil; Felipe Cesar de Almeida Claudino, Universidad Federal do Rio Grande do Sul, Brasil; Cinthia Danielle Araújo Vasconcelos Rebouças, Universidad Federal Rio Grande do Sul, Brasil; Guilherme Kirsten Barbisan, Universidad Federal do Rio Grande do Sul, Brasil; Neusa Rocha, UFRGS-Universidade Federal do Rio Grande do Sul*

Background: Neurobiological markers are related to mental illness. The Brain-derived Neurotrophic Factor (BDNF) is considered the main cerebral neurotrophin. It is more concentrated in some areas of the brain, such as the pre-frontal cortex and the hippocampus- regions where complex cognitive processes occur, including memory, personality, and emotional control.

Interleukin 6 (IL-6), a pro-inflammatory marker, is consistently elevated in depressed patients. It is still unclear if the response to psychotherapy can alter these neurobiological markers serum levels. Objectives: To assess if alterations on the structural axis of the OPD-2 in patients with severe mental disorders who attend the psychotherapy outpatient clinic in a tertiary public referral hospital are associated with alterations in neurobiological markers (BDNF and IL-6) serum levels, depressive symptoms, suicide attempt, and hospitalizations. Methodology: Cross-sectional study conducted within a longitudinal study in a sample of patients with severe mental disorders attending the psychotherapy outpatient clinic in a tertiary public hospital in Brazil. OPD-2, depressive symptoms measured with Beck's Depression Inventory (BDI), history of suicide attempts, hospitalizations, and BDNF and IL-6 serum levels assessed in the baseline are presented here. Results: A total of 80 individuals participated in the study, and blood samples were available from 42 patients in the baseline. A positive correlation of the structural evaluation mean (OPD- Axis IV) with the BDI score was observed ( $r_s = 0,36$ ;  $p = 0.033$ ). There was no association between the structural evaluation mean (OPD – Axis IV) and previous history of hospitalization ( $t(37) = 1.33$ ;  $p = 0.190$ ; 95% IC -0.11 to 0.55), as well as, between patients with and without a history of suicide attempt ( $t(31.7) = 1.74$ ;  $p = 0.091$ ; 95% IC -0.044 to 0.568) in this sample. These findings will be associated with BDNF and Interleukin 6 serum levels. Discussion: Alterations on Axis IV of the OPD-2 (structural evaluation) were associated with more depressive symptoms in this sample. There was no association between alterations in personality structure with suicide attempts and with hospitalizations. Small sample size might explain these findings. Alterations on OPD-2 Axis IV might be associated with alterations in neurobiological markers (BDNF and IL-6). Low structural integration may be correlated with the poor ability to use healthy coping mechanisms in mental illness, leading to depressive symptoms. However, the cross-sectional design doesn't allow to identify the direction of this association.

**Association between insight, alliance, agency and the depth of the session in psychodynamic psychotherapy.** *Laura Stangl, University Hospital, Heidelberg, Germany; Simone Jennissen, University Hospital, Heidelberg, Germany; Ulrike Dinger, University Hospital, Heidelberg, Germany; Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital; Henning Schauenburg, University Hospital, Heidelberg, Germany*

Aim: Insight into maladaptive interpersonal patterns is considered a curative process variable in psychodynamic psychotherapy. The aim of this study was to contribute to the evaluation of the new observer rating scale Insight into Conflicting Relationship Patterns (ICR) and to examine associations between insight and other process variables based on theoretical assumptions and previous research. Method: In this cross-sectional study, insight was rated by external raters for  $N = 125$  outpatients. The association between insight and the self-assessment data from patients and therapists on alliance (Working Alliance Inventory – short revised; WAI-SR), agency (Therapeutic Agency Inventory; TAI) and depth (subscale depth of the Session Evaluation Questionnaire; SEQ) from the same session was investigated. Results: The results indicate adequate psychometric properties of the ICR and multiple Pearson-correlations showed a significant association between insight and the subscale bond of the WAI-SR from therapist's perspective. Since the level of significance has almost been reached an association between insight and depth from the therapist's perspective can also be assumed. Discussion: For clinical practice, one can conclude that investing in a strong bond, as part of the work alliance, can be associated with an increase of insight into maladaptive interpersonal patterns. The potential of insight as a central process variable, especially for interpersonal processes, could be confirmed. Future research is needed to explore the relationship between insight and other process variables as well as symptom reduction regarding the process of therapy with longitudinal data. Keywords: insight, alliance, agency, depth, psychodynamic process research

**Reconectando: A Clinical Social Supervision Model for Practitioners during a Health Crisis.** *Nicolle Alamo Anich, Pontificia Universidad Católica de Chile, Santiago; Valentina Garrido, Pontificia Universidad Católica de Chile, Santiago; Karla Gonzalez, Pontificia Universidad Católica de Chile, Santiago; María Elvira Cárdenas, Pontificia Universidad Católica de Chile, Santiago; M. Olaya Grau, Pontificia Universidad Católica de Chile, Santiago; Carolina Muñoz, Pontificia Universidad Católica de Chile, Santiago*

Introduction: An emergency plan was implemented during the health crisis caused by Covid-19 to provide guidance, support, and containment to hospitalized patients and their families in 23 hospitals in the province of Santiago, Chile. This plan was carried out by 70 practitioners (social workers and psychologists), who participated in group supervision meetings led by scholars from the School of Social Work at the Pontifical Catholic University of Chile. Aim: To describe the impact and experience associated to the implementation of a model of clinical social supervision in a health crisis, from the perspective of supervisors and practitioners who participated in the program Reconectando. Methods: A descriptive mixed research approach was carried out. First, we applied a survey for assessment of social clinical management to thirty-two practitioners (N=32), who participated in the implementation of the program once it was finished. A descriptive quantitative analysis (frequencies and percentages) was carried out. Second, we conducted a focus group with the team of supervisors (11 participants), once the program was implemented. Qualitative analysis followed the Grounded Theory model (open coding). Results: An 83% of practitioners considered that supervisions were very useful and contributing for their performance, while 100% considered very necessary for workers in mental health, especially in pandemic context. In this sense, they argued the significance having protected hours for reflection, self-care, and emotional support, in which they could share experiences that allow them to improve their professionalism. For example, including different views and tools to manage difficult situations. Supervisors mentioned that group supervision meetings became relational-protected times of mutual support, appreciation, and reinforcement. Moreover, these meetings were opportunities for care and contention, mutually constructed space for learning and horizontal exchange of knowledge and skills among peers. All of this contributed to improving the quality of the work executed by practitioners, their satisfaction with this job, and their perception of self-efficacy. Discussion: We analyzed the need of having protected hours and space for supervision meetings for all practitioners that perform in areas related to mental health, including social workers and psychologists, especially on the context of a health crisis. We also discussed that supervision meetings contributed to self-care and team-care, as well as the quality and pertinence of assistance provided to patients/clients and their families. Finally, we highlighted the strengths and contributions of this supervision meetings in a group format. Keyword: Health crisis

**Experiences of suicidality from sexual minority students at a highly religious university: a CQR study.** *Matthew McMurray, Brigham Young University, Provo, USA; Brad Davis, Brigham Young University, Provo, USA; Melissa Jones, Brigham Young University, Provo, USA; Davey Erekson, Brigham Young University, Provo, USA*

As indicated by substantial research, individuals who identify as LGBTQ appear to be at an increased risk of contemplating, attempting, and committing suicide (Plöderl & Tremblay, 2015; Spittlehouse et al., 2019). LGBTQ-identifying individuals may be particularly at risk in highly religious contexts, including campuses of religiously conservative colleges and universities (Klundt et al., 2020). In this study, researchers at a religiously conservative university will interview 15 sexual minority students with a history of suicidality. Researchers will use consensual qualitative research (CQR) methods to interview and analyze reasons for suicidality among LGBTQ students in conservative religious environments. According to CQR methods, team members will analyze interview

content using team consensus on concepts and themes. The purpose of this study is to 1) deepen understanding of experiences of LGBQ students at religious universities; 2) inform future research regarding suicidality and LGBQ students in religious environments; 3) contribute to the support for these individuals on therapeutic, organizational, and institutional levels; and 4) assist suicide prevention efforts for sexual minority students. Keywords: LGBQ, sexual minority, suicide, religiously conservative university

**From Dropout to Departure: a Qualitative Study of Premature termination in Psychotherapy.** *Liza Notaerts, Ghent University, Belgium; Mattias Desmet, Ghent University, Belgium; Reitske Meganck, Ghent University, Belgium*

**Aim:** There are many ways in which we can talk about the end of therapy, and specifically about patients dropping out of therapy. 'Dropout' implies a radical end, before the prescribed course of action is completed. For example, from the protocol that the therapist is using. Consequently, we can speak about a failed therapy. We can also speak about 'departure', which implies actively choosing a new path, another journey. Here we don't speak about a radical end and there is space for the patient to choose. Leaving the therapy, doesn't necessarily imply an end or a failure, but rather a new beginning. These two perspectives reflect two paradigms that currently operate in psychotherapy research. My research employs a range of methods to examine the more dynamic processes underlying dropout. **Method:** The studies will begin with what we know (literature review) and will progressively move towards a more moment to moment analysis of the processes involved (meta-synthesis, multiple case study, conversation analysis). **Results:** Moving towards an individual case-based approach. I will conceptually transition from a paradigm that focuses on groups, procedures and static predictors towards a paradigm that focuses more on the individual patient, changeable processes and the dynamic moment to moment interactions; the unfolding act of therapy. **Discussion:** I will link the results back to the initial questions about dropout and departure in order to inform the clinical practice, and help bridge the science-practice gap.

**Measuring prejudice towards psychotherapy in LGB people.** *Alemka Tomicic, Universidad Diego Portales, Santiago, Chile; Claudio Martínez, Universidad Diego Portales, Santiago, Chile; Jesús Vidal, Universidad Diego Portales, Santiago, Chile; Maitte Carrion, Universidad Diego Portales, Santiago, Chile; Valentina Godoy, Universidad Diego Portales, Santiago, Chile*

**Background:** Multiple studies show a high prevalence of mental health problems within the LGB (lesbian, gay, bisexual) population due to permanent exposure to experiences of discrimination. In turn, this high prevalence of mental health problems constitutes a greater need for psychological help. However, the effective search for such care is hindered by access barriers, which on an individual level could be related to negative attitudes on the part of LGB patients towards psychotherapy and mental health professionals. Research on this variable is scarce and so far there is a lack of instruments that allow for the evaluation of these negative attitudes. **Aim:** This study seeks to develop a scale of prejudices towards psychotherapy on the part of the LGB population. **Method:** The Delphi methodology was used, in four rounds, consulting mental health professionals and researchers who work with people of sexual minority. A content and statistical analysis was conducted for its validation. **Results:** The instrument initially contained 63 items. It is expected to decrease and enter the median from the professionals' discussions, leaving 25 items within four clusters: prejudice towards psychotherapy, prejudice towards the therapist and, prejudice towards the LGB community in therapy. **Discussion:** It is concluded that the validity of the instrument to measure negative attitudes towards psychotherapy in the LGB community. Also, the clinical implications and its usefulness in contributing to culturally competent psychotherapy for the LGB community are discussed.

**Do I like me now? Analysis of sudden shifts and early warning signals in**

**self-esteem and personality ratings.** *Theresa Eckes, University of Münster, Germany; Steffen Nestler, University of Münster, Germany*

One important goal of research in clinical psychology is to describe the timing and the shape of change. Past research has shown that a substantial fraction of patients experiences non-gradual, abrupt change patterns (so called sudden shifts) in their symptomatology over the course of psychotherapy (e.g., Shalom & Aderka, 2020). So far, research on predictors of sudden shifts has mostly led to inconclusive findings (Zilcha-Mano et al., 2017). However, Shalom and colleagues (2018) showed that sudden shifts can be predicted by increased intraindividual variance. Our study investigates whether sudden shifts occur in non-clinical samples and if those sudden shifts can also be predicted by increased intraindividual variance in symptoms. We used data from a daily diary study in which participants were asked to rate their behavior with regard to Big Five personality states and their self-esteem on 82 consecutive days. The sample included 102 participants (82 female) between 18 and 65 years ( $M = 22.4$  years,  $SD = 5.5$  years). A substantial proportion of participants experienced sudden gains or sudden losses in self-esteem and BIG 5 personality states (13.7 - 41.2 %). However, almost all sudden shifts reversed, meaning half of the shift was lost until the end of the study. There was a significant difference in within-person variance between participants with and without sudden shifts for self-esteem and most Big Five personality states (with the exception of agreeableness). Our study shows that sudden shifts are not limited to psychopathology. However, sudden shifts in non-clinical samples seem to be less sustainable. Keywords: Sudden shifts, early warning signals

**Using Dyadic Network Analysis to Examine the Role of Couples' Facial Expression in Treatment Outcome.** *Reut Machluf, Ben Gurion University, Beer Sheva, Israel; Ben Shahar, Hebrew University, Jerusalem, Israel; Eran Bar-Kalifa, Ben Gurion University, Beer Sheva, Israel*

One key characteristic of romantic relationships is their high level of emotional interdependence, which is often manifested as a shared dyadic emotion dynamic system (Schoebi & Randall, 2015). Consequently, to truly understand partners' emotional experience within the context of couple therapy, one should take into account the interplay between partners' emotions. In a recent work (Bar-Kalifa & Sened, 2019), we demonstrated how network analysis can be used to model dyadic emotion dynamics. In particular, this method allows (a) observing dynamics at various temporal levels (e.g., lagged-associations vs. contemporaneous-associations); (b) examining the interplay between the intrapersonal dynamics and interpersonal dynamics; and (c) capturing variations in couples' emotion network over time. The current study applies the developed network analysis to modeling change in couples' facial expressions over the course of treatment. Facial expressions are biologically based, evolved and universal indicators of emotions, that play a vital role in interpersonal emotional communication. Recent work examined covariation in dyads' facial expression and showed that in a positive context, such covariation predicted affiliative feelings (Golland et al., 2019). The main aim of the current study is to test within-couple dynamical changes in couples' facial expressions in conflictual and affiliative interactional contexts. We expect such changes to be tied with improvement in couples' relational wellbeing. The sample will comprise 20 distressed couples receiving a 12-session course of EFT for couples. Before each session, couples participate in semi-structured interactions in which they are asked to discuss either conflictual or positive experiences (in alternating sessions) from the past week. During these interactions, couples' facial expressions are continuously recorded and denoted using FaceReader software which classifies facial expressions by comparing 500 key points on the target face against existing data corresponding to six basic emotions (Viola & Jones, 2004). These dynamical data will be used to examine whether variations in couples' network local dynamics (e.g., the association between partner's sadness expressions) and global dynamics (e.g., the density of the relational

components of the network) can be used to predict change in couples' relationship satisfaction.

**Pre-Conference  
Workshop**  
Assessment

Organizer: Jan R.  
Boehnke, University of  
Dundee

**Conceptual and analytical advances for core outcomes in psychotherapy research**

Psychotherapy research has seen attempts to standardise outcomes (i.e. conceptual domains to be measured) and outcome measures (i.e. the particular instruments used to measure domains). The last decade saw new approaches and 'best practices' emerging in other parts of health research. The workshop will present those conceptual and technical developments and explore their usefulness for psychotherapy research(ers). Three concepts will be introduced which differ in their scope, specificity of results, and how they facilitate the inclusion of diverse voices into the development process: (i) "core outcome sets", i.e. agreed outcome domains that should be measured and reported, as a minimum, in all clinical trials or health care applications; (ii) "common measures", i.e. stakeholder-agreed operationalisations (e.g., particular questionnaires) that need to be assessed; and (iii) "item banks", i.e. questions and questionnaires that have been empirically shown to support estimates of the same latent constructs. The workshop will draw on examples from the presenter's research in (global) mental health and psychotherapy, and with group exercises the participants will explore similarities and differences between these three approaches. These tasks will cover relevance and connection to previous initiatives in psychotherapy research; extensions to process research; and suitability for participants' projects and psychotherapy research more broadly.

**Pre-Conference  
Workshop**

Organizer: Jessica  
Popham, Albizu  
University

**Happy Tears: An Adoptee's Development of Identity through Reunification**

The story of adoption reunions is a story of many others. With the invention of the internet and DNA profiling websites, what was once impossible, or very difficult, is now as simple as submitting saliva to a DNA profiling company. This easier way to explore family backgrounds has created new experiences for adoptees. After a reunification, adoptees can reevaluate their identity with the new information to help develop a broader and deeper view of themselves (Henze-Pederson, 2019; Kiecolt & LoMascolo, 2003; Palmer, 2011; Schooler & Norris, 2002). In this presentation, I look at how my adoptive identity changed after reunification with my birthmother through DNA profiling. Using evocative autoethnography, I explore my own personal reactions during and after reunification and how these reactions shaped my identity as a person and an adoptee. I discuss my own life-changing experience, how it contributed to my identity, and how it can provide insight for others that may go through or have gone through similar experiences. This presentation helps others to look at the larger picture of adoption, reunification, and identity. For those who may have similar experiences or work with people who have similar experiences, such as family therapists, social workers, and counselors, this presentation contributes to the development of empathy and understanding with this new type of phenomenon.

**Pre-Conference  
Workshop**

Organizers: Patrick  
Curran, University of  
North Carolina, Chapel  
Hill, USA; Daniel Bauer,  
University of North  
Carolina, Chapel Hill,  
USA;

**Introduction to Latent Curve Modeling**

**Introduction to Latent Curve Modeling.** *Patrick Curran, University of North Carolina, Chapel Hill, USA; Daniel Bauer, University of North Carolina, Chapel Hill, USA*

Patrick Curran and Dan Bauer will offer a three-hour live-streaming workshop titled Introduction to Latent Curve Modeling. The analysis of longitudinal data (i.e., the repeated measurement of the same cases over time) is a fundamental component of nearly all areas of behavioral and health science research, and this is particularly important in studies of individual development and change. There are many types of quantitative methods available for analyzing repeated

measures data ranging from simple pre-post regression models to complex multivariate growth models spanning many time periods. The goal of this workshop is to provide a general introduction to a variety of topics encountered in the measurement and modeling of longitudinal data, particularly from a structural equation modeling perspective. Topics include a description of the pros and cons of various types of longitudinal designs; a discussion of the advantages and common limitations of traditional methods for analyzing repeated measures data; an exploration of the estimation of a variety of types of growth curve models from a structural equation modeling framework; a brief comparison of structural equation and multilevel modeling approaches to growth curves; and a description of available resources to further support the adoption of these methods in your own program of research. Fully worked example applications will be shown using real data throughout.

**Pre-Conference  
Workshop**

Organizers: Gerry Byrne,  
University of  
Oxford; Clare Mein,  
Oxford Health NHS  
Foundation Trust; Jana  
Volkert, University  
Hospital, Heidelberg,  
Germany; Anna Georg,  
Universität Heidelberg;

**Lighthouse MBT-Parenting Programme**

The Lighthouse Programme (LH) is an evidence-based intervention, underpinned by research in the fields of attachment, child development and neuroscience and by core psychoanalytic concepts that offer insight into how our minds and relationships work (Byrne et al., 2018). Developed by Gerry Byrne, for parents with a history of childhood adversity that has resulted in considerable mentalizing deficits and failures that threaten the healthy development of their children. The Lighthouse programme aims to improve parental functioning and strengthen the parent-child relationship by means of a unique combination of psycho-education, individual and group-based psychotherapy. It was developed to promote mentalizing modes of thinking and parenting in this high-risk, exacting clinical population, through enhancing parents' capacity to 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 risk of trans-generational transmission of psychopathology including BPD traits and attachment difficulties. In addition to using MBT treatment interventions (group, individual and adapted MBT-Parenting techniques), images and metaphors of the lighthouse, sea, sea journeys and the shore etc., help parents grasp hold of key mentalizing, attachment and psychoanalytic concepts. The training is designed to be in part 'experiential', so that some participants can have direct experience of the programme and of the MBT stance and skills. Teaching methods include didactic, role play, 'real-play' and group check-in and check-out and have been very positively evaluated by participants to date.

**Pre-Conference  
Workshop**

Organizer: Chris Muran,  
Adelphi University, New  
York, USA

**Strategies for recognizing, addressing, and repairing ruptures in the  
alliance**

This workshop introduces an integrative formulation of the alliance and alliance ruptures, which are understood as disagreements in therapy goals, difficulty collaborating on therapy tasks, and/or a deterioration in the affective bond. Drawing on our program of research, we will present examples of confrontation ruptures, where there is movement against the other or the work of therapy, and withdrawal ruptures, where there is movement away from the other or the work of therapy. We will also discuss how therapists can use intrapersonal markers of therapist internal experience to identify ruptures. We will present examples of strategies for repairing ruptures, including both immediate strategies that involve renegotiating the task or goal, and expressive strategies that use a rupture marker to explore a relational theme currently being enacted by the patient and therapist. We will propose the use of metacommunication, or communication about the communication process, to facilitate expressive efforts. Both immediate and expressive strategies can provide a new relational or corrective emotional experience for the patient. We will also present findings from our efforts to train therapists to negotiate ruptures, and discuss how alliance-focused training targets emotion regulation as the essential therapist skill. We will present several strategies that therapists can use to enhance their abilities to regulate their emotions in the context of ruptures.

**Strategies for recognizing, addressing, and repairing ruptures in the alliance.** *Chris Muran, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Lisa Samstag, Long Island University, Brooklyn, NY*

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**Discussants:** Catherine Eubanks, Yeshiva University, New York, USA; Lisa Samstag, Long Island University, Brooklyn, NY;

**Pre-Conference Workshop**  
Anxiety

Organizers: Christina Hunger-Schoppe, Witten/Herdecke University; Jochen Schweitzer, University Hospital, Heidelberg, Germany;

**Systemic and family therapy for social anxiety disorder: manual-based disorder-specific interventions and pilot randomized controlled trial**

Social anxiety disorders (SAD) are among the most prevalent mental disorders (lifetime prevalence: 7 to 12%), with high impact not only to the patients' but also their families' life. We developed a manualized disorder-specific systemic and family therapy (SFT), evaluated for its feasibility in a pilot randomized controlled trial. The workshop serves the presentation of the SFT rationale, while a special focus will be given to experiencing selected systemic and family interventions from the patients' as well as therapists' point of view. The SFT grounds in four phases including the patient and significant others (e.g., family, partner, friends; colleagues): (a) generation of a joint understanding of the function of presented symptoms and communication patterns; (b) experimentation with changes: e.g. exploration of social fear systems, externalization, symptom prescription; (c) relapse prevention; and (d) consolidation. The workshop allows for a tutorial including the facilitation of the theoretical framework of the SFT, performance of selected systemic and family interventions, distribution of focal material and the discussion considering future directions for the development of manual-based disorder-specific systemic and family therapy interventions for randomized controlled trials as well as daily routine psychotherapy practice.

**Pre-Conference Workshop**

Organizers: Michael Barkham, University of Sheffield, UK; Wolfgang Lutz, Universität Trier, Germany; Louis Castonguay, Penn State University, University Park, USA;

**Traditions and New Beginnings in Psychotherapy Research – The 50-year anniversary edition of the Bergin and Garfield Handbook of Psychotherapy and Behavior Change**

**Traditions and New Beginnings in Psychotherapy Research – The 50-year anniversary edition of the Bergin and Garfield Handbook of Psychotherapy and Behavior Change.** *Michael Barkham, University of Sheffield, UK; Wolfgang Lutz, Universität Trier, Germany; Louis Castonguay, Penn State University, University Park, USA; Simon Goldberg, University of Wisconsin, Madison, USA; Kim de Jong, Leiden University, Netherlands; Julian Rubel, University of Giessen, Germany; Jaime Delgado, University of Sheffield, UK; Soo Jeong*

*Youn, Massachusetts General Hospital; Jesse Owen, University of Denver; Zachary D. Cohen, University of California, Los Angeles; Sigal Zilcha-Mano, University of Haifa, Israel; Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA; Steven Hollon, Vanderbilt University, Nashville, USA; Mei Yi Ng, Florida International University, Miami, USA*

This online pre-conference workshop will provide several highlights of the new edition of the Bergin & Garfield Handbook of Psychotherapy and Behavior Change. Several first time authors of handbook chapters will provide together with their full author teams short overviews of a few sample chapters. The focus will be on new developments and concepts in quantitative methods. Paul Crits-Christoph and Steven D. Hollon will provide a historical as well as an outlook perspective related the study of change in psychotherapy. This pre-conference workshop is closely linked to a semi-plenary meeting with the title “Bridging the past, the future, and the diversity of SPR and psychotherapy research: Lessons and recommendations based on a 50-year legacy”. Reflecting the development and internationality of the field, several key questions have been addressed over the course of the previous six editions of the Handbook and remain relevant until today. They have also been refreshed by new themes and topics that represent the background of the new edition. Amongst them are developments pertaining to standardization and replication, evidence-based practice and practice-based evidence, therapist effects, new modeling concepts in process research, methodological and technological developments, as well as issues related to theoretical integration, diversity, dissemination, psychometric feedback, and personalized mental health.

**Discussants:** Simon Goldberg, University of Wisconsin, Madison, USA;  
Kim de Jong, Leiden University, Netherlands;  
Julian Rubel, University of Giessen, Germany;  
Jaime Delgado, University of Sheffield, UK;  
Soo Jeong Youn, Massachusetts General Hospital;  
Jesse Owen, University of Denver;  
Zachary D. Cohen, University of California, Los Angeles;  
Sigal Zilcha-Mano, University of Haifa, Israel;  
Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA;  
Steven Hollon, Vanderbilt University, Nashville, USA;  
Mei Yi Ng, Florida International University, Miami, USA;

### **Pre-Conference Workshop**

Organizers: Fredrik Falkenström, Linnaeus University, Sweden; Nili Solomonov, Weill-Cornell Medical College NY;

### **Using Cross-Lagged Panel Models for Mechanisms of Change Research: An Introduction**

Objectives: The introduction of novel methodologies in the past decade has advanced research on mechanisms of change in observational studies. Cross-Lagged Panel Models allow session-by-session predictions of change, and focus on within-patient associations between mechanisms and outcomes. This is crucial given that change in mechanisms inherently takes place at a within-patient level. These models also enable preliminary causal inferences, which can guide the development of effective personalized interventions that target mechanisms of change. Methods: The workshop will introduce the basic concepts of cross-lagged panel models, comparing these models with widely used statistical methods such as multiple regression and multilevel modeling, and the interpretation of model results and clinical implications. In the second part of the workshop we will introduce more complex cross lagged panel modeling, which allows to disentangle within- and between-patient effects, strengthening causal inference. The workshop will include presentation of equations, path diagrams, codes for R and Mplus, and examples from real and simulated datasets. Results: Participants will become familiar with the basic concepts of cross-lagged models and their potential uses in psychotherapy research. They will be able to interpret model results and evaluate results published in scientific journals. Discussion: Cross-lagged panel models can be used to study the complex longitudinal relationship between mechanisms of change and outcomes in psychotherapy research. Given the complexity of these

models, many researchers and clinicians experience difficulty implementing them and interpreting their results. This workshop will introduce these techniques, allowing participants to continue exploring and using them in their own work.

**Using Cross-Lagged Panel Models for Mechanisms of Change Research: An Introduction.** *Fredrik Falkenström, Linnaeus University, Sweden; Nili Solomonov, Weill-Cornell Medical College NY*

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**Pre-Conference Workshop**

Therapist training and development

Organizer: Milena Karlinska-Nehrebecka, Sigmund Freud University, Vienna, Austria

**Working with the mind as an extension of online psychotherapy methods**

During a pandemic, most clinicians chose to conduct online psychotherapy, usually by videoconference. Although studies indicate the effectiveness of this treatment compared to in vivo therapy, it has specific limitations. At the same time, the pandemic has resulted in an increase in some disorders and reported problems. Both of these factors require the adaptation of psychotherapy methods. Exercises drawn from Buddhist practice can be a valuable inspiration in this regard. A certain form of them has been widespread and has gained empirical confirmation of its effectiveness as mindfulness. The aim of the workshop is an experiential presentation of less common methods of working with the mind, derived from Buddhism, adapted to psychotherapeutic practice, both for working with patients and in educating psychotherapists. They can serve as nonspecific support for the development of an ego-observing as well as complementary interventions to the traditionally used psychotherapeutic methods, oriented towards emotions and thinking. These methods are successfully used in one of the models of integrative psychotherapy. The participants will learn, based on personal experience, including the method helpful in working with rumination, and the method of exploring current psychological material.

**Semi-Plenary**

Organizer: Stephanie Budge, University of Wisconsin-Madison

**Attending to Power, Privilege, and Oppression in Psychotherapy Research**

**Attending to Power, Privilege, and Oppression in Psychotherapy Research.** *Stephanie Budge, University of Wisconsin-Madison; Jesse Owen, University of Denver; Daisy Singla, University of Toronto, Canada; Nickolas*

*Frost, University of Wisconsin, Madison, USA; H-Daniel Espinosa, Universidad CES*

Although the field of psychotherapy research is known for its intention to ultimately create better wellbeing for people who engage in psychotherapy, the field is currently reckoning with the impact that power and oppression have had in the development of treatments and in the access to and delivery of treatments (Paquin, Tao, & Budge, 2019). This reckoning prompts us to consider which psychotherapy researchers' voices are heard most often, what is considered scientific rigor in psychotherapy research, and the invisibility of marginalized groups as participants in psychotherapy research. To encourage psychotherapy researchers to reflect upon how privilege, power, and oppression interact and intersect within psychotherapy research, this semi-plenary includes a panel of psychotherapy researchers who will address a series of questions related to these issues. The panel will be moderated by Dr. Stephanie Budge (University of Wisconsin-Madison, USA). The panelists include: Dr. Henry Daniel Espinosa Duque (Universidad CES, Medellín, Colombia), Dr. Nickolas Frost (University of Wisconsin-Madison, USA), Dr. Heidi Levitt (University of Massachusetts Boston, USA), Dr. Jesse Owen (University of Denver, USA), and Dr. Daisy Singla (Sinai Health and University of Toronto, Canada). Questions asked to panelists will span topics such as: a) their own experiences and perceptions of how power/oppression have manifested throughout their own research related to psychotherapy, b) perceptions of how stigma-based systems (such as white supremacy culture) reinforce structural issues within psychotherapy research, and c) initial steps to be made within SPR and in the greater field of psychotherapy research to reduce inequities. The first half of the panel will include panelists' responses to topics listed above. The second half of the panel will invite audience questions and comments to encourage dialogue and discussion on improving the field of psychotherapy research.

**Discussants:** Jesse Owen, University of Denver;  
Daisy Singla, University of Toronto, Canada;  
Nickolas Frost, University of Wisconsin, Madison, USA;  
H-Daniel Espinosa, Universidad CES;

### **Semi-Plenary**

Organizers: Michael Barkham, University of Sheffield, UK; Wolfgang Lutz, Universität Trier, Germany; Louis Castonguay, Penn State University, University Park, USA;

### **Bridging the past, the future, and breadth of SPR and psychotherapy research: Lessons and recommendations based on a 50-year legacy**

**Bridging the past, the future, and breadth of SPR and psychotherapy research: Lessons and recommendations based on a 50-year legacy.** *Michael Barkham, University of Sheffield, UK; Wolfgang Lutz, Universität Trier, Germany; Louis Castonguay, Penn State University, University Park, USA; Heidi Levitt, University of Massachusetts Boston; Alice Coyne, University of Massachusetts Amherst; Myrna Friedlander, University at Albany/SUNY, USA; Steven Hollon, Vanderbilt University, Nashville, USA; Mariane Krause, Catholic University of Chile*

This presentation has been agreed as a semi-plenary in the context of the planned publication of the 7th Edition of Bergin and Garfield's Handbook of Psychotherapy and Behavior Change, marking its 50th anniversary and coinciding with the SPR conference. The successive editions of the Handbook are indelibly linked with the history of SPR over the past 50 years and the aim of this semi-plenary is both to capture and reflect on this history as well as provide reflections on the current status and content, as well as the future directions, of research on the psychological therapies as set out in the 7e of the Handbook. The panel comprises the editors of the Handbook and selected authors from the Handbook that enable the presenters to speak to each of the major areas of research covered in the Handbook: Methods, Effectiveness, Processes, Therapeutic Models, Delivery, and Conclusions.

**Discussants:** Heidi Levitt, University of Massachusetts Boston;

Alice Coyne, University of Massachusetts Amherst;  
Myrna Friedlander, University at Albany/SUNY, USA;  
Steven Hollon, Vanderbilt University, Nashville, USA;  
Mariane Krause, Catholic University of Chile;

### **Semi-Plenary**

Organizers: Chris Muran, Adelphi University, New York, USA; Bethany A. Teachman, Aalborg University, Denmark;

### **Recommendations for a Transdiagnostic Clinical Practice Guideline on Emotion Regulation**

**Recommendations for a Transdiagnostic Clinical Practice Guideline on Emotion Regulation.** *Chris Muran, Adelphi University, New York, USA; Bethany A. Teachman, Aalborg University, Denmark; Peter Fonagy, University College, London, UK; Amelia Aldao, Ohio State University, Columbus, USA; Les Greenberg, York University, Canada; Raquel Halfond, American Psychological Association (APA)*

The American Psychological Association formed a working group in 2019 to consider the feasibility of, and appropriate methods for, developing a clinical practice guideline for interventions that address a transdiagnostic change process, rather than a categorical disorder. Specifically, the working group was asked to determine whether development of a clinical practice guideline focused on emotion regulation was worth pursuing at this time, given the state of the scientific literature, feasibility, and considerations of clinical need and utility. This panel will describe the process and results of the working group, and their recommendation to develop and publish three review protocols that would be combined to create a new format for clinical practice guidelines. This new format was designed to both inform providers, patients and their families, payers and other stakeholders about what the empirical data indicate regarding the efficacy of treatments targeting emotion regulation, and also enhance the clinical utility of a clinical practice guideline (relative to a traditional guideline format). Specifically, in addition to evaluating randomized clinical trials testing efficacy, the reviews were designed to provide guidance about existing research with diverse populations, systematically summarize what is known about widely-used treatments for which there is not rigorous evidence concerning efficacy, and systematically summarize what is known about change processes or principles underlying the effects of efficacious treatments. The panelists will discuss the transtheoretical approach used by the working group and the opportunities and challenges likely to arise in developing a clinical practice guideline on emotion regulation. Keywords: Emotion Regulation, Clinical Practice Guideline, Transdiagnostic

**Discussants:** Peter Fonagy, University College, London, UK;  
Amelia Aldao, Ohio State University, Columbus, USA;  
Les Greenberg, York University, Canada;  
Raquel Halfond, American Psychological Association (APA);

### **Semi-Plenary**

Organizers: Sigal Zilcha-Mano, University of Haifa, Israel; Julian Rubel, University of Giessen, Germany;

### **Studying Mechanisms and Moderators in Psychotherapy**

**Studying Mechanisms and Moderators in Psychotherapy.** *Sigal Zilcha-Mano, University of Haifa, Israel; Julian Rubel, University of Giessen, Germany; Lorenzo Lorenzoni-Luaces Velncia, Indiana University; Helena Kraemer, Stanford University, Palo Alto, USA; Clara Hill, University of Maryland, College Park, USA; Claudi Bockting, Amsterdam University Medical Centers, Netherlands; Jacques Barber, Adelphi University, New York, USA*

Significant progress has been achieved in the last decades in studying two central questions in psychotherapy research: what treatment works for which patient, and why does treatment work. This semi-plenary will discuss central developments in the methods used to study each of these questions, and the findings accumulated throughout the years in each one of these lines of research. The panel members will discuss major conceptual models,

perspectives, instruments, designs, and methods in the field. Among others, the panel members will present their views regarding the following questions: 1. What is the most critical breakthrough in the research on moderators and mechanisms in the past 10 years, and why do you think it is so critical? 2. What will be the most critical next steps that need to be taken to advance our understanding of mechanisms and moderators? 3. What is the most critical gap that we are not able to overcome now in the field? 4. Taking in mind resources and efforts (or not!), what will be the ideal study to overcome current shortcomings in the field?

**Discussants:** Lorenzo Lorenzoni-Luaces Velncia, Indiana University; Helena Kraemer, Stanford University, Palo Alto, USA; Clara Hill, University of Maryland, College Park, USA; Claudi Bockting, Amsterdam University Medical Centers, Netherlands; Jacques Barber, Adelphi University, New York, USA;

### **Semi-Plenary**

### **What works for whom? Tailoring the therapy relationship**

Organizer: Catherine Eubanks, Yeshiva University, New York, USA

**What works for whom? Tailoring the therapy relationship.** *Catherine Eubanks, Yeshiva University, New York, USA; Doris Chang, New York University, New York, USA; Christoph Flückiger, University of Zurich, Switzerland; Beatriz Gómez, Aiglé Foundation, Argentina; Craig Rodriguez-Seijas, University of Michigan, Michigan, USA; Derek Griner, Brigham Young University, Provo, USA*

Both research and clinical experience have made clear that building and maintaining a strong working relationship between client and therapist is an important aspect of successful therapy. There is increasing recognition in the field of the value of tailoring this relationship to the particular needs, experiences, and expectations that clients bring to treatment. This semi-plenary panel will explore the question of tailoring the therapy relationship to clients, with a particular focus on tailoring based on diverse aspects of clients' identities and experiences. Panelists will briefly present their views based on their clinical and research experience and will discuss potential challenges that clinicians and researchers might face. We will then engage with questions from the audience and conclude with a brief summary of what was shared and discussed.

**Discussants:** Doris Chang, New York University, New York, USA; Christoph Flückiger, University of Zurich, Switzerland; Beatriz Gómez, Aiglé Foundation, Argentina; Craig Rodriguez-Seijas, University of Michigan, Michigan, USA; Derek Griner, Brigham Young University, Provo, USA;

### **Social**

### **Online Social Event**

### **Social**

### **Student-Post Doc Virtual Trivia Night**

### **Social**

### **Virtual Research Coffee Hour**

### **Social**

### **Welcome Reception (Virtual Meet Up)**

### **Structured Discussion**

### **Abusive Science**

Organizer: Wolfgang Wirth, Ludwig-Maximilians-Universität, Munich, Germany

Abusive Science The example of Gestalt Therapy Science aims to explain the world objectively. Scientific recognition, however, decides on financial resources and tempts to abuse. German psychotherapy legislation shows this abuse of science. Representatives of the competing psychodynamic and behavioral approach excluded the Gestalt Therapy, which was far ahead of its time. This

exclusion through misuse of science continues to this day. How this could come about? How can we stop and avoid such harmful developments for a pluralistic, diverse and highly individualized society in the future? The exclusion of Gestalt Therapy is the result of three acts of abuse of science. 1. No method-appropriate measurement Gestalt Therapy as an individualized, phenomenological, process- and context-oriented procedure has a different scientific-theoretical orientation. 2. Targeted denial and misappropriation of successful Gestalt therapy research results Example: The very successful humanistic therapy cluster was broken up in Grawe's metaanalysis. The individual approaches were disqualified as too small samples. 3. Prevention and blocking of further research into young and new therapeutic methods The established methods blocked the new young procedures in their formation process and prevented in the long term. Conclusion: The latest psychotherapy research (Wampold 2018) shows that important components of the supposedly "scientific criteria" which were used in Germany to exclude Gestalt Therapy are not suitable for assessing the quality of all psychotherapy methods. This rejection prevents psychotherapeutic diversity, both in the training of future psychotherapists and in the quality of care for the population.

**Discussants:** Lotte Hartmann-Kottek, SFU Vienna;  
Wolfgang Wirth, Ludwig-Maximilians-Universität, Munich, Germany;

### **Structured Discussion Complementary Research Perspectives on Alliance Ruptures**

Organizers: Peter Muntigl, Ghent University, Belgium; Chris Muran, Adelphi University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Adam Horvath, Simon Fraser University, Vancouver, Canada;

Negotiating alliance stresses (ruptures) have been identified as a core process in therapy (Bordin, 1994; Eubanks, Muran, & Safran, 2018, Horvath, 2018). The identification, management and resolution of ruptures have been investigated from a number of perspectives, each explicating different aspects of the signaling/negotiation/resolution process. This structured discussion will be similar in format to a symposium with two lead presentations and two lead discussants followed by input from all. We will begin by demonstrating two research perspectives applied to the same data: Warren, Cassell, Eubanks, and Muran will examine the content of the alliance ruptures from the Rupture Resolution Rating system (3RS) perspective; Horvath and Muntigl will use the same data to explicate these negotiations from the perspective of social interaction and the use of conversational resources to achieve a negotiated resolution using the methods and tools of Conversation Analysis (CA). The goal of this discussion/symposium is to explore the potential of using complementary methods to achieve a more nuanced understanding of how these relational misalignments emerge and the complexities of negotiating a better realignment using a variety of interactional resources. To encourage and facilitate discussion, we have invited two discussants to reflect on the similarities and differences between these two methods and the potential for utilizing complementarity methods to achieve a more complete understanding of process of ruptures and rupture repair. Following lead discussants' comments, we hope the participants will engage in a lively interchange of ideas about the potential of using such multiple/complementary perspectives in exploring psychotherapy process.

**Alliance ruptures and repairs: The 3RS perspective.** *Jonathan T. Warren, Yeshiva University, New York, USA; Elaine Hunter, Yeshiva University, New York, USA; Hannah Schmitt, Yeshiva University, New York, USA; Catherine Eubanks, Yeshiva University, New York, USA; Chris Muran, Adelphi University, New York, USA*

The Rupture and Resolution Rating System (3RS; Eubanks, Muran, & Safran, 2015) is an observer-based rating system for identifying markers of ruptures in the alliance, including movements away from the other or the work of therapy (withdrawal ruptures) and movements against the other or the work of therapy (confrontation ruptures). The 3RS also identifies efforts to repair strategies, including immediate repair strategies (e.g., renegotiating the tasks of therapy) and expressive repair strategies (e.g., exploring the dyad's experience of the

rupture). This presentation will focus on videotaped examples of Muran and Eubanks addressing ruptures with patients. The presentation will highlight how the 3RS can be used as a tool for identifying markers of rupture and tracking therapist efforts to repair them.

#### **A Conversation Analysis Perspective of Alliance Rupture**

**Negotiation.** *Peter Muntigl, Ghent University, Belgium; Adam Horvath, Simon Fraser University, Vancouver, Canada*

Conversation analysis provides a framework for analyzing therapy process as an interactive social event in which the participants use conversational resources (both verbal and non-verbal) to achieve shared understandings and to accomplish their objectives. Communicative practices are not viewed as the transmission of ideas nascent in the minds of therapists and clients but as an ongoing, moment-by-moment interactive achievement. Our presentation will parallel the previous analysis, using the same data, but focus on the observable practices that play a part in constituting therapist/client relational dis-alignment (alliance rupture), and the process of negotiation aiming to restore the alignment between the participants. We will attend to various meaning-making levels of the discourse, which includes speakers' vocal output (verbal and prosodic aspects) and the non-vocal realizations (e.g., gesture, body movements, etc.) to explicate the how the "work" of rupture negotiation unfolds in clinical practice

**Discussants:** Robert Elliott, University of Strathclyde, Glasgow, UK;  
Hadas Wiseman, University of Haifa, Israel;

#### **Structured Discussion** Change process

Organizers: Oliver Evers, Heidelberg University, Germany; Friederike Winter, University Hospital, Heidelberg, Germany; Serena Chen, Adelphi University, New York, USA;

#### **From individual to societal change: Discussing the response of psychotherapy research and SPR to climate change**

The impact of anthropogenic climate change has never been clearer. For decades scientists have warned that the almost entirely human-made global warming will lead to existential changes in our lives. Even if the goals of the Paris Climate Agreement will be met, global climate will change more rapidly, leading to ceasing of species, poor harvests, rising of the oceans and making large parts of the world inhabitable. Psychotherapists and psychotherapy researchers can have an important voice in this matter. As therapists we understand mechanisms withholding people from acknowledging the climate crisis that should evoke active change in the way we live and work. We can enable people to face and contain emotions that go along with recognizing this existential crisis. At the same time, we will face clients that are increasingly affected by societal disruptions, possibly necessitating novel approaches to address these issues in psychotherapy. This structured discussion aims to explore the role of psychotherapy research in investigating individual and societal change processes related to the climate crisis. Furthermore, we will discuss how scientific networking can be reshaped in a way that is more environmentally friendly while still preserving scientific quality and relational aspects of scientific exchange.

**What footprints do we leave behind? The SPREDUCE-committee and SPR activities to combat climate change.** *Oliver Evers, Heidelberg University, Germany; Serena Chen, Adelphi University, New York, USA; Friederike Winter, University Hospital, Heidelberg, Germany*

SPR is a global scientific organization that is built on the foundation of scientific exchange and networking. While this vibrant scientific community has been a great strength of SPR, contemporary restrictions due to the COVID-19 pandemic and the climate crisis waiting just around the corner present great challenges to the way we connect scientifically. The SPREDUCE committee was founded in fall 2020 to address the SPR-response to climate change, suggest more climate-friendly forms of scientific exchange, and provide a space to develop ideas how psychotherapy research can address climate change. This presentation will give a short overview of the SPREDUCE activities during the

last year.

**More than just taking the temperature: Approaches in psychotherapy research to address climate change.** *Serena Chen, Adelphi University, New York, USA; Oliver Evers, Heidelberg University, Germany*

The presentation aims to set the stage for the structured discussion. It will highlight important issues from other disciplines that may help to better understand the role of psychotherapy research in the discussion about the climate crisis. The presentation will also provide a short review of current psychological research approaches to climate change.

**Discussants:** Serena Chen, Adelphi University, New York, USA;  
Cristobal Hernández Contreras, Universidad Adolfo Ibáñez. Millennium Institute for Depression and Personality Research;  
Kim de Jong, Leiden University, Netherlands;  
Christoph Nikendei, Department of General Internal Medicine and Psychosomatics, Heidelberg University Hospital;  
Svenja Taubner, University of Heidelberg, Germany;

**Structured Discussion**  
Practice-training-  
research networks

Organizers: Louis Castonguay, Penn State University, University Park, USA; Kim de Jong, Leiden University, Netherlands;

**Generating practice-oriented research: Guidelines from patient focus research, practice evidence, and practice research network**

Practice-oriented research (POR) is a growing trend in the field of psychotherapy. In contrast with traditional research, which is typically conducted in control settings, POR focuses on the investigation of psychotherapy as conducted in clinical routine. Some POR studies are also based on the collaboration between different stakeholders of mental health services, including the engagement of clinicians in different aspects of empirical studies. This is one of two structured discussions that will offer guidelines regarding the design and implementation of POR. In this structured discussion, guidelines will be derived from patient focus research, practice evidence, and practice research network. . Scholars working in various clinical settings will address and discuss four major issues: (1) the types of studies that can be conducted in day-to-day practice; (2) the identification and description of crucial keys for the successful design, implementation, and completion of scientifically valid and clinically helpful studies; (3) the identification of what is needed for researchers and clinicians to design and conduct studies that are actionable; and (4) the identification of what needs to be done in order to create and implement studies that will lead to retainable changes in therapists' conduct of treatment, and/or the way that services are provided in clinical settings.

**Discussants:** Michael Barkham, University of Sheffield, UK;  
Susan Douglas, Vanderbilt University, Nashville, USA;  
Juan Martín Gómez Penedo, Universidad de Buenos Aires, Argentina;  
Ryan Kilcullen, Penn State University, University Park, USA;  
Wolfgang Lutz, Universität Trier, Germany;  
Helene Nissen-Lie, University of Oslo, Norway;  
Andrew Page, University of Western Australia, Perth;

**Structured Discussion**  
Practice-training-  
research networks

Organizers: Dana Atzil-Slonim, Bar Ilan University; Soo Jeong Youn, Massachusetts General Hospital;

**Generating practice-oriented research: Guidelines from the integration of research/practice/ training, implementation science, and community based participatory research.**

Practice-oriented research (POR) focuses on the investigation of psychotherapy as it is conducted in clinical routine. POR studies can also involve the active collaboration of researchers and clinicians. This is one of two structured discussions that will offer guidelines regarding the design and implementation of POR. In this structured discussion, guidelines will be derived from the integration of research/practice/training, implementation science, and community based participatory research. Scholars working in various clinical settings will address and discuss four major issues: (1) the types of studies that can be conducted in

day-to-day practice; (2) the identification and description of crucial keys for the successful design, implementation, and completion of scientifically valid and clinically helpful studies; (3) the identification of what is needed for researchers and clinicians to design and conduct studies that are actionable; and (4) the identification of what needs to be done in order to create and implement studies that will lead to retainable changes in therapists' conduct of treatment, and/or the way that services are provided in clinical settings.

**Discussants:** James F Boswell, University at Albany, State University of New York;  
Rebecca L. Drill, Harvard Medical School Cambridge Health Alliance;  
Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan;  
Guadalupe Molinari, Universidad Internacional de Valencia;

**Structured Discussion Honoring Professor Horst Kaechele**

Organizer: Maria Moneta, Universidad de Chile, Santiago

In this Panel 4 disciple will present their remembrances about Kaechele and his influence at SPR international. As you might know, we have lost one of our main contributors to the formation of SPR around the world. Professor Horst Kaechele died a year ago in Ulm on June 28th 2020. This SPR Meeting in Heidelberg would be a great opportunity to remember him as a researcher and friend who linked people around the world stimulating Psychotherapy Research, a field that was initially emerging. This discussion will focus on honoring the legacy of a true revolutionary, devoted researcher as well as an excellent human being. He linked eastern to western countries by mean of his lectures and books, encouraging many people to engage in research. 4 Disciples will refer to their own experiences. Maria E. Moneta: I will address first a short biography about Kaechele's multiple activities as a lecturer and researcher; his perspectives about interdisciplinary approaches outside Psychoanalysis such as neurosciences and human development. His influence in my own development was also extremely important. Svenja Taubner: I meet Horst Kächele in 2007 during my post doctorate with him at the University-Hospital in Ulm; he introduced me to psychotherapy research and the SPR . He inspired me with his curiosity and willingness to question everything and push psychoanalysis into the 21st century. He encouraged female researchers to dare a scientific career long before this became a claim. Vittorio Linggiardi: I will look back with gratitude on some particularly important Horst's contributions for the training of our researchers in psychoanalytic psychotherapy and his important role at the SPR Italy Area Group. Guillermo de la Parra: I met Horst Kaechele in the early 1980. I witnessed his radical contribution to the organization of the Latin American chapter of the SPR and his encouragement for research in psychotherapy in our sub-continent.

**Discussants:** Svenja Taubner, University of Heidelberg, Germany;  
Vittorio Linggiardi, Sapienza University of Rome, Italy;  
Guillermo De la Parra, Pontificia Universidad Católica de Chile, Santiago;

**Structured Discussion Meet the Editors of the SPR journal "Psychotherapy Research"**

Organizers: Christoph Flückiger, University of Zurich, Switzerland; Jeff Hayes, Penn State University, University Park, USA;

This panel offers the opportunity to meet the editors of the SPR-journal "Psychotherapy Research" (impact factor 2019: 2.98). After a short introduction of all participants; the editors will open the round for questions about the journals' philosophy, publication process and peer-review procedures.

**Discussants:** Dana Atzil-Slonim, Bar Ilan University;  
Jaime Delgadillo, University of Sheffield, UK;  
Fredrik Falkenström, Linnaeus University, Sweden;  
Andrew McAleavey, Weil Cornell Medical College;  
Hanne Weie Oddli, University of Oslo, Norway;  
Eugénia Ribeiro, University of Minho;

**Structured Discussion** **Memory reconsolidation in psychotherapy research**  
 Process and outcome Memory reconsolidation denotes the capacity of the human brain to update long-term memory structures under certain conditions. When a memory from the past is retrieved, activated and brought to present awareness, the memory enters a labile state and may be changed in a specific time window. Psychotherapy may make use of this principle, and the role of in-session emotional processing and narrative is central, as well as between-session sleep, which together may foster integration into updated memory structures. The integrative model by Lane and colleagues suggests that the juxtaposition of corrective emotional experience with painful affect from the past, in combination with the integration of episodic and semantic memories, are needed in order for such change to be long-lasting. To the extent that long-lasting change is central for psychotherapy, memory reconsolidation may be a key mechanism of change explaining outcome in a variety of psychotherapy modalities. The present structured discussion elaborates opportunities and challenges in studying memory reconsolidation processes in psychotherapy research. The first speaker (RL) lays out the conceptual ground of the model of memory reconsolidation by drawing on new data from neuroscience, the second speaker (JP) proposes the neurobiological underpinnings of central memory change processes related to sleep, the third speaker (TF) proposes perspectives on studying memory reconsolidation in dream narratives, the fourth speaker (APL) examines the link between memory updating and emotional change in psychotherapy, and the fifth (JH) speaker outline quantifiable aspects of memory reconsolidation in different types of psychotherapy.

**Discussants:** Richard Lane, University of Arizona;  
 Jessica Payne, University of Notre Dame;  
 Tamara Fischmann, International Psychoanalytic University, Berlin, Germany;  
 Antonio Pascual-Leone, University of Windsor, Ontario, Canada;  
 Jonathan Huppert, Hebrew University, Jerusalem, Israel;

**Structured Discussion** **Mind the Research-Practice Gap: Researchers, Clinicians, and the Elusive Scientist/Practitioner**  
 Practice-training-  
 research networks The gap between research and practice has long been a point of discussion in psychotherapy circles, and has recently received attention in the literature. Goldfried (2020) suggested that this gap was one of three "problematic issues" hindering consensus in psychotherapy. He suggested that although dissemination of research to clinicians contributed to this gap, that another contributing factor may be bidirectional resentment between researchers and clinicians. Additionally, training and professional structures may contribute to this disconnect. This discussion is meant to explore the space between researchers and clinicians, approaches to narrowing that space, and the potential for fostering true scientist/practitioners in psychotherapy research and practice. Presenters will include scientist/practitioners with varying levels of experience, including Clara Hill, Charles Gelso, Melissa Jones, and Russ Bailey. They will respond (for five minutes each) to the following questions: What is the ideal connection between research and practice? What are the barriers to these connections? We will then open the session for discussion, structured around the questions above as well as the following questions: What might the ideal scientist/practitioner look like? How do training programs and employment opportunities affect the development of scientist/practitioners? How might our "expertise" model widen the gap, and are there ways to narrow it? Are there practical ways to facilitate the development of scientist/practitioners? We are committed to facilitating an active discussion among presenters and attendees (with a focus on attendee participation), and Dr. David Erikson has over a decade of experience facilitating large group discussions. additional keyword: Professional Identity

Organizer: David Erikson, Brigham Young University, Provo, USA

**Discussants:** Clara Hill, University of Maryland, College Park, USA;  
 Charles Gelso, University of Maryland, College Park, USA;

Melissa Jones, Brigham Young University, Provo, USA;  
Russell Bailey, Brigham Young University, Provo, USA;

**Structured Discussion**  
Systemic Case Studies

Organizers: Tracy Eells,  
University of Louisville,  
USA; Ueli Kramer,  
Institute of  
Psychotherapy,  
Lausanne, Switzerland;

**Personalizing Psychotherapy by Using Case Formulation: A Research Challenge**

Psychotherapy case formulation has frequently been described as fundamental to the planning and delivery of effective psychotherapy. However, the contributions of the case formulation process to psychotherapy processes and outcomes remain under-researched. The conference theme, "Tailoring Psychotherapy in the Face of Change" offers an opportune time to reconsider the role that case formulation may play in advancing a personalized psychotherapy research agenda, potentially leading to treatments that are more effective. The discussants of this structured discussion are all proponents of specific models of case formulation or approaches to therapy that are case formulation driven. These include Plan Analysis (Caspar), Interpersonal Reconstructive Therapy (Critchfield), Emotion-Focused Therapy (Goldman), Core Conflictual Relationship Theme (Grenyer), and Plan Formulation Method (Silberschatz). The discussion organizers, Eells and Kramer, are scholars of case formulation research. The primary goal of this discussion is to consider the following questions: "What might a personalized psychotherapy research agenda with case formulation at its center look like, and what distinct advantages would such an agenda have in comparison to other approaches to psychotherapy research?" Other questions we anticipate arising include, "What stands in the way of using case formulation methodology in psychotherapy research?", "How can those challenges be addressed?", "What research questions can uniquely be addressed using case formulation methodology?", and "How might case formulation research methods articulate with other methodologies to explore questions of interest?" It is hoped that the discussion will generate research ideas that lead to psychotherapies that are uniquely tailored to maximize outcome for each patient.

**Discussants:** Franz Caspar, University of Bern, Switzerland;  
Ken Critchfield, James Madison University;  
Rhonda Goldman, The Chicago School of Professional Psychology;  
Brin Grenyer, University of Wollongong, Australia;  
George Silberschatz, University of California, San Francisco, USA;

**Structured Discussion**  
Psychotherapy  
integration

Organizer: Russell  
Bailey, Brigham Young  
University, Provo, USA

**Principles for Guiding Common Factors Therapy**

Bailey & Ogles (2019) observed how common factors represents a metatheory and not a bona fide treatment approach. They noted several steps to take, including overcoming an abstraction problem, describing a theory of change, and specifying the components of the approach as one would for a treatment manual. The components, according to the proposal, would be organized around intermediate-level processes (using Goldfried's terminology) that are common across the boundaries of theoretical orientations. This structured discussion will focus on identifying the set of principles around which CF therapy can be organized and integrative personal therapeutic approach might be more aptly explained. We will present inclusion and exclusion criteria and present a set of possible common factors to form the basis of CF therapy as a bona fide therapy. These factors or principles will include the therapeutic alliance, corrective experiencing/exposure, motivation/expectancy, insight/feedback/reality testing, and psychoeducation. We are hoping to invite discussion among participants around what are the next steps for establishing CF therapy through academic discourse and building consensus. At the same time, we will encourage reflections on the potential drawbacks and pitfalls of this endeavor.

**Discussants:** Russell Bailey, Brigham Young University, Provo, USA;  
Ben OGLES, Brigham Young University, Provo, USA;

Tomáš Řiháček, Masaryk University, Brno, Czech Republic;  
Davey Erekson, Brigham Young University, Provo, USA;

**Structured Discussion Systemic Case Studies** **Systematic Case Studies in the context of COVID - 19 Pandemics**

Systemic Case Studies

Organizer: Elena Scherb,  
Universidad de Flores

Systematic Case Study methodology is worth taken into account as soon as, as Marvin Goldfried put it, “ the ultimate goal of psychotherapy research is clinical actionability, and it is practicing clinicians who are best equipped to provide feedback on the responsive use of core clinical strategies in real-world settings through trial and error.” Since the advent of the Evidence Based Practice, we believe the stitching between research and practice had begun. In order to follow EBP, we need to integrate research informed therapeutic strategies, with clinicians’ expertise, patients’ and therapists’ characteristics, belief systems in all participants, and merge all this to be able to make the better decision at every step of the psychotherapeutic process, which starts with multiple assessment measures and is followed along until it ends. Hence, because of the continuous monitoring of the process, we can identify what works and what goes wrong with each patient. Therefore, the focus on the particular case gains relevance, although the question of replicability still remains unanswered. Our approach to psychotherapy research all these years was motivated by the need to learn from the findings how can we benefit our patients more and, therefore, to have a more fulfilling clinical practice. We targeted the more severe, complex and challenging patients, because they were those who suffered the most, were not eligible for the standardized control trials, and would provide the most rewarding experience, both with the failures and the success. During the last 20 years, we have been studying Psychotherapy Process and Outcome with difficult patients in different contexts and Institutions. Besides meeting criteria for severity, complexity, interpersonal relationship dysfunctional patterns, anger problems and physical concomitant problems, the prerequisites to enter the Longitudinal Study was having at least three previous psychotherapy treatments with or without medication with no clear results. The latter served as a control for comparison. The exclusion criteria was severe addiction or criminality. The first caseload, collected between 1998 and 2014, included diagnostic characteristics that implied comorbidity between Axis I and Axis II DSMIV, Bipolar, Severe Depression, Schizophrenia (mild), GAD, Borderline Personality Disorder and other Personality Disorders. The total final sample was N=30 complete treatments, assessed by standardized and ad - hoc measures. We looked into the relationship between the new integrative treatment applied (Fernández Alvarez) , symptom and life functioning improvement, alliance ruptures (Safran, Muran), treatment duration, problem areas ratings at different phases, follow up and follow along interviews when possible for relapse prevention. Finally multiple regression analysis was performed between the different variables and an improvement index. This naturalistic type of study reflexes clinical practice in the real world, and ultimately allowed us to elicit clinical recommendations with some degree of empirical evidence for these kind of patients. The current study started in 2015, and is currently in the collecting data phase. The sample characteristics and research design remains, from a practice oriented research perspective, only that now we are able to delineate more thoroughly the clinical recommendations. Not surprisingly they coincide with the latest evidence based trends in transtheoretical clinical strategies and principles of change. In order to illustrate the above, I will select one particular and targeted aspect of the treatment in two clinical cases, related to the issue of combination with medication and how it impacted and unfolded in the treatment process. The Discussants will elaborate on the pros and cons of this methodology, more clinical cases and recommendations on how to disseminate and integrate more broadly this kind of research in the mainstream.

**Discussants:** Ladislav Timuřák, Trinity College Dublin;  
Shigeru Iwakabe, Ochanomizu University, Tokyo, Japan;  
Marian Durao, Universidad de Flores;  
Bernardo Kerman, Universidad de Flores;  
Aisling Mc Mahon, Dublin City University;

Tamar Axelrad - Levy, Ben Gurion University, Beer Sheva, Israel;  
Sudharani Basangri, Private Practice;  
Liza Notaerts, Ghent University, Belgium;

**Structured Discussion Tailoring or stitching? On the future of psychotherapy training**

Therapist effects

Organizers: Johannes C. Ehrental, University of Cologne, Germany; Ulrike Dinger, University Hospital, Heidelberg, Germany;

Psychotherapy training is essential for an effective delivery of treatments. However, content and methods of training differ widely depending on factors such as health-care and education system, psychotherapy school, and local and individual traditions. In addition, systematic research on the effectiveness of specific training formats is just beginning to emerge. This is somewhat surprising, as therapists differ with regard to their effectiveness, and raising their levels of competence may be one way of improving overall treatment results. In this discussion, mid-career researcher-practitioners will share their experience with psychotherapy training from different perspectives. A special focus will be put on current developments in psychotherapy training in different countries, settings, and schools, but also on what is needed for the future of psychotherapy training from a perspective of general psychotherapy research.

**Discussants:** Yogev Kivity, Bar Ilan University;  
Paula Dagnino, Universidad Alberto Hurtado, Chile;  
Julian Rubel, University of Giessen, Germany;  
Tali Boritz, University of Toronto, Canada;  
David Kealy, University of British Columbia, Vancouver, Canada;  
Erkki Heinonen, University of Oslo, Norway;

**Structured Discussion The art of and in psychotherapy: from theory to praxis**

Organizer: Rinat Feniger-Schaal, University of Haifa, Israel

Arts inform and enrich any human encounter and as such, are a source of inspiration for the act of psychotherapy. In addition, arts can be viewed as a means of communication and exploration. Therefore, the investigation of the relationship between the arts and psychotherapy can enhance the growing interest in non-verbal and symbolic communication in psychotherapy. "Engaging with the arts can be beneficial for mental and physical health"- is a key conclusion of the latest WHO report on the evidence from over 900 global publications – the most comprehensive review of evidence on arts and health to date. The report emphasizes that because arts-based interventions can be personally tailored to have relevance for people from different cultural backgrounds and with diverse communication abilities, they can also offer a route to engage minority and other hard-to-reach groups. In recent years, the interface between the arts and psychotherapy is increasingly present in academic programs and in theoretical and empirical scientific publications. This proposed discussion is about the interface between arts and psychotherapy, including visual art, dance and movement, drama, music, literature and poetry.

**Discussants:** Rinat Feniger-Schaal, University of Haifa, Israel;

**Structured Discussion The future of process research: What kind of methods for what kind of theories?**

Change process

The present structured discussion aims at addressing the following questions: What is needed in the current state of the art in process research? Which methods may be used more, in a different way, or applied to different contexts and therapy approaches? Which kind of theories do we want? What is the most useful for clinical practice? (Honestly) what have we overlooked?

**Discussants:** Catherine Eubanks, Yeshiva University, New York, USA;  
Mariane Krause, Catholic University of Chile;  
Paul Crits-Christoph, University of Pennsylvania, Philadelphia, USA;  
Yogev Kivity, Bar Ilan University;  
Christoph Flueckiger, University of Zurich, Switzerland;  
Rhonda Goldman, The Chicago School of Professional Psychology;

**Structured Discussion The incorporation of telepsychotherapy into routine practice during the pandemic: Challenges for research and training of psychotherapists**

Organizers: Javier Fernandez-Alvarez, Fundación Aiglé, Buenos Aires, Argentina; H-Daniel Espinosa, Universidad CES;

With the advent of COVID-19, a sudden and forced shift occurred in the field of psychotherapy. Worldwide, many therapists closed their offices and started to deliver psychotherapy online. This overnight e-transition has facilitated the adoption of telepsychotherapy in routine practice, but it has also posed many challenges for clinical practice, training, and research in psychotherapy. We will share ideas around this topic considering the respective international perspectives, with the aim of addressing these issues. This discussion group will address the following questions: 1) What are the main lessons learned during the pandemic and the transition from in-person to telepsychotherapy; 2) How should telepsychotherapy training programs be structured; 3) What should be the field's next steps in developing telepsychotherapy research. For that aim we have experts in the field: Tom Van Daele is the head of the Expertise Unit Psychology, Technology & Society at Thomas More University of Applied Sciences in Belgium. Carly McCord is the director of Telebehavioral Health at the College of Medicine, at Texas A&M University. Martin Kivlighan serves as the co-director of the Telepsychology Training Clinic, at the University of Iowa. Katie Aafjes-van Doorn initiated a line of research entitled 'The online therapist: searching for a silver lining during the time of Covid-19' at the Yeshiva University. Fernanda Serralta conducts research on telepsychotherapy in Brazil. Markus Moessner also has a great experience conducting research on telepsychotherapy in Germany. Finally, Angelo Compare who has been conducting research on this topic for many years in Italy.

**Discussants:** Katie Aafjes-van Doorn, Yeshiva University, New York, USA; Martin Kivlighan, University of Iowa; Tom Van Daele, Thomas More University of Applied Sciences, Belgium; Carly McCord, Texas A&M University; Markus Moessner, University Hospital, Heidelberg, Germany; Angelo Compare, University of Bergamo, Italy;

**Structured Discussion The Responsive Therapist in Different Therapeutic Approaches**

Change process

Organizer: Hadas Wiseman, University of Haifa, Israel

This Structured Discussion Group addresses the conference theme – “Tailoring psychotherapy in the face of change” by focusing on how to enhance therapist responsiveness and attunement to clients in the moment in different therapeutic approaches. Responsiveness is a ubiquitous characteristic of the therapist–client dialogue and refers to patient and therapist behavior that is affected by emerging context (Stiles et al, 1998; Kramer & Stiles, 2015). Our participants are clinician-researchers from different therapeutic approaches: Psychodynamic relational psychotherapy, Control mastery theory, Cognitive-Behavioral Therapy (CBT), Emotion Focused Therapy (EFT), Narrative therapy, Relationship-focused therapy for sexual and gender minority adults and their non-accepting parents, Treatments for personality disorders, Dialectical Behavior Therapy (DBT), and Integrative Therapies. They will each introduce their definition of responsiveness, and provide an example for a marker in their orientation that therapists need to attune to in order to be optimally responsive to enhance change processes and treatment effectiveness. Based upon the brief input of the discussants, the audience is invited to discuss: (1) how to enhance optimal therapist responsiveness in their orientation; (2) challenges in training therapists for responsiveness practice; (3) how we can advance research on responsiveness; and (4) Exploring the challenges of being a responsive therapist in the face of the covid-19 pandemic unfamiliar terrain. This structured discussion group complements the panel on “The Challenge of Responsiveness for Research and Practice- Updated.”

**Discussants:** Orya Tishby, Hebrew University, Jerusalem, Israel; George Silberschatz, University of California, San Francisco, USA; Brien Goodwin, University of Massachusetts; Eugénia Ribeiro, University of Minho;

Miguel Gonçalves, University of Minho;  
Gary Diamond, Ben Gurion University, Beer Sheva, Israel;  
Ueli Kramer, Institute of Psychotherapy, Lausanne, Switzerland;  
Jamie Bedics, California Lutheran University;  
James F Boswell, University at Albany, State University of New York;

**Structured Discussion Methods**    **The role of the body in psychotherapy research – old wisdom and new directions**

Organizer: Ulrike Dinger,  
University Hospital,  
Heidelberg, Germany

Modern approaches to the study of mental health combine a variety of angles on the functioning of mind, brain and body. Recent advancements in methods from neuroscience, genetics, big data, and artificial intelligence promise a deeper understanding of the interplay between body and soul. At the same time, there is still a noticeable gap between the field of psychotherapy research on the one, and psychosomatic medicine and psychiatry on the other hand. The panel will discuss how an inclusion of the perspectives of the body, ranging from conceptual embodiment perspectives to paradigms from neurosciences and psychoneuroendocrinology may add meaningful insight to the study of psychotherapy mechanisms and outcome, and vice versa.

**Discussants:** Nili Solomonov, Weill-Cornell Medical College NY;  
Jack Keefe, Weill Medical College of Cornell University;  
Christoph Friederich, University Hospital, Heidelberg, Germany;

**Structured Discussion**    **Training Therapists in These Changing Times**

Organizer: Gaby Shefler,  
ACHVA Academic  
College

This structured discussion will address questions about how to best train clinicians in this day and age. Some of the issues to be discussed include: 1) What are the benefits and drawbacks of training new therapists in various approaches (e.g., psychodynamic, experiential, CBT, systems, integrative) simultaneously versus sequentially; 2) How many therapy approaches are trainees able to gain a basic level of competency during their practicum/internship years, and how do we choose where to start? 3) How does/can research on common factors, core competencies, normative development, and affective and cognitive science inform how we train practicum students and interns to conduct therapy? 4) If and how to use routine outcome/process monitoring to help our trainees become competent/more expert? 5) How did the covid-19 pandemic impact training practices and what changes can we expect to last. Our discussants will include senior clinicians with years of experience training and supervising therapists, as well as trainees at various stages of their clinical training. Following the brief input of the participants the audience will be invited to share their experiences and insights.

**Discussants:** Gary Diamond, Ben Gurion University, Beer Sheva, Israel;  
Mariane Krause, Catholic University of Chile;  
Shelley McMain, CAMH;  
Jacques Barber, Adelphi University, New York, USA;  
Poornima Bholra, National Institute of Mental Health and Neuro Sciences,  
Bangalore, India;  
Bernhard Strauß, University Hospital Jena;  
Rotem Boruchovitz-Zamir, Ben Gurion University, Beer Sheva, Israel;  
Hadas Wiseman, University of Haifa, Israel;

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